

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

Interim Final

Date of Report 08/13/2021

Auditor Information

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Telephone: 916-261-5524	Date of Facility Visit: June 27, 30, & July 1, 2021

Agency Information

Name of Agency: Washington State Department of Corrections	Governing Authority or Parent Agency (If Applicable): Washington State Governor's Office		
Physical Address: 7345 Linderson Way SE	City, State, Zip: Tumwater, WA 98501-6504		
Mailing Address: PO Box 41100, Mail Stop 41100	City, State, Zip: Olympia, WA 98504-1100		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.doc.wa.gov/corrections/prea/default.htm			

Agency Chief Executive Officer

Name: Stephen Sinclair (through May 15, 2021) and Cheryl Strange (May 16, 2021 to present)	
Email: cheryl.strange@doc.wa.gov	Telephone: 360-725-8810

Agency-Wide PREA Coordinator

Name: Beth Schubach	
Email: blschubach1@doc1.wa.gov	Telephone: 360-725-8489
PREA Coordinator Reports to: Jevena Cotton; Deputy Director, Command B	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Olympic Corrections Center			
Physical Address: 11235 Hoh Mainline		City, State, Zip: Forks, WA 98331	
Mailing Address (if different from above): (Same as above)		City, State, Zip: (Same as above)	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison		<input type="checkbox"/> Jail
Facility Website with PREA Information: https://www.doc.wa.gov/corrections/prea/default.htm			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)			
<input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Relevant reports provided, to include the most recent cited as follows: Emergency Management Assessment – External Peer Review (Date of Assessment: 12/10/19); State Health, Environmental, and Safety Survey (Date of Survey: 08/29/19.			
Warden/Jail Administrator/Sheriff/Director			
Name: Jason Bennett, Superintendent			
Email: Jason.bennett@doc.wa.gov		Telephone: 360-374-7001	
Facility PREA Compliance Manager			
Name: Scott Speer, Correctional Program Manager			
Email: scott.speer@doc.wa.gov		Telephone: 360-374-7002	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Jacqueline Ahrens			
Email: jacqueline.ahrens@doc.wa.gov		Telephone: 360-203-1351	

Facility Characteristics

Designated Facility Capacity:	400	
Current Population of Facility:	288 upon PAQ submission; 246 first day of onsite tour	
Average daily population for the past 12 months:	368	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18+ (currently 20 to 67 years of age)	
Average length of stay or time under supervision:	2.33 years (4 years maximum)	
Facility security levels/inmate custody levels:	MI2; Minimum Custody with less than 4 years	
Number of inmates admitted to facility during the past 12 months:	336	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	336	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	328	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	113	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	15
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	9
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	30
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	<p>20 structures; to include: Administration, Ozette Facility with Visiting & Kitchen Services/Dining Room, Therapeutic Community/Chemical Dependency Treatment Center & Religious Services, Ozette Housing Unit (with Secured Housing Unit); Hoh Facility with Housing Unit; and Clearwater Facility with Clearwater Housing Unit, Recreation/Gymnasium, Extended Family Visits, Education & Medical/Mental Health, Training Center/Incident Command Post (ICP); Greenhouse, Warehouse/Correctional Industries, Laundry, Maintenance (Main Shop & Carpentry Shop), Waste Water Treatment Plant (Laboratory, Composting, and 4 Supplemental Buildings)</p>

<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	<p>4 - OCC has three discrete housing units, named, Ozette, Hoh and Clearwater (Ozette Housing has seven wings; Hoh housing has three wings, and Clearwater has six wings). Each of the identified housing units contain multiple configurations of sleeping spaces, to include dorms, one and two-bed occupancy cells. The Ozette Building also has a separate Administrative Segregation, which counts as the fourth housing unit at OCC</p>
<p>Number of single cell housing units:</p>	<p>1 (Secured Housing Unit in Ozette Building with 13 cells); note can be double-occupancy; Note: there are Medical Rooms across Housing Units used as single-cell occupancy, as necessary</p>
<p>Number of multiple occupancy cell housing units:</p>	<p>3, Ozette, Hoh, and Clearwater Buildings (each have configurations of dorms, double, and single-occupancy sleeping spaces)</p>
<p>Number of open bay/dorm housing units:</p>	<p>3, as included above in multiple occupancy cell housing units; Ozette, Hoh, and Clearwater are all single floor design and on designated wings contained multi-occupancy cells with partition-style dorm housing</p>
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	<p>13, each of which are double-cell design</p>
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site? Yes No

Are mental health services provided on-site? Yes No

Where are sexual assault forensic medical exams provided? **Select all that apply.**

On-site
 Local hospital/clinic: Forks Community Hospital
 Rape Crisis Center
 Other (please name or describe: [Click or tap here to enter text.](#))

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting **CRIMINAL** investigations into allegations of sexual abuse or sexual harassment:

0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), **CRIMINAL INVESTIGATIONS** are conducted by: **Select all that apply.**

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department: Jefferson County Sheriffs' Office
79 Elkins Road
Port Hadlock, WA 98339
- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting **ADMINISTRATIVE** investigations into allegations of sexual abuse or sexual harassment?

The Facility has 10 local investigators; the Agency has 741 investigators from which the Facility can draw, if necessary.

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), **ADMINISTRATIVE INVESTIGATIONS** are conducted by: **Select all that apply**

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component

Other (please name or describe: [Click or tap here to enter text.](#))
 N/A

Audit Findings

Audit Narrative

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

Olympic Corrections Center (OCC), which is part of the State of Washington Department of Corrections (WADOC), participated in a Prison Rape Elimination Act (PREA) audit conducted by a certified auditor and certified audit support team members, all of whom were from the California Department of Corrections and Rehabilitation (CDCR). The CDCR along with WADOC are part of a consortium of state agencies who have formed an agreement to complete PREA audits. A responsibility of consortium participation is to ensure non-reciprocity and equivalency for the auditing assignments of each state.

Site Review Location: The site review for this audit took place at OCC located at 11235 Hoh Mainline, Forks, WA on June 27th, 30th, and July 1st, 2021. This particular audit had been rescheduled from its original date of 09/17/20 to 09/18/20, secondary to COVID-19 complications. The lead auditor had the opportunity to conduct pre-audit work prior to arrival at the facility, including review of the Pre-Audit Questionnaire (PAQ) and informational consolidation with the pre-audit compliance tool. Of note, the WADOC refers to inmates as 'incarcerated individuals', thus, 'incarcerated individuals' and 'inmates' will be used interchangeably throughout this report to demonstrate awareness and attention to both WADOC Agency and PREA Handbook terminology.

Pre-Audit Phase

Website Review: During the pre-audit phase, the auditor visited the State of Washington, WADOC agency and OCC facility websites. Specifically, they reviewed the websites for PREA-related content. The auditor investigated the agency and State of Washington-based websites to gain familiarity with mandatory reporting laws in the state. The auditor also looked for evidence of previous PREA audits at OCC, which she found on the WADOC website. The prior PREA audit was conducted September 26 & 26, 2017 and report completed on January 31, 2018. Deficiencies identified and brought into compliance during the previous review included: addressing blind spots and areas of limited viewing, and removal of locks on inmate accessible areas (115.13).

During the pre-audit phase, the auditor attempted to establish contact with community advocacy groups for the facility, to include both Just Detention International (JDI) and the Office of Crime Victim Advocacy (OCVA). The auditor left messages on three occasions for JDI by both voicemail and email starting May 4, 2021 through July 7, 2021; and received a response from JDI on July 8, 2021, indicating they had not received any reports for individual offender follow-up from OCC within the audit reporting period.

As part of the PAQ, the auditor received a Memorandum indicating Washington State contracts with the Office of Crime Victim Advocacy (OCVA) to provide victim advocacy by way of telephone and/or in-person visits for incarcerated offenders at OCC. Secondary to confidentiality issues, OCVA is unable to

release a telephone log for incarcerated individual contacts. The OCVA posters stated offenders are able to reach an operator at OCVA from Monday through Friday, between the hours of 0800 and 1700. Should the incarcerated individual require services beyond those available through the OCVA telephonic support specialist, they would receive a referral for an in-person victim advocate contact through Forks Abuse Program (described below).

The auditor contacted the Director from Forks Abuse Program, as contracted through the OCVA on 5/4/21. As described WADOC contracts with OCVA, and OCC partners with Forks Abuse Program locally for the provision of confidential, in-person victim advocacy. The Director of Forks Abuse Program confirmed they had not provided victim advocacy services during the reporting period to any OCC offenders. However, during 2021, they reportedly accompanied an OCC offender to a Sexual Assault Forensic Examination (SAFE; NOTE: Minimal details will be provided in the current report about this case, as it occurred outside of the prescribed reporting period and remains an ongoing D.A. referral). The Director expressed they have an open line of communication with OCC's Superintendent and reported mutuality of feedback in efforts to continue improving their partnership.

Posting: The posting, titled in red bold font, "Notice of PREA Audit", was printed in large font, black text, highlighted with red and blue color font in segments with additional bolding to enhance readability. Confidentiality was delineated on the posting, along with exceptions as to when confidentiality must legally be broken. Prior to the site review, the Superintendent confirmed posting of the audit notice posting in the following areas:

- Ozette Housing Unit (1 unit posting and 1 staff area)
- Secured Housing contained within Ozette Housing Unit
- Hoh Living Unit (1 unit posting and 1 staff area)
- Clearwater Housing Unit (1 unit posting and 1 staff area)
- Bogachiel Temporary Housing Unit (1 unit posting and 1 Therapeutic Community (TC) staff area); NOTE: this area was not in use during the on-site portion of the audit, while had not yet been decommissioned
- Food Service
- Visiting Room (Visit Waiting Room and Visit Room)
- Religious Activities Center
- Recreation/Gymnasium
- Warehouse/Correctional Industries/Laundry
- Maintenance (Main Shop and Carpentry Shop)
- Shift Office
- Public Access

The postings were evident in all housing units, and other areas deemed by facility PREA executive staff to ensure accessible visibility by both offenders and staff. The facility provided pictures to the auditor of postings throughout the facility on April 16, 2021. Moreover, the kiosk system was utilized as a forum to share the posting, which ensured mass communication across the offender population of the auditor's information and dates of the onsite audit inspection.

PAQ: The onsite portion of OCC's audit had been scheduled for September 17 & 18, 2020; however, secondary to COVID-19 travel and institutional entry restrictions was indefinitely delayed. At this time, the PREA Resource Center had implemented the portal transition towards the Online Audit System (OAS) Reporting process, including the Online Audit Initiation Form. At the time of Audit Initiation Form submission, this auditor was not designated to complete the audit for OCC through the consortium. However, the assigned CDCR certified auditor submitted the Audit Initiation Form in a timely fashion, and upon reassignment of this audit, the entry was appropriately transferred to this auditor's profile.

Prior to the announcement of the COVID-19 related postponement, the auditor received a certified mail delivery from WADOC via CDCR Headquarters (on August 8, 2020) with an encrypted, password-

protected disc containing the PAQ with supporting documentation. As the auditor reviewed the materials provided by the facility, she annotated documents that were outstanding, required clarification, or had expired secondary to the prolongation of the audit period. Throughout the review, she had telephonic and email correspondence with the Superintendent, PCM, and PREA Coordinator to receive documentation required to fill any remaining informational gaps.

Pre-audit compliance tool: As indicated, prior to the onsite audit, in July of 2020, the Agency PREA Coordinator provided a flash drive with the completed PAQ, including supporting documentation, and confirmed receipt of the flash drive by email with the auditor. The documentation included all PREA grievances/allegations received during the audit reporting period preceding the site review. There were fourteen (14) total PREA complaints received. Upon Triage, five (5) were judged not to be PREA-related, and three (3) related to provision of additional content for existing investigations (outside of the reporting period). Two (2) allegations related to incidents that had occurred at another facility and were appropriately referred there. OCC then had four (4) cases; three (3) were closed during the reporting period, and one (1) closed shortly thereafter; including four (4) reports of staff sexual misconduct. The facility does not manage PREA-related issues at the level of a grievance, as the Grievance Coordinator elevates all PREA-related grievances for review by the PREA Triage Unit. Per report, JDI did not receive any PREA-related calls from the facility during the same period. The auditor began transferring the information from the PAQ to the pre-audit compliance tool. There was one letter received from an offender at the facility prior to arrival at the institution, while none following the audit.

Site Review Preparation: In May 2021, the auditor provided the Superintendent, PCM, and PREA Coordinator with email notification regarding the team's upcoming site review. Following her email, the auditor conducted telephonic and email 'kick-off' contacts with the PREA Coordinator, facility PCM, and Superintendent who would serve as primary contacts for the purpose of this audit. The discussions of these communications focused on the purpose and process of the audit, role of the auditor, and logistics to include, the audit teams' unimpeded access to the facility, documentation, and staff. The auditor described audit goals and expectations, as well as the general purpose of corrective actions, if issued, with timelines and milestones. A schedule for continued communications was determined, and further delineated during the site review.

The auditor sent email communication to the Superintendent, PCM, and PREA Coordinator requesting the following information be prepared for the site review:

- A map of the facility with a listing of the buildings and rooms
- The current OCC staff roster
- Access to staff personnel files and training records
- A list of volunteers and contractors at OCC (with training records)
- Access to offender files (including medical/mental health records)
- A list of offenders currently at OCC, including:
 - ✓ transgender or intersex offenders,
 - ✓ bisexual, lesbian, or gay;
 - ✓ Limited English proficiency (i.e., English second language) or non-English speaking offenders;
 - ✓ hearing impaired, vision impaired and/or mobility impaired offenders;
 - ✓ offenders identified to have learning disabilities;
 - ✓ offenders who have filed a PREA complaint within the year prior to the audit (regardless of the outcome); and
 - ✓ offenders who had reported prior victimization during the intake screening.

Prior to the onsite portion of the audit, the auditor queried whether, at any time, the facility housed youthful offenders and if the facility segregated any offenders deemed to be at risk of sexual victimization. The PCM indicated neither practice occurred at OCC, which was confirmed by Superintendent's Memorandums.

Additionally, a request was made for a private work location for the audit team to set up computers and review documentation. A separate location was requested to hold private interviews with a random and targeted selection of individuals from the inmate population. As well as interviewing offenders, the auditor indicated that she and her team would conduct randomized staff interviews, and specialized interviews with different classifications of staff. Specialized staff interviews included the following, which have been grouped into those which were determined to meet the criterion for telephonic/video completion, per agreement with DOJ and PRC secondary to COVID-19 restrictions.

On-Site Phase

Team Composition and Entrance: On June 27, 2021, the audit team arrived at OCC. The entrance team was comprised of certified lead auditor, Dr. Kate Burkhardt, Chief Psychologist; and certified support auditor, Nancy Hardy, retired Chief Deputy Warden. The remaining members joining the team on June 30, 2021, included, certified support auditors, Roger Benton, retired Associate Warden; and John Katavich, retired Warden. On the first day of the site review, the audit team met with for an entrance meeting with the WADOC PREA Coordinator, OCC Superintendent, and PCM in the superintendent's office. The office served functionally as the team's workspace for the three (3) day site review.

Entrance Meeting: At the entrance, the team coordinated with facility representatives to complete initial introductions, finalize data requests, and perform information sharing. Discussion, as provided during the kick-off meetings, elaborated the purpose and process of the audit, role of the auditors, and logistics, emphasizing the audit team members' requirement to receive unimpeded access to the facility, documentation, and staff. The lead auditor focused the meeting upon audit goals and expectations, as well as shared needs for continuous and open communication. They expressed their intention that the audit team would be forthcoming with the OCC team regarding any noted deficiencies, such that the facility would not be 'blind-sided' by any findings. The auditor expressed their aim was to establish ongoing communication with the facility throughout the course of the audit. They stated their intention to be transparent and interactive, with hopes of ensuring fruitful resolution of any items identified to require correction. The entrance meeting also touched on the general purpose and importance of corrective actions, if necessary, including timelines and milestones.

Upon conclusion of the entrance meeting, the audit members received institutional information, including safety protocols, with a copy for each auditor, as prepared by the PCM. This information comprised a comprehensive collation of all information, as initially requested by email sent during the pre-audit phase to the PREA Coordinator, PCM, and Superintendent. Offender lists (organized by alphabetical and housing) and staffing rosters were provided from which the auditors were able to randomize selection of interview participants.

Audit Schedule: On day one of the audit, June 27, 2021, the lead auditor and a support auditor to complete the physical plant site inspection and the other support auditor would begin review of specified documentation and conduct interviews, as viable. The set of auditors conjointly inspected the facility with the Superintendent and PCM. At the end of day one, the team conducted a brief exit with the Superintendent, and PCM to let them know the audit progress. The following day, June 28, 2021, the lead auditor presented their preliminary physical plant inspection findings to the Superintendent with the Agency PREA Coordinator such that the facility could begin implementation on any corrective remedies. The facility developed an Action Plan at that time.

On day two of the audit, June 30, 2021, the auditors determined to utilize their time most efficiently they would break apart into two groups. Specifically, the lead auditor began by gathering documentation related to the inmate population, including intake, screening, education, and PREA-related

investigation/grievance compliance, while the support auditors completed Specialized and Random Staff Interviews. Upon completion of these duties, a support auditor collated documentation of staff hiring (i.e., personnel) questions, and training compliance for staff and the remainder of the team began conducting inmate interviews in the housing units. When each of the auditors completed their respective duties, they returned to the centralized meeting room and independently began completion of any identified audit tasks. The team met periodically throughout the day to discuss progress, concerns, deficiencies, and compliance determinations, informing the PREA Coordinator, Superintendent, and PCM of the same.

On day three, July 1, 2021, the audit team continued completion of remaining interviews and documentation, as well as additional site review, specifically, inspection of already remedied deficiencies. One group began by conducting the remaining interviews, while the other auditors worked to complete outstanding audit items, which aimed to maximize efficiency during the site review. The Superintendent accompanied the lead auditor and a support auditor to demonstrate items on the Action Plan that had been completed. At the conclusion of day three, the PREA audit team held an exit meeting with the OCC Executive team to include the Agency PREA Coordinator, Superintendent, and PCM to discuss preliminary audit findings and update the OCC team on actions towards which they could begin remedial work. None of the items identified at that time were deemed by the lead auditor to require long term monitoring.

Interviews: The PREA team members conducted informal interviews throughout the course of the site review. The team had conversations with offenders and staff through both casual and spontaneous contacts. For example, during the physical plant inspection offenders were queried in the housing units about: 1.) if opposite gender announcements regularly occurred; 2.) if they had privacy while toileting, showering, and changing clothes; and 3.) if they felt sexually safe at the facility. The audit team queried staff at their job sites about awareness and knowledge of general PREA-related content.

In all cases, the audit team was responsible for the randomized selection of staff and offenders for formal interview protocols. There were instances in which randomization could not occur. Specifically, for Specialized Interviews, there were instances where solely one staff served in a particular job function. Moreover, the ability to randomize PREA-Targeted Interviews and even by housing unit must be considered in light of those who were physically available for interview. The facility is a programming camp at which the incarcerated individuals typically participate in program. As an example, while the audit was being conducted, some of the inmates were called to participate on an active fire call. The auditor did not want the facility to hold any workers back for the purpose of possible randomized participation in the audit. Instead, randomized selection was completed based upon the individual inmates who were available onsite across the three-day period of the onsite portion of the audit.

The auditors completed formal offender interviews in the offenders' housing units, which was the location judged to be most conducive regarding ease of access, minimal programming disruption, and inmate willingness to participate. Solely one (1) offender declined interview participation. The interview location in the housing unit was confidential for sound. Formal staff interviews were completed in confidential spaces, generally in staff offices. The Random Staff interviewee list was processed first by the audit team and then Random and PREA-Targeted Inmate interviews were conducted, while Specialized Staff interviewees were completed at the availability of the represented party (and as indicated previously, in the cases approved per COVID-19 agreements, telephonically). Prior to interview, the audit team member confirmed with each interview participant that their participation was voluntary, not coerced, and assured the interviewee that all personally identifying information would be redacted from audit reporting. For all completed interviews, the audit interviewer communicated standard advisory statements, utilized appropriate PREA-interview protocols, and recorded responses by hand on the associated protocol.

Random Inmate Interviews: The random incarcerated individual interviewees were selected based on housing assignment. The audit team received offender rosters by alphabetical and housing assignment with offender identification numbers. At OCC, offenders were not housed based upon length of stay, ethnic group or age. Therefore, utilizing housing placement as the primary criterion for interview selection provided the ability to capture a variety of offender demographics, including age, ethnicity, and sentence lengths. The auditor ensured selection of, at minimum, four (4) offenders from every housing unit, as there are three (3) housing units at the facility. The auditor also selected participants from different areas of the housing units, such that they were not clustered in housing immediately proximate to one another. On the first day of the site review, June 27, 2021, there were 246 offenders incarcerated at OCC, on the second day, June 30, 2021, there were 243 offenders, and on the final day, July 1, 2021, there were 241 offenders at the facility. As noted previously, the interviewee selection was limited to those individuals physically present onsite during the course of the site review and amenable to interview.

Random offender interviews were largely conducted in the staff offices of the offender's housing area. These locations were soundproof and provided moderate visual confidentiality from other offenders, as they were not directly on the unit. Supporting the incarcerated individual to remain in a familiar setting (i.e., their housing) to meet with the auditor for interview was judged to have been of benefit in their sharing PREA-related content. At the commencement of the interview, the audit team interviewers introduced themselves and communicated the PREA interview standard advisory statements. Each incarcerated individual was asked explicitly if their participation was voluntary, not coerced, and if they had any concerns and/or questions about participation. Upon confirmation of the offender's voluntary agreement to participate, the auditor proceeded with questions directly from the Random Inmate Interview protocol. The audit team interviewer requested clarification, as necessary, throughout the course of the interview. Queries were made and prompting done to ensure interview responses provided sufficient detail and information for the auditor to make determinations regarding standard compliance. Each audit team member transcribed the inmate's responses by hand onto the interview protocol document.

The offender interviews were completed across the final two days of the audit (June 30, 2021 and July 1, 2021). To the best of this auditor's knowledge one (1) of the incarcerated individuals offered participation refused the interview process, with twenty-three (23) total Random Inmate Interviews completed. Twelve (12) independent Random Inmate Interviews were conducted, in addition to eleven (11) Random Inmate Interview protocols coupled with each PREA-Interest Inmate Interview. Audit team members ensured completion of both a Random and PREA-Interest Interview protocols for inmates who fell within PREA-Target categories. Therefore, during the OCC site review, the audit team conducted twenty-three (23) Random offender interview protocols.

Targeted Inmate Interviews: The auditor requested information prior to the site review regarding offenders falling within the PREA-Special Interest categories. According to the materials provided, there were no offenders available for PREA-Target interviews who met criteria for the following considerations: transgender or intersex; gay or bisexual; physically disabled (i.e., physical, hard of hearing and/or vision impaired); cognitively impaired; and individuals who had reported sexual abuse. As noted previously, there are no youthful offenders (under 18 years of age) incarcerated at the facility, which was confirmed based upon site review and Superintendent's Memorandum. Additionally, there were no offenders who had been segregated for risk of sexual victimization over the review period based upon the Superintendent's Memorandum provided in the PAQs. There was also none during the period post-PAQ, which was further confirmed through staff and offender interviews, as well as during site review. However, there were individuals who fell within the PREA-Target Inmate categories of Limited English Proficiency (LEP); and inmates who reported prior sexual victimization during risk screening. The facility PCM prepared the lists of these individuals prior to the audit team's site review,

and upon the auditor's arrival, the facility provided her with lists of offenders who fell within these classifications.

As noted, offenders were selected for Random Interviews based upon housing unit placement in an effort towards randomization of selection. Whereas offenders were randomized for selection based upon housing assignment for Random inmate interviews, consideration was given in the same manner to maintain relatively equal representation across housing units of those being interviewed for PREA-Interest categories. The auditor made efforts to maximize cases for PREA-Target interviews, as determined secondary to review of pre-audit documentation. However, there were limited cases to review associated with the PREA-Target categories. The auditor augmented selection from a particular category and interview multiple individuals who fell in the list PREA-Target list of individuals who had reported prior sexual victimization during risk screening. As a result, they were able to reach the audit goal of thirteen (13) PREA-Target interviews. It is very important to take into consideration that the population of the offenders at the facility are those qualified for placement at a 'work camp'. WADOC aims to establish a best fit for offender and their placement location; therefore, the population at the facility were generally younger, physically fit, and individuals oriented towards trade or out-of-doors work (e.g., Department of Natural Resources, Community Service Work Crew). Furthermore, offenders housed at OCC needed to meet criteria for a minimum-security facility with less than four years length of stay in their sentence. With this in mind, eleven (11) PREA-Target Offender interviews were conducted, to include the following:

- Inmates identified as LEP one (1); obtained list = one (1)
- Inmates who reported prior sexual during risk screening eighteen (18); obtained list = nine (9)
- Inmate letter writer one (1) received = one (1)

PREA Management Interviews: The lead auditor was responsible for interviews conducted with the OCC management, including the Superintendent, and PCM. An audit team member interviewed the WADOC PREA Coordinator. All three of these interviews were conducted telephonically, per COVID-19 agreements. An audit team member conducted an interview, telephonically, with the prior Agency Head, prior to the site review, and the lead auditor conducted an interview, telephonically, with the current Agency Head during the site review period. The audit team worked with the management staff to make interview times conducive to their schedules. There were four (4) PREA Management category Interviews completed with five (5) individuals (as two employees had held the Secretary's position over the course of the audit timeframe).

Specialized Staff Interviews: As noted previously, the lead auditor had completed several Specialized Staff Interviews, telephonically, prior to the site review, per COVID-19 agreements. For the remaining Specialized Staff Interviews, different audit team members interviewed Specialized Staff, as staff were available. The selection and randomization of Specialized Staff for interview was based upon those who were onsite during the site review. Furthermore, in some cases only one (1) designated staff filled a specialized role. For example, there was one (1) Mental Health Services provider; therefore, the auditor was unable to select randomly for this position. In other cases, one individual filled multiple Specialized roles. In such instances, multiple Specialized Staff protocols were utilized with the same staff member. There were thirty-nine (39) Specialized Staff interviews completed with a total of twenty-six (26) different individuals.

The audit team made efforts to randomize Specialized Staff interviews, when possible, from different shifts and locations across the facility, as well as ensure representation from a diverse range of functions. Some of the interviewees had offices off-site or at external locations, and telephonic interviews were necessary with these individuals. For example, the Sexual Assault Nurse Examiner (SANE), Agency Contract Administrator, JDI contact and Forks Abuse Program (OCVA) respondent participated in the interview process telephonically, as each were located remotely.

The audit team created a list of Specialized Staff interviews required for PREA standard-related information. Those interviewed telephonically are listed first. The list included the following individuals, who the audit team interviewed:

Telephonic Interview:

- Victim Advocate – Forks Abuse Program (OCVA) and JDI; one (1) Forks Abuse Program, and one (1) JDI contact
- Agency Contract Administrator; one (1) staff
- Administrative Human Resources; one (1) staff
- Intermediate or Higher Level Facility Staff; three (3) staff
- Medical and Mental Health; one (1) Medical, and one (1) Mental Health staff
- Sexual Assault Nurse Examiner (SANE); one (1) staff
- Administrative Human Resources; one (1) staff
- Facility Investigators (Of note, the facility used External Investigators for all criminal investigations, while conducted all of their own administrative investigations); two (2) Investigators
- Staff Who Supervise Inmates in Segregated Housing; two (2) staff
- Designated Staff charged with Retaliation Monitoring; one (1) staff
- Staff on the Sexual Abuse Incident Review Team; three (3) staff
- First Responders; two (2) staff

Site Review Interview:

- Intake Staff; two (2) staff
- Contractors; three (3) contractors
- Facility Investigator; one (1) investigator
- Staff Who Perform Screening for Risk of Victimization and Abusiveness; two (2) staff
- Designated Staff Member Charged with Monitoring Retaliation; one (1) staff
- Staff Who Supervise Inmates in Segregated Housing; two (2) staff
- First Responders (Security and Non-Security); two (2) staff
- Grievance Coordinator (unable for interview secondary to absence from the institution)
- Volunteers (Note: Per COVID-19 restrictions, volunteer positions had been decommissioned at OCC for the year prior to the site review; None

Of note, there were thirty-nine (39) interviewees with Specialized Staff completed. Note, the thirty-eight specialized interviews were not with thirty-eight different individuals, as some filled multiple roles (described above).

Random Staff Interviews: At the time of the site review, the facility had one hundred and thirteen (113) WADOC state employed staff, to include administrative and security. In randomizing selection for staffing interviews, attempts were made to consider a variety of work locations and ensure staff were represented from all three security staffing shifts. Facility shifts were performed over eight (8) hour shifts; Graveyard: 2150 hours to 0620 hours; Second Shift: 0610 hours to 1410 hours; and Swing Shift 1400 hours to 2200 hours, with some officers assigned to Four-10 shifts: 0600-1430 hours (Note: There is a Shift Commander on all three shifts; and a Duty Officer (Mon to Mon twenty (24) hours on-call). Administration staff work forty-hours (40) per week, shifts: 8 to 1630 hours). On day one, the auditor requested if any staff who normally worked the night shift were working overtime. If so, they would like to interview them. One (1) was available for interview. There were twenty (20) random staff interviews conducted with a variety of staff members, including housing officers, correctional sergeants, office support staff, administrative staff, as well as correctional officers assigned across a variety of facility areas and functions.

The auditors conducted all random staff interviews in private rooms, generally staff offices. At the initiation of the conversation, the audit interviewers would introduce themselves and explain the general

purposes of the interview, query staff as to whether their participation was voluntary and ensure consent was not coerced. Following PREA protocol introduction, the auditor would proceed with the interview, by asking questions conforming to the Randomized Staff Interview protocol, transcribing responses by hand onto the paper document. The audit team members asked for clarification and prompted verbally, as necessary, to ensure participant responses provided sufficient information for determination of standard compliance.

Site Review: The audit team performed a comprehensive physical inspection of the facility on the first day (June 27, 2021) at the site. The facility site review included visiting all locations where incarcerated individuals could be present and had onsite access, even if their entry would be gained solely in the presence of a staff member. The Superintendent and PCM participated in escorting the audit team throughout the facility during the inspection. The audit team review queries and observations of the physical plant were aimed to establish PREA standard compliance, with notations made of any apparent deficiencies. Any notations and identified deficiencies were provided to the OCC representatives throughout the OCC physical plant site review. The PCM and Superintendent were noted to be engaged in the physical plant inspection process, by asking questions, proffering resolution to deficiencies, and making notes.

During the site review, the team members inspected all twenty buildings to which offenders may have access on the facility grounds. These buildings included the Administration; Ozette Facility with Visiting & Kitchen Services/Dining Room, Therapeutic Community/Chemical Dependency Treatment Center & Religious Services, Ozette Housing Unit (with Secured Housing Unit); Hoh Facility with Housing Unit; and Clearwater Facility with Clearwater Housing Unit, Recreation/Gymnasium, Extended Family Visits, Education & Medical/Mental Health, Training Center/Incident Command Post (ICP); Greenhouse, Warehouse/Correctional Industries, Laundry, Maintenance (Main Shop & Carpentry Shop), and Waste Water Treatment Plant (Laboratory, Composting, and 4 Supplemental Buildings).

While inspecting the facility, the audit team members consistently checked doors, restrooms, and office areas to ensure they were secured and locked. The team engaged offenders and staff spontaneously, asking PREA-related questions about WADOC procedures and PREA safety considerations. The team members noted placement and coverage of video monitoring technology, along with surveillance cameras, and evaluated for potential blind spots. Inspection of bathroom and shower areas was conducted with particular concern regarding possibilities for cross-gender viewing.

During the site review, the audit team members observed the presence of supervisors in recreation, education, and offender work areas to assess for adequate levels of supervision. They queried as to whether offenders were ever left unsupervised in isolated areas or placed in lead positions as supervisor over other offenders, which both staff and offenders denied. In the housing units, the phone system was tested for functionality of the facility's hotline to report sexual abuse and sexual harassment, which demonstrated a positive result. Reporting processes WADOC has provided for offenders to report sexual abuse were also inspected for readability and availability, including: PREA Information Posters, and OCVA Posters. Both were visible throughout the facility, particularly near inmate phones, posted in English and Spanish. The published outside reporting hotline and rape advocacy resources were readily visible to the offender population. The auditor was also able to confirm through informal conversation and interviews with incarcerated individuals that they were aware of how to utilize the hotline to report PREA allegations, as well as access outside support and addresses provided to process a report of sexual abuse and/or sexual harassment.

During the entirety of the physical site tour there were no offender arrivals to the facility; thus, onsite observation of the intake process, to include PREA inmate education and intake screening was not possible. However, the Intake Counselors comprehensively described the intake process to a member of the audit team. For PREA Inmate Education, they described that within an hour to two of arrival all

offenders receive a facility orientation, completed cooperatively by Medical and the Counselor. During this orientation, the Intake Counselor provided a Comprehensive PREA Inmate Training. At this time, the Intake Counselor would show the WADOC-supported PREA education video, explain PREA practices and then ask the incarcerated individuals if they have any questions and/or concerns. The offenders interviewed endorsed having received information about PREA on their first day at the facility, and also having received a WADOC supported PREA brochure in their Orientation Packet.

There were potential areas of isolation and blind spot areas identified which necessitated remedy that were each fixed prior to the issuance of the Final Report (115.13). During the physical plant inspection, it was clear that the facility had placed a great deal of emphasis on identifying blind spots and providing either camera monitoring, mirror coverage or entirely blocking off areas where offender access was unnecessary. There were limited issues identified to address potential areas of isolation and blind spots. The identified issues were, as follows:

- Increase visibility to areas accessible to staff and incarcerated individuals, to include:
 - Visiting Room Officer's Station Door. The full door provided a barrier to offender visibility. A window was installed in the door (Photograph provided 07/08/21).
 - Dining Hall Room Offender Rest Room Door B307. The full door provided a barrier to offender visibility in a restroom area that had stall partitions. A window was installed in the door (Photograph provided 07/08/21).
 - Chapel Storage Closet Door B425. The full door provided a barrier to offender visibility. A window was installed in the door (Photograph provided 07/08/21).
 - Medical Breakroom Door A526. The full door provided a barrier to offender visibility. A window was installed in the door (Photograph provided 07/08/21).
 - Ozette Housing Unit Janitor Closet Doors B285 and B294. The full door provided a barrier to offender visibility. The doors were removed (Auditor viewed onsite 07/01/21).
 - Green House Storage Shed Door. The door was unsecured and created a barrier to offender visibility. The door was secured with installation of hasp and locked in either open or closed position, as needed (Photograph provided 07/08/21).
 - Recreation/Gym Janitor Closet Door A311. The full door provided a barrier to offender visibility. A window was installed in the door (Auditor viewed onsite 7/1/21).
 - Wastewater Treatment Plant Compost Shaker Area. The front corner had a blind spot limiting offender visibility. A mirror was installed on the front ceiling beam access to increase coverage (Photograph provided 07/12/21).
 - Ozette Housing Unit Counselor Unit Supervisor's Office Blinds. The blinds in the office created barriers to offender visibility, and were removed entirely (Photograph provided 07/08/21).
 - Hoh Sergeant's Office Window Coverings. The paper covering of the office window created a barrier to offender visibility and was removed during the site review. An email communication was provided to the auditor documenting the individual occupying the office was instructed to ensure the windows remained uncovered (Auditor evidenced removal of covering onsite and email received 07/01/21).
 - Education Blinds in Stand-Alone-Room Windows. The blinds in the windows created barriers to offender visibility. The bottom four (4) inches of the blinds were raised and zip-tied open to that level, such that they could no longer be lowered (Auditor viewed onsite 07/01/21).
 - Correctional Industries Laundry behind Dryers. There was a potential blind spot behind the dryer area, for which a mirror was installed in the upper corner for coverage (Photograph provided 07/08/21).
- Ensure accessibility for entrance, remove door ability to lock from inside, to include:
 - Wastewater Treatment Plant Lab Emergency Shower/Restroom Lock. The bathroom had a locking door, which created an area for potential offender isolation. The facility

removed the locking mechanism and installed a 'vacant/occupied' sign on the door exterior (Photograph provided 07/08/21).

- Wastewater Treatment Plant Restroom W108 Lock. The bathroom had a locking mechanism on the inside of the door, which created an area for potential offender isolation. The facility installed a new exterior key lock and a 'vacant/occupied' sign on the door exterior (Photograph provided 07/08/21).
- Therapeutic Community Program Area Restroom B408 and B422 Locks. Each bathroom had a locking mechanism on the inside of the door, which created an area for potential offender isolation. The facility installed a new exterior key lock, eliminating the interior locking ability (Photographs provided 07/08/21).

The facility remedied all noted issues by July 12, 2021, providing proof of practice in-person to the auditor while onsite and by emailed photographic evidence on July 8, 2021, and July 12, 2021. Through immediate remedial action, the facility appropriately resolved all areas considered for potential offender isolation and blind spots. There were no additional areas viewed during the site inspection believed to be potential for blind spots and/or offender isolation.

Resource Availability: During the site review, it was discovered that the facility had prior versions of the WADOC-supported PREA brochures in some locations (115.33). This meant the possibility that incarcerated individuals provided with the outdated version, would receive information that was not as up-to-date as that provided in the most recent version. In order to remedy this Superintendent sent an institutional all-call email, which was provided to the auditor on the same day (7/1/21).

There was a concern in the Ozette Housing Unit that immediately prior to the onsite audit, the Colorado Department of Corrections external entity reporting form was available yet without the necessary envelope (115.51). In addition, there was no identified space in the carousel that held offender forms for this particular form. This issue was resolved through OCC ensuring that the DOC 21-379 Report of PREA Allegation Form was stapled to the associated Colorado Department of Corrections envelope and the slot containing said document with envelope appropriately labeled. The auditor was provided photographic evidence of completion of this action item on July 8, 2021.

Information about translation services was not readily identified during Randomized interviews with staff, as they did not know how to access interpreters, while stated clearly the need to utilize these in any PREA situation (115.16). Of note, those unable to identify how translation services were accessed, indicated they would elevate to the Shift Commander. However, upon interviewing the Shift Commander they also were unaware of how to access the interpretation services. To resolve this deficiency, the Superintendent sent an all-call to institutional staff regarding the available telephonic interpretation services and how to access these. Specific instruction were also provided to the Watch Commanders post, which ensured their awareness regarding how to access telephonic interpretation services. Proof of practice was provided on July 1, 2021 by way of institutional email forwarded to the auditor and PCM's telephonic correspondence on 7/9/21.

Document Reviews: During the site review, the audit team's document review included, but was not limited to, inspection of personnel files and training records of staff and contractors, as well as inmate PREA intake/screening, education records, PREA investigations/grievances, and mental health referrals (as appropriate to PREA screenings and sexual abuse investigations). On day two, the lead auditor conducted documentation review of inmate files, which included an inspection of PREA Screening intake completion (initial and follow-up), education (initial and comprehensive), grievances, and PREA investigations. Later on the same day, a support auditor conducted documentation review of personnel files and training records. They reviewed criminal background record checks and PREA training records of staff and contractors (largely associated with those selected for Specialized and Randomized Interviews in both categories).

As noted, the auditor received a comprehensive list to support documentation requested for site review needs, as indicated with the PAQ. The PCM provided documentation in list form for the following:

- Youthful inmate/detainees n/a; no inmates under 18
- Inmates with disabilities n/a; no inmate with disabilities
- Inmates with cognitive disability/mental disability n/a; no inmates with cognitive disability
- Inmates who are Limited English Proficient Obtained = 1
- Inmates who identify as Lesbian, Gay or Bisexual n/a; no inmates identified as Lesbian, Gay or Bisexual
- Inmates who identify as Transgender or Intersex n/a; no inmates identified as Transgender or Intersex
- Residents in isolation following report of sexual abuse n/a; no inmates placed in involuntary Protective Custody in review period
- Inmates who reported sexual abuse n/a; no inmates onsite who reported sexual abuse
- Inmates who reported prior sexual victimization and/or sexual abusiveness risk screening Obtained = 9
- Complete staff roster Obtained = 113 staff
- Specialized staff Obtained (included in staff roster)
- All contractors who have contact with inmates Obtained = 9 Contractors
- All volunteers who have contact with inmates n/a; volunteers were discontinued secondary to COVID-19 protocol
- All grievances in the 12 months review period Obtained = None filed
- All incident reports in the 12 month review period Obtained = 4 (contained within closed Investigations)
- All closed investigations of sexual abuse and sexual harassment reported for investigation in 12 months review period Obtained = 4
- All JDI calls during 12 months review period Records not privy to disclosure
- All hotline calls during report review period Records not privy to disclosure

As there was a specific sample identified for corroboration purposes associated with the Random and PREA Specialized inmates, as well as for Random and Specialized staff, and randomization performed on the initial selection of each group of interviewees, further randomization for documentation review purposes was done solely to limit the sample size. Specifically, randomization was performed once a stratified representation of inmates and staff from different housing units, shift-selection, and varied program areas had been considered. The auditor compiled lists of the incarcerated individuals and staffing randomly selected for document review to ensure appropriate sample sizes. Upon review, the audit team members collated their findings on the relevant PREA Audit – Documentation Review (Confidential Auditor Work Product) forms and made copies of documents, as necessary.

Personnel and Training Files: The facility has one hundred and thirteen (113) full and part-time staff. The audit team reviewed eight (8) personnel files for background records and PREA-question compliance checks. Personnel records selected included representation across shifts, job functions, and post assignments. Documentation for two (2) contractors who had contact with inmates were also audited for the same documentation compliance as facility staff. Of note, contract providers at the facility totaled nine (9). Compliance on all standard provisions for each category reviewed was found through documentation review.

Inmate Files: On the first day of the onsite phase of the audit, the inmate population was 246. The lead auditor reviewed a total of eleven (11) inmate records. The auditor aimed to align the records selected for documentation with those inmates interviewed for randomized and PREA-Target categories (randomly selected with representation across housing units in the facility). Based upon documentation review, the facility was compliant with offender timely completion of 72-hour intake screening PRA (11/11; 100%) and Follow-up within 30 days (11/11; 100%), as well as PREA Offender Education components associated with receipt of PREA Information upon Intake, and provision of Comprehensive PREA Education (11/11; 100%).

Medical and Mental Health Record: OCC keeps a spreadsheet with information of all offenders who have reported prior sexual abuse and/or predatory behavior, as well as the incarcerated individuals' response to the offering of mental health treatment (i.e., yes or no) with the date the mental health service was provided. During the audit, reporting period, five (5) inmates had reported a history of sexual abuse and/or predatory behavior and requested mental health treatment upon screening. Documentation provided with the PAQ demonstrated that all five (5) of these offenders were provided the appropriate mental health contact within referral time limits. While on site, the auditor also reviewed a sample of five (5) individuals who had been selected for the PREA-Target interviews and endorsed having had a prior history of sexual abuse and/or predatory behavior for compliance with this measure. Each had appropriate documentation in their file of having been offered mental health treatment, while declined the offered services. During the reporting period and site review, no offenders met the criteria for referral to Medical and/or Mental Health secondary to incidents of reported sexual victimization and abusiveness. However, interviews with Specialized staff demonstrated their understanding of the requirement to place appropriate referrals and follow through with contacts in such circumstances. Based upon the combined evidence above, the determination was made that referral to Mental Health at OCC was made and completed in all relevant and appropriate cases.

Grievances: Per WADOC policy, When OCC receives a grievance from an offender alleging any PREA-related sexual misconduct a copy of the grievance was to be immediately forwarded to the WADOC PREA Triage unit for processing. If the grievance is determined to be PREA-related, the Triage unit assigns the grievance a PREA allegation number in the Incident Management Reporting System (IMRS), and returns the allegation to the OCC Superintendent who assigns the case for investigation. If the PREA Triage Unit determined the grievance issue is not PREA-related, the offender may pursue the issue through the grievance process, and this grievance will not be considered a PREA allegation. Based upon PAQ and site review information, there were no (0) grievances converted into PREA allegations during the reporting period. This was confirmed through onsite review, including interviews with the facility's PCM, Superintendent, OCC Investigators, as well as Random and Targeted inmate interviews. Documentation review of the OCC Investigations and PREA Complaints Logs also supported this finding. There was no discovery during the interviews with the offender population, both formal and informal, or documentation review, which would suggest that there were additional PREA-related investigations or grievances filed during this period that had not been provided to the auditor.

Retaliation Monitoring: Retaliation Monitoring was consistently occurring throughout the reporting period. The monitoring process contained the required components to include, but not limited to the following:

- 1.) 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;
- 2.) 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;
- 3.) Act promptly to remedy any such retaliation;
- 4.) Monitor any inmate disciplinary reports;
- 5.) Monitor inmate housing changes;

- 6.) Monitor inmate program changes;
- 7.) Monitor negative performance reviews of staff; and,
- 8.) Monitor reassignments of staff.

The implementation of this standard was judged to have been as institutionalized at the facility. All required Retaliation Monitoring obligations were completed at OCC; however, they had identified and self-disclosed an incident upon which an offender transferred and their monitoring contacts were inadvertently discontinued. The facility implemented a corrective action to remedy this deficiency and no such instances had occurred in the following months leading up to the onsite portion of the audit.

Incident Reports: The PREA allegation screening process in WADOC is that facilities submit local complaints, grievances, and PREA allegations by way of an Incident Report documented through the IMRS to PREA Headquarters Triage. Upon PREA Triage review of the Incident Report, it is returned to the facility once determined if the allegations submitted is PREA-related to initiate a PREA investigation. The PREA Coordinator and PCM informed the auditor that any incidents reported to the Headquarters PREA Triage Unit judged not to fall under PREA mandates were returned to the facility to process through appropriate investigative and/or response mechanisms.

Per documentation received with the PAQ and onsite review, fourteen (14) total PREA complaints received. Upon Triage, five (5) were judged not to be PREA-related, and three (3) related to provision of additional content for existing investigations (outside of the reporting period). Two (2) allegations related to incidents that had occurred at another facility and were appropriately referred there. OCC then had four (4) cases; three (3) were closed during the reporting period, and one (1) closed shortly thereafter; including four (4) reports of staff sexual misconduct. There were no additional documents or findings discovered (e.g., interviews with staff and offenders) as related to PREA allegations gathered during site review, suggesting that PREA allegations had not been investigated at OCC. There were four (4) closed PREA allegations that had occurred during the reporting period.

The facility provided the auditor with a completed copy of the four (4) PREA allegations with the full investigation report, including: PREA Case Face Sheet; Investigative Finding Sheet; Investigation Packet (Investigation Report (Form 02-351, Signed Interview Acknowledgement (Form 03-484), Interview Summary, Photographic/Copy of Physical Evidence, Electronic Evidence, PREA Data Collection Checklist (Form 02-382), Investigation Finding Sheet (Form 02-378)); Appointing Authority Decision; Substantiated PREA 13-509 Mental Health Notification; Local PREA Investigation Review Checklist (Form 02-383)). All Investigative files included the report number, report date, victim and suspect names, and disposition/status of the case. Each were reviewed utilizing the PREA audit investigative records review tool criterion, ensuring compliance with information contained within investigative reporting protocol, and found to include: case#/ID; date of allegation; date of investigation; staff or inmate on inmate; sexual abuse/harassment; disposition (and is disposition justified); investigating officer name; and notification given to inmate.

The cumulative PREA allegation breakdown at OCC during the reporting period is as follows, with case details, findings and outcomes listed (below).

Sexual Abuse:

Staff on Offender: zero (0) Offender on Offender: zero (0)

PREA Investigation Outcome of Sexual Abuse Allegations:

- Not applicable, as no investigations fell in this category

Sexual Harassment:

Staff on Offender: four (4) Offender on Offender: zero (0)

PREA Investigation Outcome Totals of Sexual Harassment Allegations:

Offender on Offender:

- four (4) administrative
 - two (2) unfounded, two (2) substantiated

Of the two (2) substantiated cases of staff sexual misconduct both had been referred to law enforcement for consultation prior to investigation regarding consideration of criminal prosecution, which in each case had been declined. The facility was judged to have appropriately and timely referred the substantiated cases to local authorities. Neither case necessitated informing a licensing board of the subject's actions.

Based upon the auditor's review of the PREA-related investigations, allegations were determined to have been timely and comprehensively investigated. The offender population and staff contacted during the audit iterated that OCC prioritizes responses towards any report of inmate sexual abuse and/or sexual harassment, ensuring the safety of the victim. The Superintendent, PCM, and a facility PREA trained Investigators further indicated their response efforts were aimed to demonstrate that OCC upholds standards to maintain an environment with zero-tolerance towards sexual abuse and/or sexual harassment.

Information Consolidation: The audit team met frequently throughout the three (3) days to consolidate findings and ensure interviews, documentation reviews, and observations gathered across team members were sufficient to support compliance determinations with required PREA standards. These briefings were beneficial to establish continued audit needs. During the meetings, the team discussed any discrepancies or deficiencies. When identified the team immediately dialogued with OCC staff for clarification and/or remedy. Each day of the site visit, the audit team held a brief exit to ensure the effective communication of relayed information with the OCC team.

At junctures when additional information was required to establish standard compliance requests were placed via the OCC PCM, Superintendent, and/or PREA Coordinator. The management team was exceptionally responsive and made every effort to deliver available documentation to provide proof of practice. Furthermore, the audit team found the facility to be receptive to identified deficiencies and observed them to begin the process of implementing improvement measures in an effective and thoughtful manner. It was apparent that the OCC Executive members and local employees, who were present across the site review and participated in audit functions, were open to feedback during the site review and sought to assure sustainability for corrections to any deficiencies. This reflected their investment in providing an environment free from sexual abuse and/or sexual harassment for the offender population at OCC.

Exit Meeting: The audit team conducted an exit meeting on July 1, 2021 at which lead auditor conveyed preliminary findings to the facility. The attendees included the audit team, with the Agency PREA Coordinator, Superintendent, and OCC PCM. During the exit, the lead auditor provided a list of identified non-compliant items, specifying the standard these fell under and how these related to particular provisions. They confirmed the noted deficiencies could be remedied by facility modification with proof of practice prior to issuance of the Interim Report. For resolution of issues following the exit, the auditor requested the facility to provide photographic evidence, via electronic communication, to demonstrate proof of practice. All identified issues involved date in time evidence (e.g., conversion of a locking mechanism on a bathroom door, installation of a window in a janitor's closet), and could readily be resolved prior to the Interim Report. The lead auditor delineated items identified as 'recommendations only'. In addition, deficient items that had already been resolved were discussed.

POST-AUDIT PHASE

Upon return from the onsite phase of the audit, the auditor and facility Executive staff agreed, during the post-audit phase, to communication by email and telephone regarding any identified needs for additional documentation, as well as clarification of questions that arose while collating data. Furthermore, the facility Executive management indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies. Communication with the PREA Coordinator and OCC PCM was ongoing, with timely, efficient, and thorough responses provided consistently both by email and telephone. Documentation and clarification communication emails facilitated the ability to process the Audit Report. A significant email contact occurred on 7/8/21 in which the facility provided proof of practice regarding completion of identified Action Item List items that the auditor had identified as deficiencies.

Audit Section of the Compliance Tool: The auditor reviewed documentation and interview notes gathered during the site review and compiled information to collate with that already gathered on the compliance tool. The auditor integrated details from the interviews into sections of relevant standards, utilizing the compliance tool as a guide. Upon collation of all gathered document, interview, and observational notations, utilizing the compliance tool, the auditor proceeded standard by standard through each subsection and provision, checking the appropriate 'yes' and 'no' boxes. This was later used in their final determination of standard compliance. Following completion of all data reviewed from the audit and analysis via the audit compliance tool, the auditor prepared to make an overall determination of PREA standard conformity, utilizing the evidence collected to support standard compliance as 'exceeded', 'met', or 'does not meet'.

Final Audit Report: The auditor proceeded standard by standard, using the Audit Compliance Tool as a guide, in the determination of standard compliance. As the auditor made compliance determinations, they began writing the Audit Report. The Report included references to material provided via PAQ submission (including policies and procedures, reports, directives, memorandums, and supplementary documentation), as well as supporting information gathered during site review (including interviews, site inspection, and observations), and any clarifying information provided post-audit. All aggregated and individual information regarding offenders was de-identified for the purposes of this audit.

The reviewer made standard compliance determinations item-by-item, reviewing each provision as a stand-alone measure, ensuring every provision of each standard was evaluated independently to meet compliance in all material ways over the relevant review period. The auditor incorporated evidence gathered during site review with the PAQ and follow-up documentation as proof in supporting the final conclusion as to whether the facility exceeded, met, or did not meet the standard under review. The facility had completed remedial action for four (4) standards prior to the issuance of the Final Report (Standards 115.13; 115.16; 115.33; and 115.51), and did not have any corrective actions issued.

On 8/13/2021, the Final Report was sent as a .pdf copy to Agency PREA Coordinator, as well as OCC Superintendent and PCM with a request for feedback. The auditor conducted a follow-up contact with the PREA Coordinator, OCC Superintendent and PCM to review the Final Report findings, discuss any report discrepancies, and ensure their agreement with the body of the report prior to the auditor uploading the Final Report on the OAS (Online Audit System).

There was no corrective action phase for OCC, as implementation of all required action items were completed by OCC with proof of practice prior to the 45-day period of audit closure, and no items required processes to be institutionalized. Upon completion of the Final Report (completion date: 8/13/2021), the facility was judged to have exceeded three (3) standards, and met forty-two (42) standards. The FINAL Report was sent as a .pdf file to the WADOC PREA Coordinator, as well as OCC Superintendent and PCM. The auditor will submit the Post-Audit Report Form to the PRC via the Online Audit System (OAS) within ten (10) days of issuance of the Final Report.

Facility Characteristics

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

Location: Olympic Corrections Center (OCC), located on the Olympic Peninsula, Washington (physical address: Forks, WA), on 70 acres of land leased from the Department of Natural Resources (DNR). OCC is a minimum custody (MI1 and MI2 designation) prison facility that operates as a 'work camp'. Offenders at OCC are provided the opportunity to fulfill work responsibilities in preparation for community re-entry.

OCC Mission Statement: Align and continue to refine the work of the Olympic Corrections Center as a Reentry Pathway for incarcerated individuals; to the performance expectations of the Washington State Government Initiative "Results Washington", and the Department of Corrections Initiative "Results DOC", in order to provide a safe, secure and humane environment, in which incarcerated individuals successfully recover, transition and successfully reenter society, in a manner that assures the safety of the public and the public trust.

Offender Demographics: In the review period there was an average daily population housed at OCC of 243 male offenders, with day one (6/27/21) of the site review at 246, day two (6/30/21) at 242, and day three (7/1/21) at 241. The inmate population ethnicity was comprised of 65.4% Caucasian, 17.4% Black, 6.5% American Indian, 5.6% Asian/Pacific Islander, 4.4% Hispanic, and 0.4% Other. The offenders' ages were between 21 and 68 years of age, and were incarcerated at OCC for sentences of four (4) years or less length of stay, with an average length of stay at 2.33 years. Those assigned to OCC must be in good physical condition, as the facility requires participation in work activities that may be judged 'strenuous' on difficult terrain and the facility's geographical proximity to major medical facilities is distant.

Entrance Security Protocol: The main entrance to the facility is through the Administration, where screening is conducted of all entrants into the facility, including regular staff and visitors (both professional and those visiting offenders). Specifically, at the facility front entrance a screen was conducted with submission of identification in exchange for a visitor's identification badge for all non-facility staff. The central control is staffed with a correctional officer who operated the main entry/exit doors of the facility, has access to facility camera viewing, and is responsible to ensure compliance with regulated entry into and out of the facility.

Video Surveillance and Monitoring: The facility had fully implemented video camera surveillance as a tool to protect against sexual abuse. At the time of the site inspection, OCC had cameras strategically located throughout buildings, laneways, outdoor areas, and within buildings in order to provide the best coverage over blind spots. Some cameras had pan-zoom capabilities. As such, cameras were mounted strategically throughout the facility. The camera locations included: Perimeter viewing, Ozette facility, with Visiting, Main Kitchen/Dining Room, Therapeutic Community/Chemical Dependency/Religious Services, Ozette Housing; Hoh Facility and Housing; Greenhouse, Warehouse/Correctional Industries, Laundry, and Maintenance (Main & Carpentry Shops); Clearwater facility with Housing, Recreation/Gymnasium, Extended Family Visits, Education and Medical/Mental Health, and OCC Training Center, ICP. None of the locations of cameras provided the possibility for viewing offenders in stages of undress or performing bodily functions. Primary viewing areas for the camera output were

located in Supervisorial offices on the Housing Units, with camera observation and footage viewing available by the Superintendent, and for Investigative purposes.

Facility Housing Units: The facility itself has twenty primary buildings, three (3) of which were housing units. OCC has three discrete housing units, named, Ozette, Hoh and Clearwater. Each of the identified housing units contain multiple configurations of sleeping spaces, set up as wings which include partitioned dorms, along with single and double-bed occupancy rooms. The Ozette Building also has a separate Administrative Segregation, which counts as the fourth housing unit at OCC. Ozette, Hoh, and Clearwater are single floor design. Each building has an attached recreation yard, as does the Segregation Unit with a separate yard.

- Ozette Housing was capable of housing 139 offenders with forty double-man rooms divided on four wings (A, B, C, & D), and the rest open dormitory living with 59-inmates maximum divided into three tiers (E & F tier with 20 inmates each and one medical room; G-Bay with 18 inmates). Ozette also holds the facility's Segregation Unit (referred to at OCC as Secured Housing Unit; SHU) with 13 cells that are each double-bunk capacity. The Segregation Unit, at maximum capacity, would be able to hold 26 offenders.
- Hoh Unit was capable of housing 133 offenders. It has three (3) wings with 18 double housing rooms on one wing (B-wing with 36 offenders) and open dormitory style living on two wings (A tier with 48 bunks, & C tier with 49 bunks).
- Clearwater Unit was capable of housing 129 offenders. It had one wing with a single room and five double rooms (G-wing), and the remainder were dorm style housing units on five (5) wings (A, B, D, E, F; no 'C' wing). Note: Since the site review, Clearwater Housing Unit has been closed and the offenders integrated into Ozette and Hoh Units.

The housing units have primary entrances available for inmate ingress/egress. The offender commodes and showers are in individual rooms located off the hallway near the front of each wing, before the offenders' bunk locations. The bathrooms are protected from cross-gender viewing by front partitions for the showers and partitions with doors for the latrines.

Facility Buildings: The facility was split into two functional areas for facility housing and programming needs.

- The first area held the parking lot, Administration, Ozette Facility with Visiting & Kitchen Services/Dining Room, Therapeutic Community/Chemical Dependency Treatment Center & Religious Services, and Ozette Housing Unit (with Secured Housing Unit). The Kitchen was fully functioning with associated dry and frozen storage lockers, providing meal preparation needs for all offender needs, including sacked meals. Concerning the Visiting area, strip searches were done by gender specific staffing. During visits, offenders were allowed to utilize the bathroom, but had a separate offender restroom. Hoh Facility with Housing Unit was also located in this area in a separate secured fence line. There were program areas outside of the Ozette and Hoh perimeters to include the Greenhouse & Horticulture, Warehouse/Correctional Industries, Laundry, and Maintenance (Main Shop & Carpentry Shop). There was no offender access permitted in any of the aforementioned building areas outside of the secured perimeters in the absence of authorized permission by a staff member or contractor.
- The second area, called Clearwater Facility had Clearwater Housing Unit, Recreation/Gymnasium, Extended Family Visits, Education & Medical/Mental Health, and the facility Training Center/Incident Command Post (ICP). The in-door Recreation/Gymnasium and Education buildings were locked with the exception of when staff, contractor or volunteers were present to run activities.

In any areas where offenders were present alone there were routine checks conducted on a randomized basis and no areas viewed with potential for offender isolation or significant blind spots following modifications after site review.

OCC Programming: Through the auditor's discussions with the OCC Superintendent, PCM, local staff, and incarcerated individuals during the site review, along with readings of website publications, and OCC Welcome Packet, it was evident that OCC offered a dynamic program with a variety of unique, growth-oriented opportunities. Specifically, the facility has a mantra, of sorts, posted immediately below their entrance sign, stating, "Full Productive Day", which clearly sets the tone for program participation expectations. They had a comprehensive complement of programming, therapeutic community, educational courses, and vocational activities. These offerings had been impacted to various degrees secondary to COVID-19 restrictions; however, the auditor has chosen to include them in to their fullest degree, as the facility intends to resume regular programming, as soon as permitted to do so.

Enrollment in activities was based upon the assessment of incarcerated individual's needs, coupled with, facility needs and available resources. Independent programming available to offenders at the facility included, but was not limited to, educational development, recreational library, law library, dayroom activities with television viewing, along with well-furnished indoor and outdoor recreation yard. There were also a variety of group activities and services available. Prior to COVID, OCC has had a complement of volunteers, in addition to their state/contract employee staffing resources. At the time of the site review, their volunteers placements had been curtailed (PAQ report listed thirty [30] active volunteers), while WADOC state employee and contract staffing stood at filled positions, one hundred thirteen (113) and nine (9), respectively.

The job opportunities at OCC merit discussion based upon the unique elements of their design and benefit to the community, as well as sustainability and self-improvement elements. The job opportunities offered at OCC are DNR Forestry Workers, Community Service Works Crews, and in Camps Workers, including Maintenance, and Wastewater Treatment Plant Workers. Of note, the Wastewater Treatment Plant is a multi-year award-winning program, which has assigned inmate workers.

Department of Natural Resources (DNR) Programs: The OCC works closely with the DNR and a large part of their population are assigned to DNR work crews, allowing the offenders to give back to the community. Through this partnership, incarcerated individuals are offered training and job skills that allow them to assist in forest fighting, fire suppression and prevention, and other incidents/significant events. Training and job skills includes:

- Firefighting
- Chainsaw Operation
- Silviculture Practices
- Sew Shop Skills
- Machine and Auto Mechanics

Community Service Work Crew Program: Community service work crews function at OCC to provide services to the community and OCC facility. Services include:

- Trail clearing, wood cutting, litter pick up, debris removal, garbage cleanup, filling sand bags, hand shoveling debris, landscaping, pruning trees, pulling weeds, cutting back brush and cutting grass, sweeping sidewalks/parking lots

Educational Programs: Educational skills and therapeutic programming is aimed to help offenders gain skills and knowledge to help them become productive members of society upon release. Educational programming includes:

- GED

- HS+21 and HS+18
- Construction Trades Apprenticeship Program
- Therapeutic Community Program for Substance Abuse/Chemical Dependency
- Redemption Program
- Parenting Inside/Out
- Re-Entry Programs

Other Services and Programs Offered at OCC:

- Commissary
- Chapel Services
- Dog Program
- Grievance Program
- Diversity Committee
- Quillayute Valley Scholarship Auction
- Recreational Reading Room
- Visits Program (including, Extended Family Visits)
- Volunteer Programs (including, Religious, Cultural, and Self-help Activities)

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded:

Training and Education

- 115.31 Employee training

It was clear the efforts of the Agency and facility considered comprehensive provision of PREA education to staff, to include the components, as required in 115.31a & b, in a manner that would ensure staff were prepared for PREA situations and readily able to implement their knowledge proactively in the work environment. Furthermore, the facility had implemented a structured educational programming strategy that was above the required standard of 115.31c, in that staff were required to be trained in PREA education annually. Proof of this practice was readily available and OCC staff not only demonstrated 100% compliance with training requirements, but also were able to demonstrate this in practical applications, as discussed during interview.

It is clear that the groundwork for the fundamental practice of PREA sexual abuse and sexual harassment prevention, detection, and response has been clearly laid at OCC through the employee training practices. As such, the auditor evaluated this standard substantially to exceed requirements for compliance.

Screening and Risk of Sexual Victimization and Abusiveness

- 115.41 Screening for risk of victimization and abusiveness

Above meeting the standards, it was evident that the Agency and facility had invested considerable time into the use of the PRA in determining appropriate housing, program, and work placement needs

for offenders. The timely completion and appropriate scoring of the PRA upon intake to OCC was impeccable and follow-up PRAs demonstrated consistency with solid proof of this practice. It was clear that at each level of the process, from staffing responsible for housing decisions upon inmate arrival to those making global determinations regarding offender assignments and placements, each relied appropriately on the PRA resources, as available.

It was apparent that OCC staff not only demonstrated 100% compliance with implementation of PRA timeliness requirements, but also were able to demonstrate in practical applications, as to how this tool is best implemented to ensure the sexual safety of offenders. Noting this audit item to be integral to the foundation of PREA standards within a facility it was clear OCC staff recognized the importance of identifying potential for risk and management. During interviews, the citation of the PRA and the need to consider this a 'living document' of sorts, as the offenders' moved through their period of incarceration provided a pivotal understanding to risk management and mitigation. As such, the auditor evaluated this standard substantially to exceed requirements for compliance.

Audits and Corrective Action:

- 115.401 Frequency and scope of audits

The auditor commends the facility on their provision of documentation, which demonstrated what was judged full disclosure, and provision of documentation in a timely, organized fashion. The WADOC PREA Coordinator, OCC executive team and facility staff were receptive to feedback, continuously displayed a positive demeanor, and demonstrated willingness to receive both feedback and readily implement required modifications. They were exceptionally well prepared for the audit, and the audit team found them to be open to discussion regarding facility processes, structure, challenges. The incarcerated individuals were also constructively engaged in both informal and formal interviews, while demonstrating pride in their facility.

The OCC executive team and local staff communicated clearly to the audit team that they desired feedback, particularly as they desired to implement any identified deficiencies towards the improvement of their facility. It is clear that having the Superintendent, who is a certified auditor, at the helm has facilitated the culture at this facility to be one of intolerance towards any form of sexual misconduct. Furthermore, the PCM has clearly taken the responsibility to understand and implement the PREA standards at an institutional level to be of paramount importance in their position responsibilities. Encountering this level of commitment towards PREA implementation by facility leadership, as an auditor, towards not only the audit process but also ongoing sustainability is exceptionally encouraging. In sum, it was evident through the proactive approach and creative thinking employed by the facility in resolving all four (4) standards that would have been non-compliant prior to issuing an Interim Report that OCC truly has an investment in the pivotal standard of upholding an environment of zero-tolerance.

Standards Met

Number of Standards Met: 42

List of Standards Met:

Prevention and Planning

- 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator
- 115.12 Contracting with other entities for the confinement of inmates
- 115.13 Supervision and monitoring
- 115.14 Youthful inmates
- 115.15 Limits to cross-gender viewing and searches
- 115.16 Inmates with disabilities and inmates who are limited English proficient
- 115.17 Hiring and promotion decisions
- 115.18 Upgrades to facilities and technologies

Responsive Planning

- 115.21 Evidence protocol and forensic medical examination
- 115.22 Policies to ensure referrals of allegations for investigation

Training and Education

- 115.32 Volunteer and contractor training
- 115.33 Inmate education
- 115.34 Specialized training: Investigations
- 115.35 Specialized training: Medical and mental health care

Screening and Risk of Sexual Victimization and Abusiveness

- 115.42 Use of screening information
- 115.43 Protective custody

Reporting

- 115.51 Inmate reporting
- 115.52 Exhaustion of administrative remedies
- 115.53 Inmate access to outside confidential support services
- 115.54 Third-party reporting

Official Response Following an Inmate Report

- 115.61 Staff and agency reporting duties
- 115.62 Agency protection duties
- 115.63 Reporting to other confinement facilities
- 115.64 Staff First-Responder duties
- 115.65 Coordinated response
- 115.66 Preservation of ability to protect inmates from contact with abusers
- 115.67 Agency protection against retaliation
- 115.68 Post-allegation protective custody

Investigation

- 115.71 Criminal and administrative agency investigations
- 115.72 Evidentiary standard for administrative investigations
- 115.73 Reporting to inmates

Discipline

- 115.76 Disciplinary sanctions for staff
- 115.77 Corrective action for contractors and volunteers
- 115.78 Disciplinary sanctions for inmates

Medical and Mental Care

- 115.81 Medical and mental health screenings: history of sexual abuse
- 115.82 Access to emergency medical and mental health services
- 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

Data Collection and Review

- 115.86 Sexual abuse incident reviews
- 115.87 Data collection
- 115.88 Data review for corrective action
- 115.89 Data storage, publication, and destruction

Audits and Corrective Action

- 115.403 Audit content and findings

Standards Not Met

Number of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed Agency Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (Rev. 12/11/19), 490.850 PREA Response (Rev. 2/6/19), and 490.860 PREA Investigation (Rev. 8/6/19), as well as signed Superintendent's Memorandums (dated: 6/30/20) with assurance that the elements of this Policy were in place and accessible to staff, offenders and the public towards compliance findings for the provisions of this standard.

Standard 115.11a: The Agency Policy 490.800 1.A. materially provided the Agency's written policy mandating zero tolerance towards any form of sexual misconduct (defined to include aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. It also includes staff-on-offender sexual harassment and staff sexual misconduct), to include all forms of sexual abuse and/or harassment by offenders and staff. The PREA Prevention and Reporting policy, coupled with Policy 490.850: PREA Response, delineated the agency's approach towards prevention, detection, and response of any sexual misconduct.

Interviews with the Agency Head Designee, Superintendent, and PREA Coordinator, as well as all randomly selected (19 of 19; 100%) and contract (3 of 3; 100%) employees supported a solid understanding of the OCC policy of zero tolerance towards sexual abuse and harassment. Staff were able to verbalize OCC efforts related to prevention, detection, and response to all forms of sexual misconduct. Specifically, staff readily articulated that they must immediately (i.e., without delay) report all incidents of sexual misconduct, with no exceptions, to a higher-level supervisor. Inmate interviews and site review observations (including PREA posters and pamphlets, completed PREA investigations, and informal discussions with both staff and inmates) provided additional support of the Agency's commitment to zero tolerance of sexual abuse and sexual harassment.

Standard 115.11b: The Agency provided an organizational chart demonstrating the PREA Coordinator position, filled and designated as an upper-level management position who reports to the Deputy Director, Prisons Command B. Policy 490.800 identified the PREA Coordinator responsibilities, and the auditor reviewed the PREA Coordinator position description. The PREA Coordinator has responsibilities to administer development, implementation, and maintenance strategies, departmental policies, and procedural operations for PREA compliance issues. The position also acts as a liaison and subject matter expert to stakeholders throughout the state. Oversight responsibilities of the PREA Coordinator position include overseeing all PREA investigations assigned to Agency Appointing Authorities, completion of related data analysis for strategic planning and deficiency correction, as well as keep Agency management informed on PREA-related issues.

During interview, the PREA Coordinator reported that they had sufficient time and authority to conduct responsibilities associated with the development, implementation, and oversight of PREA standards at all WADOC assigned facilities. They indicated there are twenty-four (24) facility PREA Compliance Managers (PCMs), none of whom report directly to her. However, they stated they speak or interact with the PCMs via e-mail on a routine basis. The PREA Coordinator also reportedly conducts monthly PREA Advisory Council (PAC) meetings with the PCMs either in person or via video.

The PREA Coordinator provided consultation, updates via telephone and email regarding the PAQs prior to the OCC review, and was onsite during the final two days of the site review. They were also available for telephone conference calls and by email to respond to the auditor's questions and clarification required after the review. Per interview with the PCM, the PREA Coordinator had been a useful resource and available to respond to any institutional PREA-related issues in a reliable manner.

Standard 115.11c: The Superintendent's Memorandum (dated: 6/30/20) provided an organizational chart for OCC demonstrating an assigned PREA Compliance Manager (PCM) position, titled in the facility's organizational chart as Correctional Program Manager who reported to the Superintendent. Policy 490.800 identified the PCM responsibilities. The OCC PCM had responsibilities at the facility to include: serve as a point of contact for the PREA Coordinator, oversee PREA vulnerability assessments, coordinate preparation for PREA audit and implement corrective actions, track completion of PREA Risk Assessments (PRAs), ensure a monthly functionality of randomly sampled offender phones was completed for verification of functionality (including: that the toll-free hotline was operational, Inmate Identification Number [IPIN] was not required, and calls were not being recorded locally), coordinate monthly checks of postings to ensure compliance with accessible hotline numbers, posters and brochure, and Report of PREA Allegation forms (DOC 21-379), review PREA training compliance quarterly, and manage oversight of the PREA Compliance Specialist. Of note, OCC does not have a PREA Compliance Specialist position filled.

During interview with the PCM, they reported having sufficient time and authority to coordinate OCC's efforts towards compliance with PREA standards. Based upon their responses to interview questions and the auditor's observations during site review, the PCM demonstrated thorough awareness of PREA standards and provisions delineated within each. They were able to meaningfully describe their responsibilities as PCM, and articulate how they made efforts towards the fulfillment of assigned duties. They endorsed the appropriate use of the PREA Coordinator and PAC, as well as consultation with like facilities to reach out when PREA-related concerns arose. Furthermore, facility staff were able to identify who was the OCC designated PCM, and consistently expressed they would seek direction from this individual regarding PREA-related issues.

The OCC PCM was present throughout the site review. They were readily available for both pre- and post-audit contacts, and responded timely to any questions posed by this auditor. The PCM was extremely receptive to feedback and proactively engaged with the audit team. They were judged to resolve effectively and efficiently any deficiencies and recommendations offered to the facility. The PCM immediately worked to initiate remedies for items identified for resolution and following the audit kept the auditor apprised of the facility's progress towards the same in a timely fashion.

Through the course of the pre-audit, site review, and post-audit processes, via formal and informal observations, it was evident to the audit team and lead auditor that the PCM and PREA Coordinator were continuously engaged in providing direction and appropriate guidance to facility staff as related to the WADOC's Sexual Abuse Prevention policy. Specifically, each were readily able to articulate WADOC's policy regarding zero tolerance of sexual abuse and sexual harassment, appropriate reporting mechanisms, as well as effective implementation of PREA standards towards compliance.

No corrective action was required for this standard.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on

or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 12/11/19); IX. Contracted Confinement of Offenders with relevant content for PREA standard provisions 115.12a & b. They also considered current contract shell; Agency PREA Coordinator's summary of current contract PREA compliance status; and PREA compliance directives associated with WADOC offenders' housed in primary designation residential chemical dependency treatment programs (DOJ email), youth offenders housed under per diem, and those on short term status placements only (WADOC Secretary) towards making compliance determinations with this standard.

Standard 115.12a: Agency Policy 490.800 IX.A stated, "Any new or renewed contracts for the confinement of offenders will include the requirements that the contracted facility will comply with PREA standards and allow the Department to monitor PREA compliance". Since the last PREA Audit conducted in September of 2017, per the PAQ, the Agency had entered into or renewed two (2) contracts for the confinement of inmates. The Agency indicated that all of these contracts required contractors to adopt and comply with PREA standards in full. There were no (0) contracts that permitted contractors to not adopt or comply with PREA standards. The Agency 'shell contract', as reviewed by the auditor included language that conformed to this provision. This verbiage was included in the contracts, entitled as, Article V. PREA - Sexual Misconduct.

During telephonic interview with the Agency Contract Administrator, they affirmed upon initiation of contracts standard provision language, as a 'draft contract'. This is included by way of a template, which contains standardized PREA language. The 'shell contract' includes that it is the entity's

obligation to comply with the PREA standards. The Contract Administrator also indicated the PREA Coordinator is responsible for oversight of each contracted entity regarding the audit processes and on-going monitoring, if necessary. The PREA Coordinator confirmed her performance of this duty.

Standard 115.12b: Agency Policy 490.800 IX.A states, “Any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance”. The Agency provided documentation by Memorandum regarding the cycled monitoring of contracted facilities aimed to ensure each contracted site remained in compliance with PREA standards. Associated verbiage was included in the contracts reviewed, entitled, 30. Right of Inspection. The Agency Contract Administrator confirmed that all contracts were reconciled on a consistent basis by the PREA Coordinator. The Agency Contract Administrator affirmed that she is responsible for contract monitoring, conducted continuously, to ensure compliance with PREA standards.

The auditor reviewed a summary report of completed by the PREA Coordinator of the WADOC contracted public and private agency sites. The report included agency contracts: American Behavioral Health Systems (all three facilities with 100% compliance), Rehabilitation Administration for housing youthful offenders (see Exception One below), and Yakima County Jail (contract expired 12/31/20) for housing of overflow offenders. In addition to these contracts, WADOC has either established or updated interstate compacts with the following agencies since the implementation of the PREA standards: Iowa Department of Corrections, and Minnesota Department of Corrections. Per PREA Coordinator Memorandum (dated: 3/19/20), “Compact facilities are closely monitored by the WADOC Classification and Case Management Administrator”.

WADOC has asserted two exceptions to contract situations. Exception One applied to juvenile offenders, and was researched secondary to PRC FAQ. WADOC asserts the housing of violators in local, regional and tribal jails are not applicable under standards 115.12 and 115.212 based on this information along with the following: As extracted from applicable FAQ: “...*the arrangement does not, in and of itself, constitute a contract for the confinement of inmates for the purposes of 115.12 (115.212 and 115.312), even if the state pays the local jurisdiction a per diem pursuant to stat statute or informal agreement. The state need not require PREA compliance by the local facilities to maintain agreements with regard to only short-term housing for probation or parole violators or temporary transfers for court appearances or testimony*”.

WADOC’s Assertion (Secretary’s Memorandum, dated: 7/2/20):

- WADOC asserts that housing violators for a maximum of 180 days fall under the provision of short term as presented in the PRC FAQ. This includes Swift and Certain offenders as well as return/revoke offenders sentenced under other guidelines/legislation who are housed in area jails for short-term violator confinement less than 180 days.
- WADOC asserts that the payment of per diem with the ability to pay extraordinary medical expenses falls under the provision of per diem as present in the PRC FAQ.
- WADOC assert that requirement of Community Corrections Officers to place offenders in the jails in which the offender is under supervision eliminates discretionary placement and falls under the provision of discretion as presented in the PRC FAQ.

Exception Two, as detailed in the Superintendent’s Memorandum (dated: 6/30/20), “WADOC has also contracted with Pioneer Human Services to provide residential substance treatment services for offenders on supervision in the community. Pioneer Center North is a 134-bed residential substance treatment program that includes 13 WADOC contract beds. Pioneer Center East is a 44-bed residential substance treatment program that includes 7 WADOC contract beds. The Department of Justice has ruled that such a facility must house a population of more than 50% offenders before the standards apply. Therefore, if the total WADOC offender population rises above 50% for either of these facilities,

the contract will be modified to require Pioneer Human Services to be compliant with PREA standards accompanied by WADOC monitoring.”

The auditor judges the substance and qualifying criteria as provided by WADOC’s supporting documentation to meet compliance with this standard provision.

Corrective action was not required for this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No n/a
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No n/a
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No n/a
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
 Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 400.210 Custody Roster Management (Rev. 6/19/19); 110.100 Prison Management Expectations (Rev. 6/8/18); 400.200 Post Orders/Operations Manuals and Post Logs (Rev. 10/17/11); 420.370 Security Inspections (Rev. 10/16/13); and 490.800 PREA Prevention and Reporting (Rev. 12/11/19); as well as the OCC Staffing Plan 2019 towards making compliance determinations with the provisions of this standard.

Standard 115.13a: Per Policy 490.800, "Each Superintendent and Work Release Community Corrections Supervisor (CCS) will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model". The Superintendent's Memorandum (7/10/20) described how WADOC conducted a staffing plan review annually, and more frequently if required in support of the facility's best efforts to develop, document, and comply with an adequate level of staffing that protected offenders against sexual abuse. The WADOC Annual Staffing Plan, as completed at each facility, included: assessment, determination, and documentation of whether adjustments were needed to the existing staffing plan, the facility's deployment of video surveillance systems and other monitoring technologies, as well as any additional resources the facility had available to commit to ensure adherence to the staffing plan, and overall offender sexual safety. In addition, Policy 400.210, cited, "The Prisons Staffing Manager will complete an annual quality assurance audit on custody staffing for each facility".

OCC provided the auditor with documented 2019 and 2020 Staffing Plans, which were judged to provide for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. Attendees at OCC's Annual Staffing Plan meeting included: Superintendent, PCM/Correctional Program Manager, Correctional Lieutenant, Security Specialist, and Roster Manager. In calculating adequate staffing levels and determining the need for video monitoring, the OCC Staffing Plans had taken into consideration:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy ~ not applicable;
- Any findings of inadequacy from Federal investigative agencies ~ not applicable;
- Any findings of inadequacy from internal or external oversight bodies ~ not applicable;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- The composition of the inmate population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Any applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

OCC has a supplementary component to the Staffing Plan produced proactively, which is a facility vulnerability assessment completed to identify and address areas or processes creating risk, inclusive of corrective action plan items. The OCC Superintendent, PCM, and Agency PREA Coordinator each

confirmed the eleven (11) criteria listed above were considered during the Staffing Plan meeting to evaluate the needs associated with appropriately staffing the facility.

Per OCC's 2019 and 2020 Staffing Model, "WADOC maintains custody and non-custody staffing models for all prison facilities. The custody staffing model has been approved by the Legislature following an extensive review of national correctional practices. It details custody staffing levels based on facility design and the make-up of the offender population". Based on the auditor's evaluation of the 2020 Staffing Model, the OCC staffing plan was predicated on the average daily population for 2019 of 378, and daily snapshot composition on 04/01/20 of 360. Documentation utilized in the development of the staffing review, and provided to the auditor, included:

- 1.) Custody Staffing Model,
- 2.) Non-Custody Staffing Model,
- 3.) Movement Schedule,
- 4.) Vulnerability Assessment,
- 5.) Master Custody Staff Roster,
- 6.) Non-Relievable Posts,
- 7.) Organizational Chart.

The OCC Staffing Plan and associated meeting conformed to the provisions as described in this standard provision, per the auditor's assessment of the documentation provided, as well as input gathered during interviews with participants who attend the meeting, including the OCC PCM and Superintendent.

Standard 115.13b: Per Agency Policy 400.210, "Custody staffing is deployed consistent with the Custody Staffing Model... Each facility will identify posts that may be temporarily vacated, absent any uncommitted authorized leave, training, or sick leave relief. Non-Relievable Posts (Attachment 1) identifies the minimum standard for non-relievable posts". Based upon the documentation provided to the auditor, overtime was required in several instances to cover program needs, and in rare instances program cancellation had occurred at OCC secondary to determinations regarding shortages of program staff. However, no documented circumstances were indicative of staffing model deviations that would jeopardize offender safety, facility security, or cause inadequate staffing levels to protect offenders from sexual abuse within the facility.

Per Policy 400.210, as stated above, to prevent deviations from the staffing plan, each facility will identify posts that may be temporarily vacated, absent any uncommitted authorized leave, training, or sick leave relief. Non-Relievable Posts have then been identified with a minimum standard. Per the Superintendent's Memorandum, "The staffing model has consistently proven effective in prison operations. The plan contains an exception process with review and approval elements for use as needed for prison facility management. Although the non-custody staffing model is not legislatively mandated, it is implemented in a similar manner". The facility provided the auditor with roster samples of mandatory posts filled with overtime. Per Policy 400.210, on an annualized basis, quality assurance audits have been conducted at every WADOC facility, to include OCC, to ensure custody staff are deployed in accordance with the model. Said quality assurance audits were provided to the auditor with the 2019 and 2020 Staffing Plans.

The facility utilizes the quality assurance audit as a tool to ensure that no modifications or exceptions to the staffing model are indicated. In such cases as deviation from a staffing plan must be made the facility shall provide justification and documentation thereof. During interview with the Superintendent, they discussed measures to ensure staffing model compliance to include: accessing the ATLAS staffing management system, routinely looking at shifts to ensure coverage, reviewing overtime reports and on-call, as well as spot-checking the staffing plan and discussing with the Staffing Lieutenant. They reported OCC had not had any positions of non-compliance. Instead, per the Superintendent, OCC had used overtime to cover and accessed non-mandatory position for coverage, as well as shut down gym

program, as necessary. They were aware of the need to both provide justification for and documentation of any situations that involved deviation from the staffing plan. Of note, during the COVID-19 Crisis, the WADOC Secretary issued a Cost Saving Measures and Partial Hiring Freeze Directive (Dated: 04/28/20), which proposed a potential impact on staffing at WADOC facilities.

Standard 115.13c: Per Policy 490.800 and in practice, the facility consulted with the PREA Coordinator, no less than once annually, while whenever appropriate, as related to PREA needs. Policy 490.800 mandated, “Reviews will document consultation with the PREA Coordinator, who will be provided with a copy of the completed PREA Compliant Staffing Plan”. Based upon documentation provided (i.e., OCC’s 2019 and 2020 Staffing Plans), the facility’s discussions with the PREA Coordinator have been utilized to assess, determine and document whether adjustments were required to the facility’s:

- master staffing plan established pursuant to 115.13a,
- deployment of video monitoring or other monitoring/surveillance technologies, and
- resources available to commit to ensure adherence to the staffing plan.

During interview, the PREA Coordinator indicated their responsibility to provide consultation to OCC and all other WADOC facilities at least annually for the purpose of Staffing Plans, as well as for PREA-related guidance, whenever necessary. Per discussion with the Superintendent and PCM, the PREA Coordinator had an established role providing continuous oversight for the annual staffing plan review process and was the process designee for all high-level, PREA-related Agency-related concerns.

Standard 115.13d: Agency Policy 110.100, stated, “Superintendents will ensure that each member of the facility executive management team make unannounced tours of selected areas of the facility at least weekly.

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

In addition, Policy 420.370 described, “The Superintendent will develop a rotation schedule to ensure weekly visits are conducted of all living units and activity areas (e.g., recreation, education, etc.) to encourage informal contact with personnel and offenders and to informally observe living and working conditions”. And Policy 400.200 stipulated, “Correctional staff will maintain a permanent log, providing a shift report that records routine information, emergency situations, unusual instances, and area visits by executive staff and designated Department heads in the post log”. An Assistant Secretarial Directive from five (5) Assistant Secretaries (D. Armbruster, K. Bovenkamp, D. Schrum, R. Herzog, K. Waterland; dated: 5/4/17) of WADOC Prison Divisions was sent to all Supervisors, entitled, Documentation of Supervisory Tours, as related to standard 115.13d, to ensure compliance with Policy supervisor tours and logbook entry requirements.

Per Superintendent’s Memorandum (dated: 7/1/20), the OCC Superintendent, Correctional Program Manager (PCM), Lieutenant, and Duty Officers conduct weekly unannounced area visits throughout the facility during all three (3) shifts. As stated in the Memorandum, “Staff are aware of and follow the policy requirements that prohibits alerting other staff members that a ‘walkabout’ and/or area visit is being conducted”. As noted, Agency Policy prohibits staff from alerting other staff members that supervisory rounds are occurring.

During the review, three (3) interviews were completed with Intermediate or Higher-Level Facility Staff, in which each indicated they had conducted and documented unannounced rounds. All were able to describe the process by which staff were not permitted to advise or contact other buildings to inform them of unannounced rounds occurring. In addition, these supervisors indicated they conducted rounds at different times to ensure staff would not be aware of their occurrence. They also reported utilizing strategies to avoid detection of their tour cycles, such as entering through different doors, coming in on weekends, being present mid-shift (including 1st watch). Randomized staff interviews (20/20; 100%) confirmed that unannounced rounds occurred and staff knew the prohibition regarding sharing this information with surrounding peers at the facility.

Based upon auditor review during the physical site inspection unannounced rounds were clearly documented by intermediate and higher-level staff across each of the housing buildings (Ozette, Hoh, Clearwater, and Secured Housing), and all logs available for review. The unannounced rounds documentation was observed during the facility inspection to be randomized, occurring reliably with greater frequency than the weekly minimum Agency Policy requirement, and conducted on all three (3) shifts with the date, time, and name of the supervisor legibly indicated. The logs in all Housing Units as reviewed during the site review were also submitted for the PAQ upload, and conformed as cited above, to have been consistently, and legibly documented across shifts. The auditor had no difficulty locating supervisory tours as they were annotated with the stated presence of the supervisor on the unit, along with described 'Unit Rounds', 'Walk Thru' or 'Unannounced Rounds'.

Rounding within each of housing units was also occurring at staggered intervals, as 'unit' or 'tier' checks. Upon review of the log paperwork, the audit team noted randomization of time increments. All housing unit logs submitted with PAQ upload also demonstrated time randomization for rounding. Informal discussion with officers in the units indicated their awareness to monitor the incarcerated individual population on regular basis with efforts towards ensuring rounding was occurring on a continuous basis, yet not based on predictable increments of time.

The facility had fully implemented video camera surveillance as a tool to protect against sexual abuse. At the time of the site inspection, OCC had cameras strategically located throughout buildings, laneways, outdoor areas, and within buildings in order to provide the best coverage over blind spots. Some cameras had pan-zoom capabilities. As such, cameras were mounted strategically throughout the facility. The audit team inspected all areas of inmate access during the site review, and viewed camera placement to be apparent in blind spots, isolated areas, and high traffic areas to enhance OCC's ability to protect offenders against sexual abuse. Concerning who had access to viewing the camera output, there were primary camera hubs in the Main Administration Watch Office, and each of the Building Sergeant's offices. Camera observation and footage viewing also was available in areas to include, the visiting room officer's station (while visits were in progress), as well as Lieutenant's, PCM's and Superintendent's offices. None of the camera output areas had designated positions with staff for constant video stream observation purposes. No gender restrictions of staff assigned to posts for the purpose of viewing cameras were in place. As noted, no cameras were located where offenders would be in any manner of undress; thereby, there was no potential for cross-gender viewing.

During the physical plant inspection, it was clear that the facility had placed a great deal of emphasis on identifying blind spots and providing either camera monitoring, mirror coverage or entirely blocking off areas where offender access was unnecessary. There were limited issues identified to address potential areas of isolation and blind spots. The identified issues were, as follows:

- Increase visibility to areas accessible to staff and incarcerated individuals, to include:
 - Visiting Room Officer's Station Door. The full door provided a barrier to offender visibility. A window was installed in the door (Photograph provided 07/08/21).

- Dining Hall Room Offender Rest Room Door B307. The full door provided a barrier to offender visibility in a restroom area that had stall partitions. A window was installed in the door (Photograph provided 07/08/21).
- Chapel Storage Closet Door B425. The full door provided a barrier to offender visibility. A window was installed in the door (Photograph provided 07/08/21).
- Medical Breakroom Door A526. The full door provided a barrier to offender visibility. A window was installed in the door (Photograph provided 07/08/21).
- Ozette Housing Unit Janitor Closet Doors B285 and B294. The full door provided a barrier to offender visibility. The doors were removed (Auditor viewed onsite 07/01/21).
- Green House Storage Shed Door. The door was unsecured and created a barrier to offender visibility. The door was secured with installation of hasp and locked in either open or closed position, as needed (Photograph provided 07/08/21).
- Recreation/Gym Janitor Closet Door A311. The full door provided a barrier to offender visibility. A window was installed in the door (Auditor viewed onsite 7/1/21).
- Wastewater Treatment Plant Compost Shaker Area. The front corner had a blind spot limiting offender visibility. A mirror was installed on the front ceiling beam access to increase coverage (Photograph provided 07/12/21).
- Ozette Housing Unit Counselor Unit Supervisor's Office Blinds. The blinds in the office created barriers to offender visibility, and were removed entirely (Photograph provided 07/08/21).
- Hoh Sergeant's Office Window Coverings. The paper covering of the office window created a barrier to offender visibility and was removed during the site review. An email communication was provided to the auditor documenting the individual occupying the office was instructed to ensure the windows remained uncovered (Auditor evidenced removal of covering onsite and email received 07/01/21).
- Education Blinds in Stand-Alone-Room Windows. The blinds in the windows created barriers to offender visibility. The bottom four (4) inches of the blinds were raised and zip-tied open to that level, such that they could no longer be lowered (Auditor viewed onsite 07/01/21).
- Correctional Industries Laundry behind Dryers. There was a potential blind spot behind the dryer area, for which a mirror was installed in the upper corner for coverage (Photograph provided 07/08/21).
- Ensure accessibility for entrance, remove door ability to lock from inside, to include:
 - Wastewater Treatment Plant Lab Emergency Shower/Restroom Lock. The bathroom had a locking door, which created an area for potential offender isolation. The facility removed the locking mechanism and installed a 'vacant/occupied' sign on the door exterior (Photograph provided 07/08/21).
 - Wastewater Treatment Plant Restroom W108 Lock. The bathroom had a locking mechanism on the inside of the door, which created an area for potential offender isolation. The facility installed a new exterior key lock and a 'vacant/occupied' sign on the door exterior (Photograph provided 07/08/21).
 - Therapeutic Community Program Area Restroom B408 and B422 Locks. Each bathroom had a locking mechanism on the inside of the door, which created an area for potential offender isolation. The facility installed a new exterior key lock, eliminating the interior locking ability (Photographs provided 07/08/21).

The facility remedied all noted issues by July 12, 2021, providing proof of practice in-person to the auditor while onsite and by emailed photographic evidence on July 8, 2021, and July 12, 2021. Through immediate remedial action, the facility appropriately resolved all areas considered for potential offender isolation and blind spots. There were no additional areas viewed during the site inspection believed to be potential for blind spots and/or offender isolation.

Corrective action was not required for this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.14 a-c: The auditor reviewed Agency Policy DOC 320.500 Youthful Offender Program (Rev. 12/10/12) towards compliance determinations with the provisions of this standard.

Per Agency Policy 320.500 Youthful Offender Program (Rev. 12/10/12), Policy I., “A youthful offender is any person under the age of 18 who is tried, convicted, and sentenced as an adult”. Policy 320.500 states, all youthful offenders under WADOC’s jurisdiction will be housed within the Department of Social and Health Services Juvenile Rehabilitation Administration (JRA; as of 7/1/19, authority transferred to the authority of the Department of Child, Youth, and Families; DCYF).

Per the Superintendent’s Memorandum (dated: 7/1/20), “If a youthful offender was arrived at OCC, it would be based on exigent circumstances and the offender would be placed where safety of the offender could be maintained and a transfer to the appropriate reception center immediately requested.” Policy 320.500 delineates PREA compliant standards associated with safe housing and protection of youthful offenders at the Washington Corrections Center (WCC; for male youth) or the Washington Corrections Center for Women (WCCW; for female youth) Reception Diagnostic Center pending their transfer to JRA.

As stated on the PAQ, OCC facility rosters across the reporting period showed no occurrence of youthful offenders received and/or housed at the facility. Further, in agreement with stipulation in Agency policy and per Superintendent’s Memorandum, there were no youthful offenders observed by the auditors throughout the site review. This information was consistent with the previous PREA Audit of September 2017.

The auditor judged the facility materially to meet this standard as OCC does not house offenders under the age of eighteen (18).

No corrective action was required for this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 420.310 Searches of Offenders (Rev. 1/1/14); 420.312 Body Cavity Search (Rev. 10/27/14); 490.700 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision (Rev. 2/13/20); 320.265 Close Observation Areas (Rev. 4/28/17); 490.800 PREA Prevention and Reporting (Rev. 12/11/19); and 490.820 PREA Risk Assessments and Assignments (Rev. 6/13/19) towards making compliance determinations with the provisions of this standard.

Standard 115.15a: Policy 420.310 stated, "Staffing will meet the following gender requirements, unless waiting for an employee of the designated gender may result in serious bodily injury to the offender, the employee, or others:

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

Agency Policy stipulated that cross-gender strip searches or cross-gender visual body cavity searches of offenders were only to be conducted in exigent circumstances. Agency Policy delineated that no facility shall conduct cross-gender strip or visual body cavity searches with the exception of emergency circumstances or when performed for health care justified reasons by medical practitioners. Policy 420.312, mandated, "The Chief Medical Officer/designee will review all relevant clinical and other information to determine that doing a body cavity search is safe from a medical perspective and to specify any clinical requirements for doing such a search...All participants in a body cavity search process will be the same gender as the offender".

The PAQ and Superintendent's Memorandum (dated: 7/1/20) indicated there were no (0) cross-gender visual body cavity searches conducted secondary to exigent circumstances during the reporting period. Interviews formally and informally with the Superintendent, Facility Investigators, PCM, and OCC staff, indicated the OCC team were aware that an IMRS report was required should strip search gender requirements not be met. Per Assistant Secretary's Directive (S. Sinclair; dated: 8/18/16), all strip search logs had been modified to contain a component designating the gender role of each officer conducting a strip search with an (S) identifying the Searching Officer and (O) identifying the Observing Officer. The auditor reviewed a sample of strip search logs provided for each of the three housing units (Hoh, Ozette, and Clearwater), in addition to one from the Secured Housing Unit with the PAQ. None indicated a female to have been placed in the role of Searching Officer. While onsite the auditor also

reviewed the strip search logs, as they moved throughout the facility. Again, none demonstrated a female to have been placed in the role of Searching Officer.

Standard 115.15b: Policy 420.310 states, “Pat searches will be conducted by trained employees / contract staff. Pat searches of female offenders will only be conducted by female employees / contract staff, except in emergent situations”. In addition, Agency Policy 490.700 has implemented a pat and strip search Preference Request Process for transgender, intersex, and gender non-conforming individuals. As explained in the Superintendent’s Memorandum, “DOC 02-420, Preference Request, is completed for each transgender, intersex and gender non-conforming offender. This form identifies the offender’s preferred gender of staff to conduct searches. Unless circumstances do not allow for the preference to be implemented, searches are conducted in accordance with the offender’s stated preference. Only employees who volunteer and receive approved training will conduct strip searches of the opposite gender”. OCC has staff who have volunteered for this training, while COVID-19 protocol had suspended class provision. OCC committed to providing a local training once COVID-19 restrictions had been lifted.

Per PAQ and facility report, OCC has not housed female and/or transgender male offenders during the reporting period, and no female or transgender male offenders were observed during the facility site review. Therefore, the auditor judged 115.15b to be met materially as not applicable.

Standard 115.15c: Agency Policy stipulated that all cross-gender strip searches and cross-gender visual body cavity searches shall be thoroughly documented and provide justification of the search. Per Policy 420.310, all strip searches will be documented before the search, or as soon after the completion of an emergent strip search. The documentation, per Policy, must contain: 1. Date of search; 2. Name of offender; 3. DOC number; 4. Reason for search; and 5. Names and gender of employees conducting the search. In addition, Policy stated, “If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed in IMRS and submitted before the end of the shift. The distribution will include the PREA Coordinator”.

Per the Superintendent, PCM, and as reflected on the PAQ, if a cross-gender body cavity search was to occur it would be documented in the IMRS, and all strip searches are logged. Specific logging and documentation with verification, tracking, and log retention processes are maintained in each area (as noted above). During the site review, the areas were identified where strip searches were performed and each demonstrated appropriate privacy from cross-gender viewing. There was no information discovered during site review, including interviews and documentation review, contrary to that reported per PAQ and Superintendent’s Memorandum disclosure. As indicated, at OCC cross-gender strip (outside of the capacity of the female being in the Observer position) and visual body cavity searches do not occur. Portion 2 of standard provision 115.15c was judged to be materially met as OCC does not house female offenders, and had no trans-male offenders at the facility during the reporting period and/or during site review.

Standard 115.15d: Agency Policy 490.800 stated all offenders shall be afforded the opportunity to shower, perform bodily functions, and change clothing absent of non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia with the exception of emergencies or when such viewing was incidental to routine cell checks. Policy explicitly includes surveillance systems in this description. Per WADOC Policy, the Agency has also standardized a “knock and announce” process within each of its facilities by which staff of the opposite gender enter offender housing units. Guidelines are provided for opposite gender announcements regarding those to be provided during the course of shift should one remain on the unit and entry to assigned post versus unassigned location, as well as upon entry, exit and re-entry. There is also signage provided in all housing units regarding a ‘Privacy Notice’, stating, “Attention Men and Women Work in This Area/Hombres y Mujeres Trabajan en Este Area”. Per Superintendent’s Memorandum (dated: 7/1/20), “Each of the three living units at Olympic

Corrections Center has an automatic paging system/ announcement that, when pushed, alerts offenders to females in the area. This announcement is made in English, Spanish and provides a visual light to notify hearing-impaired individuals”.

During on site review it was observed that female staff announced their presence via the doorbell prior to entry into the housing areas. Informal interviews with both offenders and staff conducting during the physical site inspection confirmed that these announcements occur even when the auditor was not present. In addition, at OCC, offenders reported they were permitted to shower, perform bodily/hygiene functions, and shower without being viewed by staff of the opposite gender (exception of incidental viewing); a practice confirmed through formal staff and offender interviews. The bathroom shower and latrine stalls throughout OCC were in enclosed rooms. The showers were multi-stall with a swing-door partition in the front and the toilets had individual stalls with doors in each housing unit, permitting inmate privacy from staff in both areas.

In the Housing Areas, to include the Secured Housing, there are surveillance cameras while these record the hallways and yards only with no potential for cross-gender viewing of offenders in an unclothed state or while using the toilet or shower. However, if an offender required a one-to one watch for suicidality, staff would be utilized until transfer. Only in exigent circumstances would an officer of the opposite gender of the offender be assigned to this watch, per Policy 320.263 and interview with the Superintendent.

Standard 115.15e: Agency Policy 490.820 stipulated that staff be prohibited from searching or physically examining a transgender or intersex inmate solely for the purpose of determining their genital status. Per Policy, “If the offenders 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”.

Per the PAQ, no (0) such searches, as prohibited by description in 115.15e, had occurred at OCC in the audit report period. Furthermore, the Superintendent’s Memorandum (dated: 7/7/20) disclosed, that during the reporting period OCC had not housed a known transgender or intersex offender. As well, the Memorandum cited “Olympic Corrections Center does not physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. Generally, the offender’s disclosure of status is the determining factor, which would then initiate a housing review protocol as outlined in standard 115.42. However, this is only when the information is shared with non- medical staff. Policy 490.820, Prison Rape Elimination Act (PREA) Risk Assessments and Assignments require that all medical, mental health, and substance use disorder practitioners obtain offender consent before disclosing an offender’s transgender status”.

All Random staff interviews (20/20; 100%) acknowledged their awareness of the practices related to this Policy, supporting the staff’s understanding that they are prohibited from conducting searches or physical examinations for the sole purpose of determining an inmate’s genital status. In addition, all Random staff denied ever having been asked to or having performed such a search. There were no identified transgender or intersex individuals onsite during the review to query regarding this standard. However, it appeared clear that OCC staff, at all levels, understood the prohibition against searching and/or physically examining a transgender or intersex offender for the sole purpose of determining their genital status, as applied to 115.15e.

Standard 115.15f: Agency Policy 490.800 indicated, “Employee/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex offenders”. Of note, Agency Policy 420.325 states, “Pat searches will be conducted by a trained employee of the same gender as the offender being searched, except in emergency situations (p.3)”. Therefore, it is only in exigent circumstances that cross-gender pat down searches would occur. Per the

Superintendent's Memorandum (dated: 7/1/20), "All staff who might perform searches at Olympic Corrections Center have received pat search training which includes information about conducting cross-gender pat searches, searches of transgender and intersex offenders, and searches of both male and female offenders. This training was provided to all staff via the on-line training system in February 2014. Since that time, all new staff receive this training in Correctional Worker CORE or applicable academy classes".

The auditor reviewed WADOC supported Staff Training Lesson Plan on Pat Search training as provided to all security staff in 2014, the current Correctional Worker Core Pat Search (including cross-gender searches), as well as Instructional Guide – Strip Searches of Transwomen and Strip Searches of Incarcerated Transwomen in Male Prison, as utilized for WADOC staff. The curriculums, as applied, contained sections with training exercises on conducting both cross-gender pat downs, as well as transgender and intersex offender searches, in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The PAQ included confirmation that all security, as well as appropriate non-custody staff (100%) had been trained with the appropriate Lesson Plan. In the Random staff interviews, staff were able to note receipt of this training and knowledge of how to perform the same. There were no relevant logs associated with such searches having been conducted during the reporting period or site review, as no female, transgender and/or intersex offenders were housed at the facility during this time.

Corrective action was not required for this standard.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

WADOC Policy 310.000 Orientation (Rev. 10/26/18); Policy 450.500 Language Services for Limited English Proficient (LEP) Offenders (Rev. 8/4/2020); Policy 490.800 PREA Prevention and Reporting (Rev. 12/11/19): Section III. Offender Accommodations; and Policy 690.400 Offenders with Disabilities (Rev. 4/25/17), as well as the contracts for sign language interpretation (SLI) and language interpretation services were reviewed by the auditor towards compliance determinations with provisions of this standard.

Standard 115.16a: Based upon the auditor's review, the Agency and facility have provided appropriate steps to ensure that offenders with disabilities have equal access regarding PREA efforts. The auditor's review included interviews with the Agency Head Designee, PREA Coordinator, Superintendent, and PCM, as well as one incarcerated individual identified as LEP (1/1; 100%). Taken together, the documents cited above and information gathered during site review, it was clear the Agency has made identifiable steps to ensure that inmates with disabilities have an equal opportunity to engage in and benefit from all elements of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Per Policy, the orientation material, of which PREA is a required component, must be provided orally and in writing to every incarcerated individual in "...a manner that is clearly understood". The Superintendent's Memorandum (dated: 7/1/20) indicated that each offender's specific needs are reviewed prior to their arrival at OCC by a Multi-Disciplinary Team (MDT). The team evaluates their security concerns, classification issues, medical, mental health and PREA concerns. In consultation with OCC Intake Staff, they described that at the MDT the incarcerated individual's PULHESDXTR (P-General Health Service Utilization; U-Medical delivery requirements; L-Limitations of mobility; H-Developmental disability; E-Sensory disability; S-Mental Health Service Utilization; D-Dental Service Utilization; X-ADA Accommodation; T-Transport) is pulled to assist in informing OCC's MDT's decision making. If the MDT identifies a specified offender to need additional support, the MDTs direct the CUS to ensure PREA Orientation material is provided in a different language or format to the offender. Per Agency Policy, staff are obligated to ensure effective communication has been established with the inmate.

Per Policy, the Agency has developed service provisions for incarcerated individuals related to all categories, as cited in 115.16a. The Agency has service provisions for inmates who are identified to have:

- deafness or hearing impairment (supportive intervention: PREA orientation video closed captioned, written materials and SLI service);
- blindness or low vision (supportive intervention: video in which PREA information is read aloud; PREA material provided in one-to-one discussion with the inmate's case manager);

- intellectual disabilities (supportive intervention: one-to-one case manager meeting to discuss content of PREA brochure and standards);
- psychiatric disabilities (supportive intervention: Mental Health and Medical staff provide onsite individualized treatment services);
- speech disabilities (supportive intervention: onsite counselor and educators discuss PREA-specific questions); and/or
- any impairments not identified, as above list (i.e., any exceptional situation involving difficulty in communication. In such instances, a referral would be made for consult with the PCM to determine appropriate interventions and/or incarcerated individual placement).

Per the Superintendent's Memorandum (dated: 7/1/20), during the review period there were no (0) reported needs for SLI provision and/or targeted orientation material used to provide PREA information to offenders with special needs. During the period prior to the onsite there was an offender with an accommodation request for Spanish language, while upon additional review was noted to be able to effectively communicate in English and did not require an interpreter. Nonetheless, the identified offender indicated that he received PREA material in a manner he understood (Spanish pamphlet).

Standard 115.16b: PREA materials were visible throughout the institution in both poster and brochure format. WADOC PREA posters, handbooks, and brochures have been create in English and Spanish accessible format, and were all available at the facility. Individuals incarcerated at OCC received PREA brochures at intake in their Orientation Packet in English. If the offender needed materials in Spanish, they would be provided the Spanish PREA pamphlet and shown the orientation video in Spanish within orientation timelines. Per Policy, if the offender was LEP with a primary language other than Spanish the Agency would translate the PREA brochure into the offender's primary language, as necessary to accommodate the offender's language needs.

Per the Superintendent's Memorandum (dated: 7/1/20), WADOC had identified translation services. The Agency has current in-person vendors for translation services. Based upon documentation regarding contracted language services, it appears presently there are no contracted in-person vendors who service OCC referrals. Discussion with the PCM confirmed that OCC does not currently have available in-person language service vendors. However, the Agency also offers telephonic translation services (via Washington Department of Enterprise Services [WADES] TeleLanguage, Inc.). The previous Superintendent had informed Agency staff of the availability of telephonic interpreters through Superintendent's communication (dated: 11/13/15), while at that time these were provided through different contracted providers. Per this Directive, telephonic translation services shall be utilized secondary to in-person translation, yet as OCC does not have identified in-person translation, this telephonic translation should be utilized when interpretation services are required. The contract language provided to the auditor showed languages available for translation with services covered through telephonic interpretation accessibility 24 hours per day, 7 days per week. The auditor was also provided with a list of contracted vendors supporting telephonic interpretation services. Per Superintendent's Memorandum (dated: 7/1/20), no such telephonic translation service PREA-related needs have occurred during the reporting period.

During randomized interviews with staff, they were generally unable to identify the facility's translation services (4/20; 20%) and did not know how to access interpreters, while stated clearly an inmate interpreter should only be utilized in an emergency situation to assist with as related to PREA allegations (20/20; 100%). Of note, the majority of those unable to identify how translation services were accessed, indicated they would elevate to the Shift Commander. However, upon interviewing the Shift Commander they did not endorse awareness of how to access the interpretation services. The auditor requested the Superintendent to send an all-call to institutional staff regarding available telephonic interpretation services and how to access these to resolve this deficiency. They further requested specific instruction be provided to the Watch Commanders post, which ensured their awareness regarding how to access telephonic interpretation services. Proof of practice was provided

on July 1, 2021 by way of institutional email forwarded to the auditor and PCM's telephonic correspondence on 7/9/21.

Standard 115.16c: Agency Policy 490.800, Section III. Offender Accommodations A.1. specifically prohibits the use of offenders, family members and friends as interpreters or translators. Furthermore, during Random Staff Interviews, all staff members were aware that offender translators are not permitted to assist with PREA-related reporting or assistance. However, they were, largely, able to express, that offenders could be utilized to assist in exigent and/or emergency circumstances until securing an appropriate mode of translation.

There were no (0) offender housed at the facility who was identified to be non-English monolingual (or required language assistance), or vision impaired, and one (1) identified LEP inmate (who was judged to communicate effectively in English, by his own and staffs' assessment). Site review information, based on audit team observation, as well as staff and inmate interviews, was consistent with facility reports that there was solely one (1) individuals identified who appeared to meet these categories. Per the PAQ and Superintendent's Memorandum (dated: 7/1/20), there were no (0) instances of the use of offender interpreters in the performance of First Responder's duties during the reporting period at the facility.

No corrective action was required for this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 12/11/19); 810.015 Criminal Record Disclosure and Fingerprinting (Rev. 11/1/17); 810.800 Recruitment, Selection, and Promotion (Rev. 11/1/17); 400.320 Terrorism/Extremism Activity (Rev. 5/8/20); and 800.005 Personnel Files (Rev. 6/1/20) towards making compliance determinations with the provisions of this standard.

Standard 115.17a: Policy 490.800 PREA Prevention and Reporting; Section V. Staffing Practices explicitly states that WADOC, to the extent permitted by law will not knowingly hire, promote, or enlist the services of anyone (to include staff or contractor) who has been engaged in the conduct outlined in 115.17a. The OCC Human Resources Administrator and Superintendent's Memorandum (dated: 7/1/20) affirmed this process was in place. There was no evidence contained with personnel packets, staff (Specialized and Random) interviews, and documents reviewed to suggest that OCC had failed to comply with this provision.

Standard 115.17b: Policy 490.800; Section V. Staffing Practices specifies, "The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with offenders (p.6)". Interviews with the OCC Human Resources Administrator, and Superintendent's Memorandum supported that consideration was given to any prior incidents of sexual harassment when determining whether to hire, promote, or enlist the services of staff or contractors who may have contact with inmates. There was no evidence contained with personnel packets, staff (Specialized and Random) interviews, and documents reviewed to suggest that OCC had failed to comply with this provision.

Standard 115.17c & d: According to Policy 810.015, “A background check will be completed for all applicants before initial appointment or rehire”. And per Policy 810.800, “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”. Therefore, Agency Policy cited they will complete a criminal background check prior to initial appointment or rehiring staff (i.e., all applicants), and best efforts will be made to contact all prior institutional employers regarding information related to queries of substantiated allegations of sexual abuse.

Per Superintendent’s Memorandum, “WADOC requires that each individual who is hired complete form DOC 03-506, Sexual Misconduct and Institutional Employment / Service Disclosure. Human Resources personnel ensure a complete criminal background investigation is completed and make their best efforts to contact all prior institutional employers before the hiring process is complete”. Furthermore, for contractors, the Contract Shell contains a section, entitled, PREA Sexual Misconduct, which speaks explicitly to the components of Standard 115.17 regarding expected behavior of any contractor as related to PREA, which the contractor receives prior to hire.

A Spreadsheet was provided of all individuals (to include staff and contractors) hired, rehired and promoted at OCC during the audit reporting period. The auditor reviewed a sample of staff and contractors on the Spreadsheet and, per documentation, the five sampled all received a background criminal record through the NCIC (National Crime Information Center) Check prior to initial offer of appointment or rehire. All prospective employees were also queried regarding Institutional Employment/Service Disclosure History, yet none had reported prior service; therefore, no subsequent contacts by Personnel were required. During site review, documentation review of personnel files confirmed that the appropriate initial criminal record checks and background institutional review process was in place. Of the eight staff files reviewed, seven (7) were not applicable for the initial hire background check, as these staff had been hired prior to implementation of this process. Of the one new staff hired (1/1; 100%), the initial background check was appropriately on file, while they had not endorsed a prior institutional employment history and did not require a confirmatory check. For the two (2) contractor files reviewed, both were fully compliant (2/2; 100%) with the criminal record and request for institutional background checks (which neither had endorsed).

Upon interview with the Human Resources Administrator, they assured facility hiring procedures included consideration of prior incidents of sexual abuse and/or sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. During interview, the OCC Human Resources Administrator acknowledged that part of this requirement is to complete a background record check for both employees and contractors prior to any staff initial appointment or rehire. As well, they recognized the responsibility to make best efforts to contact all prior institutional employers regarding information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse prior to any staff initial appointment or rehire.

Specifically, prior to hire each facility across WADOC was responsible for contacting any previous employers for potential employee who had inpatient and/or corrections backgrounds. Documentation provided with the PAQ supported the facility’s assurance regarding contacts with prior institutional employers for information regarding applicants’ potential history as related to 115.17a. This process was completed for new hires, as indicated above, in which they were each asked about their Institutional Employment / Service Disclosure History. However, based upon those sampled, none had indicated a positive employment history, and as such, personnel was unable to follow-up on any contacts.

Standard 115.17e: Agency Policy 810.015 stated, “The designated unit/employee will establish a process to ensure that criminal background checks are run for all current volunteers, contract staff, and unarmed employees at least every 5 years”. Per the Superintendent’s Memorandum (dated: 7/1/20), “Olympic Corrections Center Human Resources Office will be responsible to insure that all documentation is completed as required by policy and PREA Standard. The Superintendent will have oversight of this. For contract staff, the Contract Manager will be responsible to insure that all documentation is completed as required by policy and PREA Standard. Oversight responsibility will fall to the Department of Corrections program manager for that area i.e. The Correctional Program Manager will have oversight of contract staff falling under their areas of responsibility, the Plant Manager will have oversight of contract staff falling under their areas of responsibility etc.”. Therefore, the Agency has Policy in place to ensure criminal background record checks are conducted at least every five (5) years for current employees and contractors who may have contact with inmates.

Supporting documentation, provided with the PAQ, included comprehensive staff and contractors’ lists with background record checks conducted within a five-year period. The Superintendent’s Memorandum had four (4) Spreadsheets attached one for facility staff and the others for contractors (included Language Services, Sign Language Interpretation (SLI), and General Facility Contractors with Therapeutic Community and Plant Operations). The spreadsheet provided for all facility staff, included a date run, and notes sections, with up-to-date 5-year criminal record checks for all active employees. The additional three spreadsheets documented dates of background checks for all Language Services, SLI vendors, and General Facility Contractors, which were up-to-date, within the five (5) year timeframe. Upon site review, of the eight randomly selected employees, seven met criteria for this standard provision (7/7; 100%; one was a new hire and had not yet met criteria for this provision) and were entirely compliant. Two of two contractors (2/2; 100%) personnel files had up-to-date secondary criminal record checks, current within the five (5) year record review period.

Standard 115.17f: Per Agency Policy, states, prior to employment the Agency shall ensure the candidate’s, “Completion of DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure”. Per Superintendent’s Memorandum, “Washington Department of Corrections (WADOC) requires that each individual who is hired or promoted and each contractor who may have contact with offenders complete form DOC 03-506, Sexual Misconduct and Institutional Employment / Service Disclosure. In addition, the PREA database maintained within the Offender Management Network Information (OMNI) system is reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring review. In order to satisfy the requirement to ask current employees about prohibited conduct “...in any interviews or written self-evaluations conducted as part of reviews of current employees”, WADOC incorporated the following true/false statements into its annual PREA training which is administered to all employees via the electronic Learning Management System (LMS):

1. I acknowledge and understand that I have a continuing affirmative duty to disclose and immediately report to my Appointing Authority my involvement in any form of sexual misconduct. Therefore, I confirm the following: I have not knowingly engaged in sexual misconduct with an offender on supervision.
2. I have not engaged in sexual abuse in a prison/jail/lockup/community confinement/juvenile or other institutions (e.g., facility for mentally ill, disabled, chronically ill, or handicapped; residential care or treatment facility for juveniles; facility that provides skilled nursing, intermediate or long-term care, or custodial or residential care).
3. I have never been convicted of or otherwise found (e.g., civilly, administratively) to have engaged or attempted to engage in sexual abuse/assault in any setting.
4. I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above.
5. Acknowledgment: All answers and statements are true and complete to the best of my knowledge. I understand that untruthful answers or deliberate omissions may be cause for disciplinary action (for employees) or termination of services (for contractors or volunteers).

By incorporating these self-disclosure questions into annual LMS training instead of requiring supervisors to ask them of employees during yearly performance reviews, WADOC has the ability to ensure a higher participation and compliance rate, automatically generated and more reliable documentation, and faster notification and response to concerning disclosures”.

The Agency has a hiring process in place to address each of the components of the following standard provisions, 115.17f. During the application portion of a hire or promotion, these standard provisions were made available to the potential employee with a signature to indicate acknowledgement by the employee on forms in the application packet. Per Policy, the Agency asks all applicants and employees who may have direct contact with inmates about previous misconduct described in provision 115.17a in applications for hiring or promotions, via the Sexual Misconduct Form. The Agency also asks all applicants and employees who may have contact with inmates directly about previous misconduct described in provision 115.17a during annual reviews, conducted on current employees through written self-evaluations, as a DOC PREA Disclosure on the LMS.

Furthermore, the Agency has imposed upon employees a continuing affirmative duty, both upon hire and reiterated annually in the PREA Disclosure LMS training, to disclose any such misconduct as indicated in 115.17a. The Agency has imposed the affirmative duty to disclose to applicants upon their hire and to employees through annual PREA training. Per Agency Policy, the provision of materially false information or the omission of details related to sexual misconduct shall be the grounds for termination (as detailed below).

The Human Resources Administrator and Superintendent confirmed that all applicants and employees must be asked all questions pertaining to 115.17a, as supplied to them upon initial hire through the Sexual Misconduct and Institutional Employment / Service Disclosure Form and via Annual PREA Disclosure LMS Training. The Human Resources Administrator and Superintendent also confirmed employees' responsibilities to both respond truthfully and maintain a continuing affirmative duty to disclose any misconduct. All Random staff interviews confirmed their understanding of these responsibilities. During the document review, the audit member reviewing the staff documents found the applicable questions consistently documented for relevant staff and contractor files (i.e., those hired or promoted following implementation of the PREA Standards) with responses for the Mandatory PREA Questions contained on the Sexual Misconduct Disclosure form (3/3; 100%). All staff and contractor LMS files reviewed also had up-to-date DOC Annual PREA Disclosure forms documented in their training files, which included updated responses to the Mandatory PREA Questions (8/8 staff; 100%; and 2/2 contractors; 100%).

Standard 115.17g: Furthermore, per Policy 810.015, “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 Superintendent’s Memorandum provided supports this Policy, in practice, stating, “WADOC policy 810.800, *Recruitment, Selection and Promotion*, requires the preferred candidate (new hire or promotion) to complete DOC 03-506, Sexual Misconduct and Institutional Employment / Service Disclosure forms before an appointment can be made. As a rule, all applicants scheduled for an interview are required to complete this form prior to or at the time of interview. This form includes the statement: *“All answers and statements are true and complete to the best of my knowledge. I understand that a background check will PREA Standard 115.17 / 115.217 (a), (b), (f) and (g) be conducted including, but not limited to, prior employment and contract / volunteer service. 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 acting as a contract staff or volunteer. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information.”*

The Human Resources Administrator and Superintendent confirmed they were aware that failure to divulge criminal and material omissions regarding misconduct (as cited in 115.17a) or the provision of false information shall be grounds for termination. All Random staff interviewed understood that providing false information, failing to divulge criminal acts, and/or materially omitting elements on the Sexual Misconduct and Institutional Employment / Service Disclosure Form and/or via Annual PREA Disclosure LMS Training would be grounds for termination.

Standard 115.17h: Per Policy 800.005, WADOC authorized access to personnel file disclosure to “Prospective employers considering the employee for a position, with written authorization from the employee”. Policy cited, “Access will be documented on DOC 03-033 Personnel File Access and retained in the personnel file, including a copy of any authorizations”.

The Human Resources Administrator expressed that upon request OCC shall 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. Per Superintendent’s Memorandum, “Generally, this information is provided verbally in response to telephone inquiries from potential employers. Neither agency policy nor protocols require the maintenance of logs documenting responses provided. Therefore, there would be no documentation applicable to this standard”. Of note, the responding facility was not required to maintain documentation for providing a response to a facility-to-facility inquiry, per 115.17h provision nor Agency Policy.

No corrective action was required for this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy 490.800: PREA Prevention and Reporting (Rev. 12/11/19) was reviewed by the auditor towards making compliance determinations with the provisions of this standard.

Standard 115.18a: Policy 490.800 required, “[WADOC] to consider possible effects on its ability to protect offenders from sexual misconduct when designing or acquiring a new facility; planning substantial expansions or modifications of existing facilities, and/or installing or updating video monitoring systems, electronic surveillance systems or other monitoring technology (p.8)”. Per the Superintendent’s Memorandum (dated: 7/1/20), “In planning a substantial expansion or modification of existing facilities, the Washington Department of Corrections (WADOC) hires a consultant who has expertise in the design of correctional facilities and understands the importance of inmate and staff safety. The agency provides instructions to consultants based upon the owner’s approved program and/or pre-design documents, WADOC policies, standards, guidelines and specifications, including the Prison Rape Elimination Act (PREA) of 2003, Section 115.18 (a) and Section 115.218 (a).”

Per the PAQ and Superintendent’s Memorandum, there had been no facility acquisitions or expansions since the last PREA Audit (September 25-26, 2017); however, modifications were implemented to the Ozette Program areas and the Extended Family Visit (EFV) areas for housing of the general population inmates. This modification was done in response to COVID-19 distancing measures to decompress the population. Per the Memorandum, a comprehensive Vulnerability Assessment was conducted on April 11, 2020. The Vulnerability Assessment aimed to identify and mitigate any PREA related concerns and ensure the safety of the population who would be temporarily living in the identified areas.

The findings of the PREA Vulnerability Assessment identified the assurance to screen all individuals to be housed in accordance with PREA Standard 115.42. In addition, an extra post was created to staff the temporary units in accordance with the WADOC staffing model and in accordance with Standard 115.13. At the time of the site review, use of the COVID-19 housing units, as such, had been suspended. There were no individuals housed in the EFV area. The audit team viewed no other associated PREA-related issues with the original modification.

Standard 115.18b: Since the prior Department of Justice (DOJ) PREA Audit in September of 2017, per Superintendent’s Memorandum, there had been no substantive additions to the video monitoring system, electronic surveillance system, and/or other monitoring technology. However, during interview with the Superintendent, PCM, and PREA Coordinator WADOC considers how such technology may enhance their ability to protect inmates from sexual abuse. During the site review, conversation with the Superintendent and PCM indicated that the facility continuously and thoughtfully evaluated the use of video surveillance.

At the time of the current site review, OCC had cameras strategically located throughout outdoor areas, laneways, and within buildings in order to provide the best coverage over blind spots. As such, cameras were mounted strategically throughout the facility. Cameras were located in inmate programming areas, to include external perimeter gable cameras, therapeutic community/chapel building, kitchen/dining room, visiting room, parking lot, education and training areas, recreation and gymnasium. Some cameras had pan-zoom capabilities. While there was video monitoring equipment located in housing units, none bore the potential for cross gender viewing based upon placement. The auditor was able to ascertain that no video surveillance was directed into areas where offenders may be visible in any manner of undress to perform bodily functions and/or for hygiene purposes (e.g., showering, toileting) based upon viewing the camera location and associated video footage.

The audit team inspected all of the aforementioned areas during the site review and camera placement was apparent in blind spots or isolated areas. Concerning who had access to viewing the camera output, there were camera stations located throughout the facility in designated higher-level security officers, and well as one area in the Shift Commander's office. None of the camera output areas had designated staff for constant video stream observation purposes. The facility had no imposed gender restrictions of staff assigned to posts for the purpose of viewing cameras. As noted, no cameras were located positions where offenders would be in any manner of undress; thereby, causing no potential for cross-gender viewing. Designated staff could access archived footage captured from the cameras with video footage retained for thirty (30) days on each camera.

The Agency Head Designee, PREA Coordinator, Superintendent and PCM all indicated that the Agency and facility looked at areas with increased PREA allegations to determine the best places to deploy resources should access to additional cameras become available. The Agency Head Designee indicated awareness of PREA requirements for video monitoring technology and expressed that knowledge gained through PREA reviews was applied when designing and implementing projects. The Superintendent iterated the importance of electronic surveillance, while emphasized maximizing the use of facility staffing, particularly in the realm of supervision levels. They indicated specifically that video monitoring complemented, while did not replace adequate staffing in the prevention of PREA incidents.

Based upon WADOC Policy, site review, and documentation provided, it was apparent that WADOC and OCC had considered video surveillance technology to enhance the Agency and facility's ability to protect inmates from sexual abuse incidents.

No corrective action was required for this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

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

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

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

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency Policy 490.850 PREA Response (Rev. 2/6/19); 490.800 PREA Prevention and Reporting (Rev. 12/11/19); 600.000 Health Services Management (Rev. 8/25/14); 600.025 Health Care Co-Payment Program (Rev. 7/24/15); 610.025 Health Services Management of Alleged Sexual Misconduct Cases (Rev. 7/20/20); and 490.860 Investigations (Rev. 8/6/19) were reviewed by the auditor towards compliance determinations with the provisions of this standard.

Standard 115.21a: Per Policy 490.850, the Agency follows a uniform evidence protocol aimed to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The evidence protocol includes utilization of an Aggravated Sexual Assault Checklist, PREA Response and Containment Checklist, Crime Scene Containment/Preservation/

Processing Checklist, and Crime Scene Security Log. WADOC also has evidence protocol standardization, including: Sexual Assault Evidence Collection for Uniform Evidence Protocol, Forensic Medical Exam Procedure for DOC Health Care Staff, and Forensic Medical Exam Procedures for Transport Staff.

Per Policy 490.800, local law enforcement officials will conduct criminal investigations related to PREA allegations. Specifically, the Clallam County Sheriff's, via the Jefferson County Sheriffs' Office (address: 79 Elkins Road, Port Hadlock, WA, 98339) has been designated as the primary law enforcement agency contact for all criminal investigations and related evidence collection for OCC. If this agency refuses, the facility has the ability to make a referral to the Washington State Patrol.

OCC retained responsibility to conduct administrative investigations. The Hiring Authority/Superintendent was responsible for appropriate assignment of administrative PREA-investigations to trained WADOC staff. There were no (0) criminal PREA investigations and four (4) administrative investigations initiated during the review period (per a case log submitted with the PAQ), which were all investigated by assigned WADOC staff. Three (3) were closed upon submission of the PAQ, and one (1) following, which was consistent with the auditor's review of investigatory documentation reports. None of the cases appeared to be criminal in nature; however, local law-enforcement was appropriately consulted on two (2) of the cases.

Throughout the course of interviews, all Random (20/20; 100%), First Responders (4/4; 100%), and Medical staff interviewed (2/2; 100%) were able to accurately describe WADOC's uniform evidence protocol to maximize the potential to obtain useable physical evidence towards administrative and criminal prosecution of alleged sexual abuse cases. Staff articulated their primary and first responsibility would be to ensure the safety of the alleged victim, by establishing separation (in all forms; physical, visual, auditory) of the alleged victim from the alleged abuser. Staff indicated they would then notify a higher-level supervisor immediately (qualified, to mean as soon as the alleged victim's security had been established) and seal-off the location of the incident as a crime scene. All staff expressed their awareness that investigation of PREA allegations required specialized training and indicated they would not proceed in the investigation of the PREA-related crime scene. None of the staff, as described above (26/26; 100%), indicated they would independently proceed in initiating a PREA investigation.

Standard 115.21b: The facility does not house youthful offenders as indicated in the evidence provided in 115.14 – Youthful Inmates; thereby, the auditor judged this portion of the provision to be met materially, by being not applicable.

Per Superintendent's Memorandum, WADOC utilized the following publications as the basis for sexual misconduct investigation evidence protocols: 1.) A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second Edition, U.S. Department of Justice, Office on Violence Against Women (April 2013); and 2.) Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice's A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents; U.S. Department of Justice, Office on Violence Against Women (August 2013).

Standard 115.21c: Policy 610.025 stated that WADOC shall offer all victims of sexual misconduct access medical and mental health treatment services. Per Policy 610.025, forensic medical examinations will be conducted at a community health care facility, and Policy 490.850, "...performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible (p.6)." If a SAFE/SANE was not available, per Policy, a qualified medical practitioner can perform the examination.

The Superintendent's Memorandum indicated a documented partnership with Forks Community Hospital (Forks, WA), identified as the primary community health care facility to provide forensic medical examinations to any alleged victims of sexual abuse at OCC. Furthermore, per Superintendent's report, OCC has met with the community hospital administrators to develop procedures and agreements in advance of the need for any forensic medical examination. WADOC has also issued a directive to Health Services staff regarding actions to take should a SAFE/SANE be unavailable at the designated facility (Assistant Secretary Health Services, dated: 2/3/17).

Per the PAQ and auditor's review of the four (4) provided PREA investigations conducted during the review period, none required provision of SAFE/SANE forensic exams. The information provided by Superintendent's Memorandum was supported by the auditor's interview with the Forks Community Hospital SANE representative who confirmed that forensic nursing service provision was available to OCC largely on a twenty-four (24) hours per day, seven (7) days per week basis, via on-call five (5) trained SANEs. To the best of their knowledge no (0) SANE/SAFE forensic examinations or referrals had occurred during the reporting period.

Per Policy 600.000 Health Services Management: Section I.B.1., "Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct...will be provided at no cost to the offender (p.2). Furthermore, Agency Policy 600.025 Health Care Co-Payment Program: Directive, Section I. General Requirements, Part B. stated, "Offenders will be charged a co-payment for all visits, except...Part 6. Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 PREA Prevention and Reporting (p. 2-3)".

The SANE interviewee acknowledged agreement with the facility's disclosures, including twenty-four (24) hour, on-call SAFE/SANE service provision, and provision of forensic examination related services free of cost to the offender. They indicated there was a current call schedule for all five (5) trained forensic nurses at Forks Community Hospital. Per the SANE, emergency treatment for the alleged victim would be triaged with forensic medical examination made available as quickly as possible by a trained SANE provider. Per WADOC Directive (dated: 2/3/17), the facility was to call the Emergency Room (ER) prior to patient transport to ensure contact had been made with the hospital to ensure availability of the SANE or qualified medical practitioner.

Standard 115.21d: WADOC has a documented current offender advocacy support interagency agreement with the Department of Commerce, Office of Crime Victim Advocacy (OCVA). Through this interagency agreement, each WADOC facility has been partnered with a Community Sexual Assault Program. Every Community Sexual Assault Program has trained and specially designated advocates able to respond to the community health care facility whenever an offender was transported for a forensic medical examination. Per Superintendent's Memorandum (dated: 7/21/20), OCC has been partnered with Forks Abuse Program to provide services to victims. Per interview with the Forks Abuse Program representative, they agreed to provision of services in associated victim advocacy locations, at both relevant hospitals and the OCC facility. Therefore, the agency has made every effort to *always* make a victim advocate from a rape crisis center available to victims, and is judged to materially meet the portion of this standard provision to provide a qualified staff member as 'not applicable'.

Upon site review, the contact number for OCVA was available on posters, in both English and Spanish, throughout the facility. OCVA Support services do not retain call logs for dissemination regarding offender calls, as the terms of their service provision explicitly require offender call confidentiality and do not require entry of an inmate identifier prior to any calls. Therefore, OCVA is unable to provide information related to the number of offender calls initiated from OCC directly during the reporting period. Of note, the auditor's contact with the Forks Abuse Program Advocate supported that there were no specific requests for service provision at OCC during the reporting period.

Standard 115.21e: Per Policy, 490.850, part of the Aggravated Sexual Assault Checklist includes as a component of the transportation arrangements to, “Contact the community-based victim advocate”, who by agreement will respond to the appropriate hospital. Per auditor review, the WADOC contract with OCVA delineated these elements of advocacy, as included in the Service Component section. PAQ documentation, entitled, Victims’ Advocates Response, supported rape crisis advocacy service provision throughout investigatory interviews at the facility. During interview with Forks Abuse Program Advocate, they expressed that rape victim advocates are able to both respond to the hospital and engage in follow-up care with offenders at the facility, as needed. They also expressed understanding and agreement with responsibilities of a rape crisis advocate to include, as requested by the victim and as applicable, provision of emotional support, crisis intervention, related-information, and appropriate referrals. The SANE representative was also aware of the alleged victim’s right to have a rape crisis advocate present. They expressed that prior to service initiation, the SANE would ensure the alleged victim was aware of the availability of a rape crisis advocate to accompany the victim during the forensic medical examination process. Of note, during the initial period of COVID, WADOC was informed by OCVA that their rape crisis advocates would not be able to attend in-person to the facility or hospital environments. At the time of site review, Forks Abuse Program had resumed modified operation and was able to attend in-person service requests as initiated by OCC.

Per Policy, 490.800 (p.12), offenders may call, toll-free, Monday through Friday 0800h to 1700h and reach an OCVA PREA Support Specialist. These calls were not be monitored or recorded and an Inmate Personal Identification Number (IPIN) was not required. In-person consultations may be available to supplement phone-based support for eligible offenders. Communication between the offender and the OCVA PREA Support Specialist was confidential and not disclosed to the facility. Posters and brochures of the OCVA services, in English and Spanish, were made accessible to offenders with this same information and observed to be available throughout the facility during the site review.

During Random and Specialized interviews, offenders believed they could reach out and receive victim advocacy support whenever needed. Specifically, some indicated they could request counseling through mental health and expressed that phone numbers with addresses were available at the facility. However, eleven (11/23; 48%) offender were readily able to proffer the terminology, “victim advocate”, and few appeared familiar with the OCVA acronym. While this information is visibly available throughout the facility, both on posters and in the offender orientation brochure, it may be beneficial to provide a more in-depth discussion of OCVA and its purpose during future inmate orientations. Another manner to improve offender knowledge of this service is to explicitly state the purpose of the WADOC and OCVA partnership in bolder font on the associated posters and within the offender orientation packet.

Standard 115.21f: Per Policy 490.860, WADOC was not responsible for investigating criminal allegations of sexual abuse. Through agreement with local law enforcement, Jefferson County Sheriff’s was OCC’s responding investigating agency. If local law enforcement was unable to respond or declined to investigate the crime scene the Washington State Patrol (WSP) Crime Scene Response Unit was identified as the secondary contact to conduct a criminal investigation at the facility. Policy supports that WADOC maintained requirements regarding investigation, and OCC held partnership meetings with Jefferson County Sheriffs to delineate investigatory needs, standard and expectations as related to PREA policies. The auditor reviewed meeting minutes of 6/9/20 between Jefferson County Sheriff’s Office and OCC, which included discussion regarding the obligation to maintain compliance with PREA standards, including those related to provision of a victim advocate. WADOC maintained a Memorandum of Understanding (MOU) with the WSP for conducting investigations in general, which the auditor also reviewed. This MOU gave precedence to applicable and federal state statutes and regulations, which would include PREA.

Standard 115.21h: The Agency had an MOU with OCVA for the provision of victim advocates, and each facility has been partnered with a rape crisis center. Per the PCM and Forks Abuse Program representative, the rape crisis center advocates must be certified and approved through the OCVA Coalition. As OCC has been partnered with Forks Abuse Program via the OCVA to *always* make a victim advocate from a rape crisis center available to victims, the auditor judged this standard provision to be met materially as 'not applicable'.

No corrective action was required for this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency Policy 490.850 PREA Response (Rev. 2/6/19); and 490.860 PREA Investigation (Rev. 8/6/19), along with Superintendent's Memorandum (dated: 7/21/20; with attachments) and WADOC public website with PREA information were reviewed by the auditor towards compliance determinations with the provisions of this standard.

Standard 115.22a: Agency Policy 490.860 PREA Investigation, stated, "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department (p.2)". This Policy ensured completion of administrative or criminal investigation for all allegations of sexual misconduct, to include both sexual abuse and sexual harassment, by definition. Policy 490.860 further stated that every allegations shall be investigated to completion even, "...if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department (p.2.)".

Per interview with the PREA Coordinator, WADOC tracked all PREA Triage Unit. Once the PREA Triage Unit had determined an allegation to meet the threshold described above, the case was referred to the appropriate Appointing Authority for placement on the facility log and initiation of investigation. Upon receipt at the local level, per interview with the Superintendent, the Appointing Authority is assigned the allegation for investigation and their designee (i.e., PCM) placed the allegation on a log for tracking purposes. Per the PCM, the facility documented all sexual abuse and sexual harassment referrals at the local-level through a detailed PREA allegation log. The facility PCM was responsible to upload all PREA allegations to the Incident Management Reporting System (IMRS) within the Offender Management Network Information (OMNI) system by which the Agency could track allegations, including closures and outcomes. The PREA Coordinator made Agency-wide aggregated results available through the PREA Annual Reports. The auditor reviewed PAQ uploaded facility reports and website published copies of associated Agency documents towards making compliance determinations with this standard provision.

The Superintendent responsible for oversight of the investigation of PREA allegations at OCC and PREA Coordinator at the Agency-level were both aware that all cases of sexual abuse and sexual harassment must be carried through until investigatory completion, including when referral was appropriate for criminal investigation and/or prosecution. Furthermore, all staff interviewed, both during Specialized and Randomized Interviews, knew their responsibility to report any and all allegations of sexual misconduct.

During the review period, there were six (6) allegations of sexual abuse and/or harassment received at OCC. Investigation was initiated in all cases, with two (2) cases being appropriately referred to other facilities, and one (1) case remaining open upon PAQ submission (closed prior to site review). Of the four (4) cases at OCC, findings were (2) substantiated, and two (2) unfounded. Based upon site and documentation review there was no evidence to indicate that an investigation, either administrative or criminal, had failed to be opened when a PREA allegation was received at OCC during the reporting period.

Standard 115.22b & c: The Agency had both Policy and practice in place to ensure that allegations of sexual abuse or sexual harassment were referred for investigation to local law enforcement to conduct criminal investigations, should the allegation be judged to involve potentially criminal behavior. Per Superintendent's Memorandum (dated: 7/21/20), WADOC staff did not have law enforcement powers or certification, and as such, were not authorized to conduct any type of criminal investigation. Per Policy 490.860, "All allegations that appear to be criminal in nature will be referred to local law enforcement for investigation by the Appointing Authority/designee". If the designated local agency, which for OCC had been identified as Jefferson County Sheriff's, was unable or declined to investigate, the Washington State Patrol (WSP) would be contacted to conduct a criminal investigation at the request of the facility and per Agency MOU. Therefore, per Policy, local law enforcement shall investigate all sexual abuse allegations. Policy 490.850 further delineated that WADOC maintained obligations regarding investigation, and Policy 490.800 established that each facility was responsible to hold annual meetings with their designated local law enforcement to delineate investigatory requirements, adherence to PREA standards, and expectations of contact. The auditor reviewed meeting minutes of 6/9/20 between Jefferson County Sheriff's Office and OCC, which conformed to the annual meeting requirements.

During interviews with three (3) facility Investigators, they all acknowledged solely being responsible for conducting administrative investigations. They endorsed that should any PREA allegation involve potential criminal conduct local law enforcement would be contacted prior to proceeding further on investigation. In such criminal cases, the facility Investigators would assist local law enforcement only as directed, providing information and access as requested by local law enforcement, in addition to tracking the case for completion. The facility Investigators each understood their obligation to thoroughly document any PREA allegations during the investigative process, and ensure to follow each investigation through to conclusion. Furthermore, they articulated the facility's process to refer any substantiated, administrative PREA allegation to the local prosecutor if judged to have risen to a criminal level following investigation.

None (0/4) of the PREA allegations during the reporting period was referred for consideration of criminal prosecution. However, there were two (2) cases that were administrative in nature in which local law enforcement was consulted. In practice, this demonstrated that the facility referred administrative PREA allegations, potentially criminal in nature, to local law enforcement for consideration of prosecution. Neither of these cases were accepted for prosecution, and instead returned to the facility; whereby investigation was completed. The facility had no formal referrals to local law enforcement, while these would be maintained on the Investigation Report (Form DOC 02-351) with a details indicated the date and time of referral, name of agency, assigned case number, contact person, and follow-up contacts. Thereby, the Investigation Report would provide documentation of the law enforcement referral.

The Agency's Policy regarding the referral of sexual abuse and sexual harassment allegations for criminal investigation was published on the Agency website. The auditor reviewed the Agency's website, which included information about processing of administrative and criminal PREA allegations. Specifically, WADOC's Policy 490.800 PREA Prevention and Reporting, 490.850 PREA Response, and 490.860 PREA Investigation were available for review on their Agency website. The WADOC website

was a publicly available platform. This auditor visited the website in June of 2021 and confirmed the Agency Policy was public and available.

No corrective action was required for this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 12/11/19), as well as WADOC PREA 101 Initial Training Curriculum (V. 07/05/16), and WADOC PREA 102 Facilitator's Guide (Rev. 07/02/19; Refresher Training) towards making compliance determinations with the provisions of this standard.

Standard 115.31a: Agency Policy 490.800 PREA Prevention and Reporting: Section X; Training Requirements; Part B. stated, "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity". Per auditor's review, the Policy addressed that WADOC training included, but was not limited to, the following:

- a.) The Agency's zero-tolerance policy for sexual abuse and sexual harassment;
- b.) How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- c.) Offenders' right to be free from sexual abuse and sexual harassment;
- d.) The right of offenders' and employees' to be free from retaliation for reporting sexual abuse and sexual harassment;
- e.) The dynamics of sexual abuse and sexual harassment in confinement;
- f.) The common reactions of sexual abuse and sexual harassment victims;
- g.) How to detect and respond to signs of threatened and actual sexual abuse;
- h.) How to avoid inappropriate relationships with offenders;
- i.) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- j.) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The auditor reviewed lesson plan curriculum for the WADOC supported trainings and each were found to contain all items, as indicated above. Through responses during Randomized employee interviews (20/20; 100%) and training record review, the auditor confirmed that OCC had appropriately implemented the training components as defined in 115.31a.

Standard 115.31b: Per Agency Policy 490.800, the PREA training for employees will also address, "gender-specific issues". Uniquely so, WADOC has created curriculum in the Initial and Annualized modules directed to both male and female offenders, entitled, "Understanding Sexual Dynamics in Confinement". That said, the WADOC supported PREA lesson plans, as assessed by the auditor, were not gender specific, and thereby, written for female and male offenders, while with the inclusion of this particular module encompassed 'gender-specific issues'. Therefore, the training prepared employees for the ability to work at either a male or a female facility. For example, a staff reassigned to OCC from a female facility had received the identical Agency-wide supported training with both 'gender-specific issues' therein upon entry into WADOC. As a result, such an employee upon transfer would not require a Modified Orientation specifically to learn PREA objectives for a male facility, and vice versa for an employee transferring out of OCC to work at a female facility.

As noted, the auditor reviewed for proof of practice through reading the Agency PREA 101 Initial Training Curriculum, and Annualized PREA 102 Facilitator's Guide Curriculum and ensured each contained the gender specific module. Random staff interviews also substantiated receipt of PREA gender-specific training, as related to both males and females upon initial employment, and on an annualized basis.

Standard 115.31c: WADOC Policy 490.800 indicated that after initial PREA training, all employees, contract staff and volunteers would receive an annual refresher training. Per Superintendent's Memorandum (dated: 7/1/20), "WADOC has determined that the strongest strategy is to require this training prior to assignment for new hires and every year thereafter. By using this approach, the agency has exceeded the requirement for refresher training every two years". The facility performs above this standard provision by providing PREA Refresher training every year, instead of every two, as per Agency Policy. OCC provided the PREA lesson plan annually via the Learning Management System (LMS) on-line through in-service training.

The PCM and Superintendent reported that any additional PREA updated throughout the year were made available by providing on-the-job training, and all-staff communication. Randomized staff interviews indicated that as part of the annual training they had been provided with a PREA brochure. Facility-wide documentation provided through Superintendent's Memorandum documented that during the reporting period that 115 of 115 (100%) employees had completed the annual training. A random sample of ten employee training transcripts were provided to the auditor, all of which demonstrated full

compliance with required PREA training (10/10; 100%), in addition to the eight Randomly sampled employee files, which also demonstrated full compliance (8/8; 100%).

Standard 115.31d: Per Agency Policy 490.800, staff will acknowledge their understanding of the PREA training by way of signature on DOC 03-483 PREA Training Acknowledgement or e-signature included in electronic course documents. At OCC, staff signature was provided on the PREA Training Acknowledgement form for Initial PREA training. Per Policy and as written on the DOC 03-483, part of the signature process was that the employees' acknowledged they had reviewed and understood all sections of the material presented regarding the WADOC PREA training.

Furthermore, based upon Randomized (20/20; 100%) and Specialized staff interviews, all had received annual, and timely, LMS in-service training. Per the PCM, all facility staff received annual, LMS, in-service training, of which PREA was part of the agenda. The PCM and Superintendent indicated the facility maintained completion documentation of all In-Service Training. During the onsite documentation review, of eight (8) employees randomly sampled, all relevant files (8/8; 100%) had current PREA training documentation, as appropriate, on file.

The auditor judged all provisions within this standard to have met compliance. Moreover, it was clear the efforts of the Agency and facility considered comprehensive provision of PREA education to staff, to include the components, as required in 115.31a & b, in a manner that would ensure staff were prepared for PREA situations and readily able to implement their knowledge proactively in the work environment. Furthermore, the facility had implemented a structured educational programming strategy that was above the required standard of 115.31c, in that staff were required to be trained in PREA education annually. Proof of this practice was readily available and OCC staff not only demonstrated 100% compliance with training requirements, but were able to demonstrate this in practical applications, as discussed during interview. It is clear that the groundwork for the fundamental practice of PREA sexual abuse and sexual harassment prevention, detection, and response is clearly laid at OCC through the employee training practices. As such, the auditor evaluated this standard substantially to exceed requirements for compliance.

No corrective action was required for this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 12/11/19), and Policy 530.100 Volunteer Program (Rev. 11/1/17), as well as WADOC PREA 101 Initial Training Curriculum (V. 07/05/16), and WADOC PREA 102 Facilitator's Guide (Rev. 07/02/19; Refresher Training) towards making compliance determinations with the provisions of this standard.

Standard 115.32a: Per Policies 490.800 and 530.100, contract and volunteer staff are obligated to participate in PREA Training. The contractual staff were provided with the same training as staff regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Per Superintendent's Memorandum (dated: 7/17/20), PREA curriculum provided for staff at OCC was the same lesson plan for contractors, however, volunteers and identified contractors are required to complete a web-based PREA Training. WADOC allowed vendors and service providers who have limited, unescorted contact with offenders to sign PREA Acknowledgement Prior to Training form (DOC 03-478) and provided them with the current PREA brochure for staff, contractors, and volunteers. Such individuals would typically include those filling vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance. Furthermore, the contract language for outside contractors contained PREA language, as part of the contract shell, and outside contractors were required to complete PREA training as a basis of contract continuation.

The auditor reviewed the relevant PREA lesson plan curriculums for contractors and volunteers, as well as brochure provided to vendors and service providers and judged the material to provide each group noted with their required responsibilities towards WADOC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures (as outlined in 115.32a). The PREA training, in its applicable format, was provided to all contractors and volunteers on an annualized basis.

Standard 115.32b: Per Policy 490.800 and as reviewed by the auditor, each relevant lesson plan and brochure, as provided to contractors and volunteers, included WADOC's zero-tolerance of sexual abuse and sexual harassment, as well as how to report such incidents. In addition, each volunteer and

contractor was to receive a PREA brochure related to sexual abuse detection, prevention, and reporting.

Interviews with on-site contractors (3/3; 100%) confirmed they had received PREA trainings through the facility. Each were able to articulate the Agency's zero-tolerance policy towards sexual abuse and sexual harassment, as well as how to report any PREA-related incidents. As described in 115.32a, the Agency has considered the level and type of training provided to volunteers and contractors based upon the services they provide and level of contact they have with inmates.

Standard 115.32c: Per Policy 490.800, WADOC maintained documentation to confirm that volunteers and contractors understand the training they received. Per Superintendent's Memorandum, "During the documentation period, this training has been provided in the classroom or through the (electronic) Learning Management System (LMS). When training is provided in the classroom, participants are required to sign DOC 03-483, PREA Training Acknowledgement. For training completed through LMS, a function within the system requires participants to acknowledge that they understand the PREA training just completed". By providing a signature on the associated forms, the volunteer or contractor acknowledged their receipt and understanding of the material presented in the PREA training provided.

Per Superintendent's Memorandum, all facility contractors (9/9; 100%) and volunteers (30/30; 100%) had received the appropriate PREA training. In addition, Logs for Sign Language Interpreters, Language Service Interpreters, and OCC vendors, as well as Facility Therapeutic Community and Pacific College Contractors all showed full compliance. The auditor received a sampling of nine (9/9; 100%) contractor transcripts, as well as eleven (11/11; 100%) volunteer and eight (8/8; 100%) vendor signed PREA Acknowledgement Forms, which showed full compliance, and while onsite viewed two (2/2; 100%) additional contractor files with full compliance. The PCM and Superintendent, as well as facility contractors (3/3; 100%) confirmed the practice of providing and documenting applicable WADOC supported PREA training to all contractors and volunteers. Of note, the volunteer program was not functioning at OCC when the site review was conducted, secondary to COVID-19 restrictions.

No corrective action was required for this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 310.000 Orientation (Rev. 10/26/18); and 490.800 PREA Prevention and Reporting (Rev. 12/11/19), as well as WADOC Agency PREA brochures (English and Spanish versions), and viewed the WADOC PREA Orientation video (English and Spanish; both with subtitles) towards making compliance determinations with the provisions of this standard.

Standard 115.33a: Per Policy 490.800, "Offenders will be provided PREA related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct" and "During intake at any Prison, offenders will be given an informational brochure provided by the PREA Coordinator". Per Superintendent's Memorandum (dated: 7/1/20), "All offenders were provided information on arrival in the form of a brochure. PREA reporting information as well as information regarding victim advocacy support is provided in the form of posters in the intake area".

All offenders arriving at every WADOC facility, including OCC, were provided a copy of the WADOC PREA brochure in their institutional orientation packet immediately upon arrival. The brochure, as reviewed by the auditor, clearly contained information detailing WADOC's zero-tolerance policy. The brochure also included multiple resources (internal and external to the facility) to report sexual abuse and sexual harassment. The information was also available in poster format throughout the intake area at OCC, explaining how to report incidents or suspicions of sexual abuse or sexual harassment related to PREA, as well as victim advocacy support.

During site review, the auditor confirmed evidence of these posters in the intake area. Every offender who participated in interview (Random and Specialized) confirmed their receipt of a PREA brochure upon arrival to OCC.

Standard 115.33b: Per Superintendent's Memorandum, inmates transferring between facilities in WADOC were provided the opportunity to view the PREA orientation video while in transit or within a short period of arrival. Typically, offenders transferred to OCC would have an Offender Orientation session conducted on the day of their arrival, during which the Intake Counselor provided PREA Comprehensive Offender Education.

During the site review there were no scheduled offender intakes at the facility; therefore, no Offender Orientation session was conducted. Instead, an audit team member discussed the intake process with the Intake Counselor. They affirmed that, "immediately upon arrival" offenders were provided with the WADOC PREA brochure. The brochure, as noted, stated WADOC's zero tolerance policy towards sexual abuse and sexual harassment. According to the Intake Coordinator, during Offender Orientation, which occurred immediately after the group of offenders had been stripped out, as well as cleared by Custody and Medical, the PREA brochure would be discussed. The WADOC-supported PREA video would also be shown, if it had not already been viewed while the offenders were in transit.

The verbal and video portions of this session stipulated the offenders' rights to be free from sexual abuse and sexual harassment; rights to be free from retaliation for reporting such incidents; as well as WADOC policies and procedures for responding to such incidents. The PREA information session also provided opportunities for offenders to receive information regarding victim advocacy services available through OCVA, and participate in a question and answer session regarding PREA.

All offenders interviewed, including both categories of Random and Specialized, endorsed having participated in a Comprehensive Orientation session regarding PREA immediately upon their arrival to OCC. They each agreed that discussion during this session included their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and WADOC policies and procedures for responding to such incidents. Per Superintendent's Memorandum, all 336 offenders who were received at the facility during the reporting period had their PREA Orientation completed within timeframes. Based upon the auditor's documentation review of eleven randomly selected inmate files, all (11/11; 100%) had their Comprehensive Intake completed within timeframes.

Standard 115.33c: Per Agency Policy 490.800 and Secretary Directive (dated: 3/10/06), as explained in the Superintendent's Memorandum (dated: 7/1/20), all WADOC offenders were to receive the comprehensive PREA Offender Education, as referenced in 115.33a & b, upon intake at Reception Center. Thereafter, all inmates were to continue to receive PREA education upon transfer to a different facility via the orientation process. WADOC Policies were statewide, thereby standardizing policy implementation. While this PREA standard provision specifies that offenders transferred within the Agency were required to receive additional information only to the extent that PREA policies and procedures differ from those at the offender's originating facility; in practice, OCC provided all arriving offenders with the same PREA information they received upon entry into the WADOC system. Upon arrival to OCC, offenders received a PREA informational brochure immediately upon arrival. Following, per Policy 490.800, they were to complete orientation (i.e., intake) to the new prison within the first week and receive additional PREA information during formal orientation; as provided at OCC within the first days of arrival. Moreover, per Superintendent's Memorandum, "OCC is a minimum custody level reentry center. Incarcerated individuals assigned to the facility have four years or less remaining on their sentence. OCC does not have any incarcerated individuals who were received prior to August 2012 who have been continuously held at the facility", and therefore, there would be no individuals held at OCC who had never received a prior PREA Orientation elsewhere.

During random interviews, the majority of inmates (15/23; 65%) confirmed that they specifically recalled having received a PREA brochure relating to the Agency's zero tolerance policy and associated reporting processes within the intake period upon arrival to OCC. As indicated, the PREA brochure included in the Orientation Package, explained WADOC's zero tolerance policy, and contained multiple reporting resources for sexual abuse and prevention. All incarcerated individuals interviewed expressed they had participated in a timely intake process, where they had been provided with information regarding the Agency's zero tolerance policy and the facility provided avenues for reporting sexual abuse or sexual harassment. All of the offenders (23/23; 100%), for both Randomized and Specialized interviewees, were able to articulate the Agency's zero tolerance policy, describe a variety of reporting mechanisms, and stated that Comprehensive PREA Offender Education was received well within a week, generally within hours to a few days span of their arrival to OCC. During the audit team member's interview with the two (2) Intake Counselors, each explained that to confirm offenders' understanding of Comprehensive PREA education, the PREA Brochure material and video were discussed in detail during the Orientation session.

Through interviews with offenders and Intake Counselors, as well as supporting PAQ materials, the auditor judged that PREA Offender Education with the necessary components had occurred timely upon offender arrival at OCC.

Standard 115.33d: Per Agency Policy 490.800, PREA material was to be made available to the incarcerated offender population both orally and in writing in a manner that would be clearly understood by the individual receiving the information. Per Superintendent's Memorandum (dated: 6/30/20), PREA material was made available and accessible to all offenders, regardless of any identified disability. Specifically, accessibility provisions noted, at OCC, included:

- by way of video through closed captioning (in English and Spanish) for anyone who was deaf or had hearing-impairment;
- PREA material was available in written format for those with hearing impairments or who were deaf;
- Sign Language Interpreters (SLI) could be used for individuals with hearing impairments;
- PREA material was read aloud to anyone who had visual limitations;
- Materials, including the video, brochures, and posters, were available in Spanish;
- For those inmates who did not speak English, including those who spoke Spanish, translation services contract were available. The Agency offered telephonic translation services. These services included multi-lingual interpretation twenty-four (24) hours per day, seven (7) days per week;
- Use of inmate education in formats accessible to inmates who have limited reading skills or comprehension difficulties. WADOC has developed resource materials, "End Silence – The Project on Addressing Prison Rape – September 2013", aimed to be provided in a one-to-one format to those with learning disabilities and low comprehension;
- For those with have intellectual disabilities, one-to-one housing unit counselor consultation to further discuss content of PREA brochure and standards;
- For those offenders who have psychiatric disabilities, Mental Health and Medical staff were available onsite with individualized treatment services available;
- For those inmates who have speech disabilities, an onsite counselor and educators were available to discuss PREA-specific questions;
- Accessibility for otherwise disabled individuals with specific provision of a counselor one-to-one session to discuss the content of the PREA brochure and standards to ensure effective communication had been established; and/or
- For individual offenders who have any other not previously identified impairments, one-to-one consultation would occur with the counselor and follow-up referral made for consultation with the PCM to ensure effective communication regarding PREA has been met.

Per the Superintendent's Memorandum, each of these Specialized Orientation/Offender Accommodations were available at OCC. Per Agency Policy 690.400 Offenders with Disabilities, the identification process of offenders requiring accommodation will be interactive, and include, but not limited to the PULHESDXTR report (as cited in Standard 115.16a), offender reports, documentation of offender disability and staff observations. Over the reporting period, OCC had not received any Specialized Orientation requests from offenders. The auditor was provided with copies of and reviewed related forms associated with the accommodations as listed above. While onsite during the site review, there were no offenders identified by the audit team to have potentially met criterion for a Specialized Orientation, based upon interviews, observations, and documentation gathered.

Standard 115.33e: Per Superintendent's Memorandum (dated: 6/17/19), there were 336 offender intakes at OCC during the reporting period, all of whom received the WADOC PREA brochure and appropriate intake PREA reporting information within the mandated timeframe (336/336; 100%). Per Policy, documentation of offender completion of orientation was maintained in the Offender

Management Network Information (OMNI) system via Offender Orientation completion. The auditor reviewed the associated Offender PREA Orientation Spreadsheet, confirming these results.

Furthermore, inmate participation in the Initial and Local Orientation, to include the PREA Comprehensive Education, is available in facility offender files, as a signed document, entitled, Prison Orientation Checklist, with initials on the section entitled, Prison Rape Elimination Act (PREA). OCC provided ten inmate files, which the auditor reviewed to assure uniformity with the Offender PREA Orientation Spreadsheet. Based upon the ten (10) inmate files reviewed, all (10/10; 100%) had documentation available in their inmate file confirmed by offender signature on receipt of Offender Orientation Checklist within thirty (30) days of Intake. While onsite the auditor also sampled eleven (11) offender files through OMNI for the same, and found full compliance with this standard provision.

At the facility Orientation Session, the offenders sign the Orientation Checklist. These Acknowledgement Forms state the offender has: viewed the video and discussed; been presented Policy 490.800 PREA Prevention and Reporting of Sexual Misconduct & 490.850 Response and Investigation of Sexual Misconduct; understands the Agency's zero tolerance stance; been provided definitions of sexual misconduct; prevention and intervention; been instructed on precursors to sexual misconduct; received various methods to report victimization; learned all allegation of sexual misconduct will be taken seriously and thoroughly investigated; been informed of confidentiality for sexual misconduct cases; been made aware of available treatment and counseling; learned staff mandatory reporting requirements; been informed of protection from retaliation; and instructed about disciplinary actions for making false allegations. From the offenders interviewed, the majority reported their Orientation with Comprehensive PREA inmate education session had occurred within their 'first hours' to 'first days' of their arrival.

Standard 115.33f: Policy 490.800 indicated that PREA information, such as posters and brochures (in English and Spanish) must be continuously available throughout the prison. Moreover, Policy required monthly checks to ensure the continued availability of such PREA-related resource material. Per Superintendent's Memorandum (dated: 7/1/20), posters must be visible in areas accessible to offenders and the public, including Health Services and Classification Counselor offices.

Per communication with the PCM, the facility ensured routine checks for the condition, readability, and availability of PREA posters throughout the site. Based on site review, PREA materials (including posters and brochures) were continuously visible throughout the facility. The posters were visible in areas available to offenders, in both English and Spanish, throughout housing units, Counselors' offices, facility buildings, Health Services, as well as areas accessible to the public, including the Main Entry area and visiting room. Inmates and staff noted during interview that posters and PREA resources (including brochures) were readily viewable throughout the facility.

During the site review, it was discovered that the facility had prior versions of the WADOC-supported PREA brochures in some locations. This meant the possibility that incarcerated individuals provided with the outdated version, would receive information that was not as up-to-date as that provided in the most recent version. In order to remedy this Superintendent sent an institutional all-call email, which was provided to the auditor on the same day (7/1/21).

No corrective action was required for this standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 12/11/19); 490.860 PREA Investigation (Rev. 8/6/19); and 880.100 Corrections Training and Development (Rev. 10/17/11), as well as Washington Administrative Code (WAC) 139-05-240 Requirements of basic law enforcement academy; WAC 139-05-250 Basic law enforcement curriculum; WAC 139-25-110 Career-level certification for law enforcement & corrections personnel; and House Bill (HB) 1109 Supporting Victims of Sexual Assault supplementary documents: Revised Code of Washington (RCW) 36.28A.430 Sexual assault kit initiative project—Definitions; RCW 43.10.800 Sexual assault forensic examination best practices advisory group; and RCW 43.101.270 Sexual assault—Training for investigating and prosecuting towards making compliance determination with the provisions of this standard.

Standard 115.34a & b: Per Policy 490.800 and 490.860, to the extent that WADOC conducts sexual abuse investigations, its investigators receive training to conduct such investigations in confinement settings. Per Superintendent's Memorandum (dated: 7/1/20), WADOC was responsible for conducting all administrative investigations related to PREA. However, WADOC staff had no law enforcement power or certification, and as such, were not authorized to conduct any type of criminal investigation. Per Policy, the local sheriff's office was to be the primary investigator for a crime committed within the facility. As noted previously, if the local agency, which has been identified as Jefferson County Sheriffs, was unable or refused to investigate, the WSP would conduct a criminal investigation at the request of OCC and per Agency MOU.

Requirements of the basic law enforcement academy were provided to the auditor for review, which included amongst other elements, components on criminal law, criminal procedures, crisis intervention, report writing, and criminal investigation. Per Superintendent's Memorandum, to address PREA-related investigations, WADOC initiated PREA Investigator training in 2011, at which point a specialized course (Version 1) was launched. Once the final PREA standards were released, an updated PREA Investigator course (Version 2) was developed to ensure compliance in November 2013. Existing Investigators received new information and additional practice in interviewing and report writing by form of a 'booster' training. Investigators training after November 2013 participated solely in the updated Version 2 course. The WADOC Specialized Investigator training provided information regarding how to conduct all PREA-related investigations, and incorporated all necessary components of provision 115.34a & 115.34b. The training elements, were not limited to, but included:

- 1.) How to conduct an investigation in confined settings;
- 2.) Techniques for interviewing sexual abuse victims;
- 3.) The proper use of Miranda and Garrity Warnings;
- 4.) Sexual abuse evidence collection in confinement settings; and
- 5.) Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

During interview with three (3) of the OCC Investigators, they were all able identify the specific components related to PREA-specialized training, and how to utilize these appropriately in the course of an administrative investigation. Furthermore, the Facility Investigators clearly articulated the need, as well as process by which, to refer any cases to local law enforcement should the case be judged criminal, or potentially so, in nature.

The process by which administrative investigations were assigned was explained in the Superintendent's Memorandum. The Appointing Authority was responsible for the investigation and required to identify an appropriate investigator from the list of qualified individuals based on successful course completion. In order to qualify for this list, the individual must have completed formal Specialize PREA Investigator training. The Appointing Authority may secure an investigator from within the facility or across the Agency. Factors taken into consideration when selecting an Investigator, included:

- Complexity and sensitivity of the investigation
- Experience of the Investigator
- Impartiality of the Investigator in light of the allegation itself (e.g. outside of the Investigator's chain of command, any indications of potential conflicts of interest, etc.)

Standard 115.34c: The Agency maintained documentation of investigators who have completed the required specialized training in conducting sexual abuse investigations, as well as indications of those who are active and inactive on this list. Per the PAQ, the Agency has seven-hundred and forty-one (741) trained Investigators, with OCC having ten (10) trained Investigators available onsite to conduct administrative investigations. The auditor reviewed an Agency-wide Spreadsheet documenting each Investigators' participation in the three required trainings (PREA Investigator Version 1; Booster; PREA Investigator Version 2) along with dates of completion and comments (with color-coded notations clearly indicating individuals who have been de-activated from investigations work).

Per Policy 880.100, documentation of training completion will be maintained in the Staff Training and Tracking Information System (STATIS). As such, training documentation was available through the individual employee's Learning Center transcript, which documented the date of completion. Courses were entitled: DOC Administrative Investigations, DOC PREA Investigator Booster, and DOC PREA & Workplace Investigator Training V2. The auditor reviewed a transcript of OCC Investigator's Training Completion with dates, which she judged provided uniformity with the Agency-wide spreadsheet.

No corrective action was required for this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 12/11/19); 610.025 Health Services Management of Alleged Sexual Misconduct Cases (Rev. 7/20/20); and 880.100 Corrections Training and Development (Rev. 10/17/11) towards making compliance determinations with the provisions of this standard.

Standard 115.35a: Agency Policy 490.800 ensured that all full- and part-time Medical and Mental Health Care practitioners, to include employees and contract staff, who work regularly in its facilities, have been trained in additional position-related training, to include all components required of 115.35a:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations and suspicions of sexual abuse.

In addition, WADOC trains Health Care practitioners on:

- Completing DOC 02-348 Fight/Assault Activity Review; and
- Counseling and monitoring procedures.

The auditor reviewed a copy of the lesson curriculum, DOC PREA for Health Services, and found it to contain the above-cited elements. Furthermore, based upon interview with Specialized Medical and Mental Health staff, each were able to provide evidence of training to support their knowledge. Specifically, they appropriately cited their defined roles: to detect signs of sexual abuse, professionally interact with victims, preserve physical evidence, as well as perform reporting of allegations and any suspicions of sexual abuse, as well as document within the scope of their practice.

Standard 115.35b: Per Policy 610.025, “Each Prison Health Authority will make prearrangements with a community health care facility with specially educated and clinically prepared forensic medical examiners to evaluate alleged victims who have reported sexual assault, sexual abuse, and/or staff sexual misconduct”. The same Policy also states, “If the report is made within 120 hours of the alleged sexual assault and the case involves penetrations and/or exchange of bodily fluids, the Department will transport the offender to the designated community health care facility.” Per Superintendent’s Memorandum (dated: 7/13/20), OCC does not conduct forensic medical examinations, which was confirmed in interviews with facility Medical and Mental Health staff. Forensic medical examinations have been contracted for provision by SAFE/SANE or otherwise qualified staff at Forks Community Hospital. Thus, the facility staff had not received training in conducting forensic examinations. The auditor judged this standard to be materially met as not applicable.

Standard 115.35c: The Agency Policy 490.800 required all training requirements to be up-to-date, including WADOC PREA and WADOC PREA for Health Services Training for all staff, to include new employees and contract staff. Per Superintendent’s Memorandum, WADOC utilized the Learning Management System (LMS) to document and track official department training for employees and contractors. The WADOC Training and Development Unit oversees and manages the LMS on a statewide basis, and per Policy 880.100, the Staff Training and Tracking Information System (STATIS) will hold documentation of all official Departmental training.

The auditor was provided with a Spreadsheet list of all OCC Health Care practitioners with detailed completion dates of both WADOC PREA and WADOC PREA for Health Services Training. Sample documentation, while on site of agency contractors, confirming completion from the LMS was generated for the auditor’s review, which demonstrated uniformity to the Spreadsheet provided for this standard provision. Per the PAQ, OCC has seven (7) onsite Medical and Mental Health contractors,

and five (5) state employed practitioners, who all had documented training, which at the time of reporting demonstrated full compliance with both required trainings (7/7 contractors, 100%; 5/5 state employees; 100%). Furthermore, the Medical and Mental Health staff interviewed endorsed their participation in both the Agency PREA general and WADOC PREA for Health Services trainings.

Standard 115.35d: Agency Policy 490.800 stated that every agency employee, including Medical and Mental Health care practitioners, to include state employees and contract staff, must complete the WADOC PREA training requirements, reviewed in Standard 115.31. Policy also indicated that all new employee and annual in-service PREA training included all components, as required for 115.31a.

As reviewed by the auditor, the WADOC PREA training curriculum was comprised of a lesson plan, which included all required components of 115.31a. In addition, based upon the auditor's review of OCC provided documentation, every OCC Health Care staff, both state-employed and contract were current in the participation in the WADOC PREA Training, deployed via annual LMS training. As noted above, Agency Health Care services staff had reported during interview their participation in the Agency supported PREA training, which was supported by the provided training records.

No corrective action was required for this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments (Rev. 6/13/19); 280.310 Information Technology Security (Rev. 1/4/19); 300.380 Classification and Custody Facility Plan Review (Rev. 08/12/19); and 280.515 Data Classification and Sharing (Rev. 1/8/20) towards making compliance determinations with the provisions of this standard.

Standard 115.41a: The Agency has a comprehensive Policy (entitled: 490.820 PREA Risk Assessments and Assignments) in place for screening for the risk of sexual abuse victimization by and/or sexual abusiveness toward other offenders of incarcerated individuals upon intake into WADOC and to ensure continued screening throughout the process of inter-facility transfers. Per Policy, upon intake to any WADOC facility (generally a Reception Center), all offenders are to be screened within 72 hours with the PREA Risk Assessment (PRA). The PRA is the screening tool by which the determination of an individual's risk status was made, as, "No Risk", "Potential Victim", "Potential Perpetrator", or "Dual Identifier (i.e., both "Potential Victim & Potential Perpetrator"). Upon transfer to a new facility, the PRA from the prior facility will be considered valid for the first 72-hours to affect appropriate housing. Within 72-hours, the new facility is required, per Policy, to conduct a new PRA (called the 'Intake PRA Assessment', which will then become the current risk level for the offender, by which the facility will make all housing, programming, and placement determinations. Per Policy 490.820, no offenders with conflicting screening information will be housed together or with offenders already in the facility noted to have screened with conflicting PRA risks. Of note, any offender who for whatever reason has not had a previously completed PRA to determine risk level will have a screening completed before housing is assigned.

Per discussion, while onsite OCC would typically receive information prior to the offenders' arrival, via a transfer manifest list. Designated staff will prescreen each offender on the transfer manifest for PREA-related risk issues, per Policy 300.380. Specifically, the transport employees will review the transfer manifest before finalizing transportation decisions to minimize PREA-related issues before, during, or immediately after transport. At OCC, a Multi-disciplinary Team (MDT) reviewed the transfer manifest information prior to intake arrivals. The MDT was generally comprised of the Superintendent, Correctional Program Manager/PCM, Lieutenant and Correctional Unit Supervisors, who each hold responsibility for initial housing and placement determinations.

Per interviews with the Superintendent, PCM, Housing Officers, and Intake Counsellors, all offenders transferring to OCC received a PRA intake screening upon arrival. The transferred offender's PRA screen risk level was considered regarding housing and programming placements. For example, those offenders who met "Potential Victimization" concerns were placed in locations proximate to the officers' stations. Furthermore, all cases of "Potential Victim" and "Potential Perpetrator" were separated from cell and dorm assignments. "Dual Identified" offenders could only be placed with "No Risk" offenders. Randomized offender (23/23; 100%) interviews and informal conversations established that the inmates believed the facility considered their welfare in making placement decisions with each reporting they felt safe at the facility.

Based upon onsite review, designated staff knew how to utilize the manifest transfer list to make initial housing decisions by reviewing offenders for assessed PRA risk prior to placing offenders in assigned dorms and cells. The PRA information received upon transfer intake at OCC was generally from the PRA screening conducted at the originating facility, and used to inform housing placement (through the first 72-hours until the Intake PRA reassessment at OCC occurred). The facility utilized PRA intake reassessment information, as conducted within the offender's first 72-hours at the facility, to make subsequent placement decisions (e.g., housing, jobs, programming, etc.).

Standard 115.41b: Per Policy 490.820, “Classification Counselors and designated Work Release employees will complete a PRA within 72 hours of arrival for all offenders arriving at any Department facility. This includes offenders returning to a facility from unescorted leave (e.g., out-to-court). Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays. Initial assessments will be completed within 72 hours of arrival of the facility in which an offender is received (e.g., new commitment, violator, and boarder). Intake assessments will be completed within 72 hours of transfer of any offender between Department facilities.”

The audit team interviewed two (2) Intake Counsellors, who performed PRA Screenings, and they understood their responsibility to meet with transferred offenders at OCC within seventy-two (72)-hours to ensure the administration of the PRA. After their finalization of the PRA with the inmate, the staff reported they corroborated information provided by the offender during interview with that contained in the individual’s chart and previously completed PRAs. The auditor was able to corroborate this with onsite evidence, in that eleven (11) randomly selected PRAs of inmates were viewed, and each demonstrated completion within 72-hours of the offender’s arrival, in addition to having relevant information added on from historical PRAs.

The Superintendent’s Memorandum (dated: 7/1/20) reported 99.7% (335/336) of transferred offenders had the PRA completed within mandated timeframes. One offenders had arrived at the facility as a direct Secured Housing Unit placement, and their PRA was completed 2 days late, all others had been completed timely. The auditor reviewed the OCC PRA Tracker List Initial Assessment Log for the reporting period, which demonstrated uniformity with the information provided regarding Intake PRA completion on the Superintendent’s Memorandum. Per the auditor’s randomized inmate file review (11 of 11; 100%), the PRA was consistently recorded timely in the offender’s file. Randomized offender interviews further confirmed PRA timely completion, as inmates recalled having participated in the PRA processes immediately upon intake, as stated, “...within the first few days here”.

Standard 115.41c: Per Policy 490.820, “The Department has established uniform procedures for assessing the risk of sexual victimization and/or predation for all offenders under its jurisdiction and maintaining information for use in housing and program assignment decisions”. The WADOC PRA Risk Assessment (PRA), a sample of which the auditor reviewed, was judged to be an objective screening tool. The assessment tool is comprised of questions designed to elicit responses aimed to best determine an offender risk level while incarcerated, based upon established risk factors of being at “No Risk”, having risk as a “Potential Victim” of sexual abuse, having risk as a “Potential Predator” of sexual offending behavior, or for both, as indicated by “Dual Identifier”. It is not given to the offender to self-administer, but instead used as a tool to inform the assessor through interview. The questions are phrased in a ‘yes/no’ format, with a section for comments beneath. The PRA input is into the OMNI (Offender Management Network Information), and system-scored. The assessor later corroborated the PRA instrument with inmate chart information and prior PRAs to make determinations, if an over-ride was necessary, regarding individualized offender risk.

Based upon interview with the Intake Counsellors, each was aware of the responsibility to utilize the PRA in a uniform, standardized manner in order to make consistent determinations regarding risk levels. The auditor reviewed samples of completed PRAs, as provided in the PAQ and randomly selected onsite, and judged determination of risk as reflected by PRA results to have been determined in an objective manner.

Standard 115.41d: The WADOC intake screening tool, the PRA Risk Assessment (PRA), as reviewed by the auditor, has all indicated criteria for 115.42d, including:
(1.) whether the inmate has a mental, physical or developmental disability;
(2.) The age of the inmate;

- (3.) the physical build of the inmate;
- (4.) whether the inmate has previously been incarcerated;
- (5.) whether the inmate's criminal history is exclusively nonviolent;
- (6.) whether the inmate has prior convictions for sex offenses against an adult or child;
- (7.) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (AND 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*);
- (8.) whether the inmate has previously experienced sexual victimization;
- (9.) the inmate's own perception of vulnerability; and
- (10.) whether the inmate is detained solely for civil immigration purposes (while, as noted previously, there were no offenders at OCC held solely for civil immigration purposes, thus, item 10 was judged as materially not applicable).

* Regarding item number seven (7), there was an Agency-wide Directive from the Deputy Secretary (D. Pacholke; dated: 3/11/15) sent to all Classification Counselors, entitled: Affirmatively Inquire Offender LGBTI Status, which established guidelines to fulfill criteria for PRA question 7 responses.

Through interview with the Intake Counsellors and Housing Counsellors responsible for offender intake and follow-up PRA assessment, they described that during interview the offender was queried regarding each of the aforementioned risk factors. Subsequently, the assessor combined the interview information with that discovered through chart review. The Counsellors described, per the required PRA scoring method, risk factor scoring factored consideration of the offender's self-report, interviewer's perception (on some items), chart history, and responses from previous PRAs, as well as relative salience of particular item(s) (i.e., weighted). They described that through the scoring process particular PRA indicators would be more heavily weighted in consideration of PREA-flag determination. The auditor reviewed sample PRAs (as provided with the PAQ) and gathered through onsite Random inmate file review, which demonstrated consistency with this described manner of interview and scoring process. Per Random offender interview, their confirmation was that OCC Counsellors asked affirmative questions associated with the inmates' sexual orientation and gender identity.

Standard 115.41e: The WADOC PRA initial screening specifically considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence and/or sexual abuse, as known to WADOC, in the assessment of incarcerated individuals for risk of being sexually abusive and scoring this tool. The auditor was provided the PRA for review to assure each of these items were included, and upon evaluation observed the PRA to meet each of these objectives.

During interview with the Intake Counselors, they reported that the PRA (Note: they do not conduct 'initials'; instead completing 'intake' assessments at OCC) included consideration of risk factors indicated in 115.41e with emphasis that this information was not solely based upon inmate report. Instead the screen, involved an integration of the Counselor's interview with the inmate, their perceptions of the offender's veracity, along with a comprehensive review of the offender's case factors and details found documented within the offender's chart, combined with prior PRA screenings. PRAs, as provided by the facility and reviewed by the auditor onsite, conformed to this description and included the aforementioned factors in the assessment.

Standard 115.41f: Per WADOC Policy 490.820, "A follow-up PRA will be completed between 21 and 30 calendar days after the offender's arrival at the facility". Per Superintendent's Memorandum (dated: 7/1/20), follow-up with PRA, conducted as a facility reassessment, is conducted within twenty-one (21) to thirty (30) days of the offender's arrival. Based upon interviews while onsite, at OCC, the Housing Counselor meets with the offender on a second occasion to discuss the follow-up PRA. This PRA is completed to address any concerns associated with adjustment to their assigned unit, regarding sexual safety, potential victimization, concerns regarding predatory behavior or abusiveness, and any reports

received from collateral sources (e.g., housing officers, inmates, programming assignments) regarding the offender's conduct that would merit readjustment of their PRA scores.

The Superintendent's Memorandum reported 100% (313/313; original received 336 offenders with 21 transferred prior to 30 days) offenders had the follow-up PRA completed within mandated timeframes. The auditor reviewed the OCC PRA Tracker List Follow-up Log for the reporting period, which demonstrated uniformity with the information provided regarding follow-up PRA completion on the Superintendent's Memorandum. Per the auditor's randomized inmate file review (11/11; 100%), the PRA follow-up was consistently recorded in offenders' files, in a timely fashion. During Random interviews, the offenders were able to recall having participated in a follow-up PRA within an approximated timeline of three weeks to a month after originally arriving at OCC and continued to support that OCC Counselors and the facility appropriately addressed their sexual safety needs.

Standard 115.41g: Per Policy 490.820, "For-Cause PRAs" will be conducted within ten (10) business days, at any time that a referral, incident of sexual misconduct, request, or receipt of additional information that would bear on an individual's risk of sexual victimization or abusiveness a PRA reassessment will be completed. For-Cause PRAs will also be completed in cases when offenders are transferred prior to completion of their PRA at the originating facility.

Based upon Superintendent's Memorandum (dated: 7/1/20), OCC conducted 'for cause PRAs' and provided examples of such during the reporting period. OCC provided an example of both a completed substantiated investigation and one in which additional information was received, both of which required a 'for cause' risk assessment, and had the potential to affect PRA risk identifiers. In these cases a 'for case' PRA re-assessment was completed. The facility self-disclosed one incident in which a PRA for case was conducted with an oversight in scoring. Once corrected, the risk level of the offender changed to "Potential Victim", while upon review of housing their placement was not impacted as they were housing with a "No Risk Identified" inmate.

While onsite, the audit team engaged in discussion with Housing Counselors regarding when to conduct 'for cause PRAs' associated with substantiated PREA investigations and receipt of additional information; their responses conformed to appropriate completion of PRA follow-ups. The auditor also spoke with members of the MDT who indicated once 'for cause' PRA re-assessments were completed, when warranted, the offender's housing, placement, programming determinations would be re-evaluated to ensure consistency with their current risk rating. All viewed 'for cause PRAs' conformed to appropriate timeframes, appropriate rescoring, and institutional considerations.

Standard 115.41h: Per the Superintendent's Memorandum (dated:7/1/20), interview with the Classification Counselors responsible for intake and follow-up PRA screenings, as well as Policy 490.820, "Offender are not obligated to answer PRA questions and cannot be disciplined for refusing to answer or not disclosing complete information in response to assessments". This Policy encompasses offender refusal to answer or non-disclosure of questions pursuant to 115.41d1, d7, d8, &/or d9. During Random interview, no (0/23; 0%) offenders reported having been disciplined associated with their responding patterns and/or refusal to provide answers to the PRA during interview. Counselors reported there were no sanctions associated with the inmate's decision not to respond during the PRA. The auditor did not discover any disciplinary incidents associated with failure and/or refusal to respond to PRA assessment questions, as based upon documentation and site review.

Standard 115.41i: Per Policy 490.800, 490.860, 280.310, and 280.515 demonstrate the implementation of appropriate controls regarding dissemination within the facility of responses to questions asked pursuant to 115.41, in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Agency Policy 280.310 Information Technology Security and 280.515 Electronic Data Classification established appropriate controls on sensitive information.

Per Policy 490.860, all PREA data containing personal identifying information will be maintained as Category 4 data. The results of the PRA were considered Category 4 Data, which per WADOC Policy is restricted information. Dissemination of confidential information by staff subjects them to corrective and/or disciplinary action, per Agency Policy 490.800.

Superintendent's Memorandum (dated: 7/1/20) with attachments, as well as interview with the OCC Superintendent and PCM confirmed that OCC had implemented appropriate controls for the dissemination within the facility of responses to questions asked pursuant to the PRA. Such controls were designed to ensure sensitive information could not be exploited to the offender's detriment by staff and/or other offenders. Should the PRA results determine PREA "Potential Victim", "Potential Predator", or "Dual Identified", this information was entered into the Offender Management Network Information (OMNI) system database. The final results of the PRA were maintained on a 'face sheet' in the general status portion of ONNI to ensure accessibility to staff members who make determinations regarding housing, bed placements, education, work positions, and program assignments, while these staff members would not have full access to detailed PRA information unless required by position designation. The OMNI system access for full PRA viewing has been granted to the following (per Superintendent's Memorandum):

- Classification Counselors and Work Release Community Corrections Officers responsible for the completion of assessments.
- Correctional Unit Supervisors, Community Corrections Supervisors, Correctional Program Managers, Associate Superintendents, Superintendents, and the Work Release Program Administrator responsible for override approval and ensuring assessments are completed as required in Agency Policy
- Staff as identified by the facility Superintendents' and the Work Release Program Administrator responsible for oversight of risk assessment for offenders who do not have an assigned Classification Counselor or Community Corrections Officer generally due to vacancy
- Identified Information Technology and PREA Unit staff responsible for system maintenance

Designated position controls have been granted to the PREA Coordinator, who establishes system access and approval.

While onsite, the Housing Officer confirmed to the auditor that their access to OMNI solely demonstrated the 'face sheet', demonstrated to the auditor that they could only view the offender's designation, not the information input into the screening tool. While viewing OMNI for the purposes of evaluating PRA completion with the Superintendent, the auditor was able to confirm the Superintendent's full PRA viewing access.

The auditor judged all provisions within this standard to have met compliance. Above meeting the standards, it was evident that the Agency and facility had invested considerable time into the use of the PRA in determining appropriate housing, program, and work placement needs for offenders. The timely completion and appropriate scoring of the PRA upon intake to OCC was impeccable and follow-up PRAs demonstrated consistency with solid proof of this practice. It was clear that at each level of the process, from staffing responsible for housing decisions upon inmate arrival to those making global determinations regarding offender assignments and placements, each relied appropriately on the PRA resources, as available. It was apparent that OCC staff not only demonstrated 100% compliance with implementation of PRA timeliness requirements, but also were able to demonstrate in practical applications, as to how this tool is best implemented to ensure the sexual safety of offenders. Noting this audit item to be integral to the foundation of PREA standards within a facility it was clear OCC staff recognized the importance of identifying potential for risk and management. During interviews, the citation of the PRA and the need to consider this a 'living document' of sorts, as the offenders' moved through their period of incarceration was a pivotal understanding to risk management and mitigation. As such, the auditor evaluated this standard substantially to exceed requirements for compliance.

No corrective action was required for this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments (Rev. 6/13/19); 490.700 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision (Rev. 2/13/20), and 300.380 Classification and Custody Facility Plan Review (Rev. 8/12/19) towards making compliance determinations with the provisions of this standard.

Standard 115.42a: Agency Policy 490.820 addresses the appropriate assignment of those inmates at high risk for sexual victimization and/or sexual abusiveness. Specifically, the Policy states information gathered through the risk screening (PREA Risk Assessment; PRA) shall be utilized in determination of every offender's: (1.) housing; (2.) bed placement; (3.) work assignments; (4.) education; and (5.) program with the aim of separating those offenders who demonstrate high risk of being sexually victimized from those who show high risk of sexual abusiveness. Per Superintendent's Memorandum (dated: 7/13/20), "Prior to assigning an offender to a multi-person cell/dorm area, the PREA Risk Assessment [PRA] is reviewed to ensure he/she is not assigned to an area that would place him/her at risk for victimization". It further describes how the PRA is used to make classification decisions, as related to the indicators listed in policy above.

As indicated in 115.41, at OCC, upon intake staff rely on the PRA information from the originating facility, via the transport manifest for placement decisions within the first seventy-two (72) hours of the offenders' arrival. Once the Intake assessment PRA has been completed (within 72-hours), the PRA completed at OCC becomes the basis for subsequent custodial decisions; to include offender housing, bed placement, work assignments, education, and programming. Per interviews with the PCM and Classification Counselors, Intake staff and members of the multidisciplinary team (MDT), OCC staff use the PRA to inform determinations about the aforementioned five (5) placement, assignment, and programming considerations.

The facility uses the PRA, per the Superintendent's Memorandum and interviews with MDT members, in making transfer decisions upon MDT review with summary documented in OMNI system, entitled Incoming Transport Job Screening (ITJS). PRA intake results are documented in the ITJS, and noted if an offender displays increased potential to be sexually victimized or for predation with instructions for any necessary safety/monitoring plans. Classification staff will complete the Transfer PRA within 72-hours and after 30-days a Follow-up PRA with offenders to inform an Intake Classification Custody Facility Plan Review. If the offender demonstrates increased potential for sexual victimization or predation, based upon these PRA re-assessments, the monitoring plan will be included in the comment section of the Custody Facility Plan in OMNI. This review will be updated either every six (6) months or annually depending on the offender's sentence structure. Furthermore, appropriate actions will be taken to evaluate the offenders sexual safety on an on-going basis should their PRA risk assessment classification change.

As indicated, during interviews with the PCM, as well as Intake and Housing unit Counselors (who each are involved in PRA screenings), there is a clear effort to utilize the information gathered through the PRA (the risk screening required by standard 115.41) to keep separated those offenders with potential

for sexual victimization from those with potential for sexual abusiveness. Furthermore, the PCM and Counselors recognized the risk screening as a fluid process and the importance to continuously be aware of, and re-assess as necessary, every offender's individualized risk level to ensure appropriate placement to ensure the sexual safety of all offenders at the facility. The facility provided random examples of completed ITJSs, and described how these would be utilized in practice while the auditor was onsite.

Standard 115.42b: Per Policy 490.820, every offender will have an individualized PRA conducted at a variety of junctures through their custodial term. The offender will receive an Initial PRA upon entry into the WADOC system, and thereafter, upon each transfer, as an Intake within 72-hours and again within 30-days of placement within the facility. Furthermore, the offender shall have a 'For Cause PRA' should there be indicators present suggesting a possibility of change in their PRA, and re-evaluative PRAs done based at the time of their scheduled classification hearings and upon their individualized risk factors, to include those with identified with risks and on monitoring plans. As a result, the individual offender's PRA was not a grouped element, but instead individualized. Upon entry to a facility, as explained above, the incarcerated individual's PRA, per Policy, will be utilized to inform housing and bed placements, as well as job, education, and program assignments.

Per Superintendent's Memorandum, facility staff with authorized access to screening information utilized the PRA results to make individualized determinations about how to ensure the safety of each offender. Specifically, PRA information was applied on a case-by-case basis to make custodial decisions regarding each offender. Per interviews with MDT members, as well as observation during site review, the Executive team and local OCC staff took great pride in the decision-making processes associated with appropriate placement of each, individual incarcerated offender. The inmates interviewed, formally and informally, indicated they had been placed in a location where they felt sexually safe and able to participate in programming to maximum benefit.

The facility provided the auditor with relevant transcripts for six (6) offenders who had been identified by the PRA as PREA "Potential Victims". The auditor evaluated these monitoring plans and housing assignment reviews from the offenders' electronic records. The auditor judged these documents to have been completed on a continuous, individualized basis with thoroughness in assessments. Furthermore, while on-site the auditor also pulled two (2) randomly selected PRA "Potential Victims" and their monitoring plans demonstrated conformity to the findings, as indicated above, that continuous check-ins were performed on a routinized basis, ensuring the individuals perceived safety and acknowledgement by the facility of their heightened risk of victimization.

Standard 115.42c: Agency Policy 490.700 delineates the consideration by WADOC of whether to assign a transgender or intersex inmate to a male or female facility on a case-by-case basis. The Agency Policy and practice does and has, per public report and interview with the PREA Coordinator, housed transgender individuals not specifically in accordance with their external genitalia. In making facility placement decision, WADOC must ensure the inmate's health and safety, as well as whether a placement would present management or security problems, in addition to considering the offender's views about their own safety. When making subsequent housing or other program assignments for transgender or intersex inmates, WADOC Policy stipulated consideration on an individualized basis, again ensuring the transgender or intersex inmate's health and safety, their own perspective regarding safety, and evaluating the potential for any management or security problems.

The Superintendent, PCM, and PREA Coordinator all indicated that, per Policy and practice, WADOC and OCC provide an inclusive environment for transgender and intersex offenders with an aim that all inmates feel safe. They emphasized placement and assignment decisions (including housing and programming) for transgender or intersex offenders would be made on a case-by-case basis with assurance towards the offender's health and safety, and consideration of any possible management or

security problems, including the offender's views regarding their own safety. While there were no individuals meeting this Specialized category at OCC during the reporting period or onsite review, the auditor also spoke during interviews with staff regarding their perspectives about the placement of transgender and intersex offenders at OCC, who all supported the criteria as related to 115.42c. Based upon the auditor's judgement, placement determinations for transgender and intersex offenders at OCC would be made on a case-by-case basis towards that which would ensure the inmate's health and safety, and evaluated as to whether placement would present management or security problems.

Standard 115.42d: Agency Policy 490.820 indicated placement and programming assignment review for each transgender or intersex inmate will be done initially with reassessment and subsequent reviews conducted, at minimum, every six (6) months, or when a change in housing assignment is indicated to review for any threats to safety experienced by the inmate. Policy is cited as, "Review committees will reassess placement and programming assignments every 6 months using DOC 02-384 [policy type 385] Protocol for Housing Review for Transgender and Intersex Offenders to review any threats to the offender's safety". Decisions will be made by a designated, specialized team, on an individualized basis regarding transgender or intersex offender facility assignments with input from the offender and review of any threats experienced by the offender. Per the Superintendent's Memorandum, the housing review process will also consider any management or security problems that may result from placement options. Determinations made following housing reviews will be documented on a DOC form 02-384 Protocol for the Housing Review for Transgender and Intersex Offenders, as completed by the local, specialized MDT and forwarded to the Deputy Director of Prison Command A for final approval.

As indicated there were no individuals who met this Specialized category housed at OCC during the review period or onsite review. However, the Superintendent and PCM were aware that the placement and assignment reviews for transgender and intersex offenders were to be conducted every six (6) months at OCC. The auditor was also able to discuss with the PREA Coordinator WADOC's completion of housing reviews for transgender offenders, which supported that reviews were completed on a biannual basis agency-wide. On an Agency-wide basis, the PREA Coordinator confirmed their oversight of each transgender and intersex case to ensure that every case has a review completed at six (6) month intervals, as required per Policy.

Standard 115.42e: Per Policy 490.700, stated as related to MDT determinations of the components in 115.42a, "The individual's [i.e., transgender or intersex individual's] personal views about the individual's safety will be considered when making recommendations". In practice, WADOC gives consideration to the views of transgender or intersex inmate's with respect to their own safety when making facility and housing placement decisions and programming assignments. Specifically, "The Statewide PREA Coordinator will maintain a record of transgender, intersex, and/or gender non-conforming individuals in a secure imaging system". As a result, individuals falling onto the list are tracked within WADOC and their input sought during biannual reviews and when necessary elements contribute to case determinations.

The PREA Coordinator expressed during interview that an important element of the biannual review is to discuss the transgender or intersex offender's own perceived level of safety through self-monitoring. The PCM and Superintendent at OCC also confirmed that when making facility and housing placement decisions, as well as programming assignments, the transgender or intersex offender's views with respect to their own safety would be given deliberate consideration. As noted, there were no individuals while onsite or during the reporting period who met criteria for Target interviews within this category. However, per Policy, supporting documentation, and interviews, it is clear that individuals representing the transgender and intersex community would be represented at MDTs with their views of safety considered when placement decisions were to be made regarding housing and programming.

Standard 115.42f: Policy 490.700, states, “Transgender, intersex, and/or gender non-conforming individuals may shower separately if requested by the individual or deemed necessary due to safety and security concerns”. Per Superintendent’s Memorandum, “During this audit review period no transgender or intersex offenders have been housed at Olympic Corrections Center. However, had this occurred, housing and programming assignments would be done on a case by case basis to include individual shower arrangements, putting priority on the offender’s health and safety and review management or security problems that may come from this placement”.

Upon site review inspection, at OCC, the facility physical plant is such that all shower stalls in each Housing Unit are in isolated rooms with open, multi-shower access (i.e., off of the main unit area). Therefore, each Housing Unit could provide a space to shower with the existing infrastructure in place that ensured a transgender, intersex and/or gender non-conforming offender would be given the opportunity to shower separately regardless of where they were housed. The Correctional Unit Supervisor, per Local Operational Memorandum, is responsible for the implementation of Policy 490.820, in that, “The Correctional Unit Supervisor (CUS) will establish a shower schedule to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders”. During interview, the CUS was aware of this stated responsibility. While there were no individuals while onsite or during the reporting period who met criteria for Target interviews within this category, it is clear the facility is aware of their responsibility to implement 115.42f accordingly.

Standard 115.42g: The Agency is not in connection with a consent decree, legal settlement, or legal judgment related to this provision of Standard 115.42g. Per Assistant Superintendent’s Directive (R. Herzog; dated: 8/29/19), the Agency Superintendents were directed to extend WADOC’s compliance with 115.42g of prohibiting lesbian, bisexual, transgender, and intersex inmates’ placements in dedicated facilities, units, or wings solely on the basis of such identification or status to include ‘gender non-conforming’ offenders. Per Superintendent’s Memorandum (dated: 7/1/20), “Olympic Corrections Center does not have a dedicated housing area for the assignment of only lesbian, gay, bisexual, transgender, or intersex (LGBTI) offenders...Housing and program / job assignments are made based on PREA Risk Assessment identifiers and programming needs. Though not explicitly detailed in policy, the Washington Department of Corrections (WADOC) prohibits housing based solely on an offender’s identification or status as a lesbian, gay, bisexual, transgender or intersex individual”. PCM Memorandum (dated: 6/24/20), indicated, “Based upon my review there are no individuals grouped together within the Olympic Corrections Center based solely on their status identified [as 115.42g]”.

At OCC, appropriate housing placement processes for LGBTI and gender non-conforming offenders was confirmed through discussion with the Superintendent, PREA Coordinator, and PCM. All related staff denied segregated housing practices of the indicated population would occur within the facility. While there were no known incarcerated individuals at OCC during the onsite review who represented the LGBTI and gender non-conforming community, historical documentation report and site observation information was judged consistent with WADOC Directive. There did not appear to be any areas separated from the main population specifically for offenders who may be perceived or identified as LGBTI and/or gender non-conforming.

No corrective action was required for this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency Policy 320.255 Restrictive Housing (Rev. 3/6/20); 320.260 Secured Housing Units (Rev. 3/6/20); and 490.820 PREA Risk Assessment and Assignments (Rev. 6/13/19), and housing rosters (during the audit period and site review) of individuals identified as PREA Potential Victims were reviewed by the auditor towards making compliance determinations with the provisions of this standard.

Standard 115.43a: Policy 490.820 states placement of offenders at potential risk of sexual victimization should not be housed in the same cell/room with an offender who scores at potential risk for sexual predation, and facilities with dormitory/open housing will establish procedures for appropriate bed assignments for at risk offenders. Per Policy, this separation may include placement in Administrative Segregation. However, prior to placement in involuntary segregation every potential alternative must be considered, per Policy, with the reason(s) each was determined unsuitable documented in a PREA Housing chrono entry. Agency Policy mandates that the offender who is at risk of potential victimization not be placed in protective custody housing unless a thorough evaluation of alternatives has been conducted, and determination made that there is no viable alternative to separation of the victim from abuser. Policy also requires that any placement be immediately evaluated with an assessment completed within twenty-four (24) hours.

Standard 115.43b, c & e: Agency Policy 490.820 requires that if an involuntary segregation determination is made for this type of placement the facility shall permit the offender access to programs, privileges, education, and work assignments to the extent possible. Furthermore, if any programming is restricted the facility is required to document the limited opportunities, duration of which, and reason. Any placement extending past thirty (30) days, per Policy, necessitates documentation providing justification for the extension. In the event the placement lasts more than thirty

(30) days, based on Agency Policy, a review will be conducted to determine the continued need for the involuntary segregation placement.

In the case of facilities with dormitory/open housing, policy mandates (as stated above), each facility to establish procedures for appropriate bed assignment for at risk offenders. OCC is a stand-alone, minimum security facility, and ensures offenders who are screened to be at risk for sexual victimization are placed in an environment that is safe from individuals who have been screened to be at risk for sexual predatory behaviors. Per Specialized Interviews with the Superintendent and PCM, housing of inmates who may be at risk for sexual victimization is managed with consideration given to their safety on the basis of the offender's cell, housing unit, and facility, with all options considered. They both expressed that movement of the individual at risk for sexual victimization to involuntary segregation would be utilized as the last alternative, and had not occurred during the audit period nor the period leading up to the site review. Furthermore, the Superintendent expressed should the facility place any offender in involuntary secured housing for this purpose the offender could only be retained there for up to 14 days with up to a 3-day extension, as approved by the Deputy Director. Per the Superintendent's Memorandum (dated: 7/18/2020), placement in involuntary segregation for offenders at risk of sexual victimization at OCC would only occur if no other suitable alternative housing exists and last at for a period of no longer than twenty-four (24) hours to that transfer of the offender to a different facility could be facilitated.

Standard 115.43d: There were no instances of involuntary segregated housing assignment made pursuant to 115.43a; therefore, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to risk of sexual victimization. However, based upon Specialized Interviews with the Superintendent and PCM, they were aware of the facility's responsibility to document clearly the basis for concern regarding the inmate's safety if involuntary segregation was utilized for this purpose. Furthermore, in such cases, the facility was aware to document clearly the reason why no alternative means of separation could be arranged.

OCC reported that during the review period no offenders were placed in involuntary secured/restricted housing based upon their risk for sexual victimization. A Memorandum (dated July 8, 2020) provided by the Superintendent indicated during the review period the facility had no instances of holding an inmate at high risk of sexual victimization in involuntary segregated housing because there was no available alternative means of separation from the likely abuser(s). According to the PAQ, there were zero (0) inmates at risk of sexual victimization who had been assigned to involuntary segregated housing in the reporting period. During the site review, there were offenders placed in the segregated unit, while their placement was unrelated to the provisions of this standard, per facility report, Random inmate interview and documentation review. Information gathered during the site review, including both staff and offender interviews, as well as documentation review, was consistent with PAQ-provided data that no (0) offenders were placed in involuntary secured housing based upon risk for of sexual victimization. This was further confirmed through review of PREA investigations, and facility housing rosters for offenders whose PREA Risk Assessment indicated risk of sexual victimization. None of these offenders was housed in the Segregated Housing area, and each had been placed in a housing area evaluated to be clear from offenders whose PREA Risk Assessment indicated potential risk of sexual predation.

No corrective action was required for this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 450.100 Mail for Individuals in Prison (Rev. 1/20/20); 490.800 PREA Prevention and Reporting (Rev. 12/11/19); and 490.850 PREA Response (Rev. 2/6/19) towards making compliance determinations with the provisions of this standard.

Standard 115.51a: Per Agency Policy 490.850, all staff shall report allegations or incidents of sexual misconduct. Therefore, when choosing to speak with a staff member, offenders may make a PREA allegation report to any staff member with whom they are comfortable in speaking about such allegations and the staff member must report said allegation. Reports may include incidents of sexual abuse, sexual harassment, perceived retaliation that may have occurred secondary to the reporting of such PREA-related incidents, as well as perceived staff neglect or violation of responsibilities that may have contributed to the occurrence of such PREA-related incidents.

Per Policy and Superintendent's Memorandum (dated: 7/1/2020), the Agency had multiple processes in place for offenders to report PREA allegations, internally, including:

- Confidential toll-free hotline (use of the hotline does not require input of the inmate's personal identifying number (IPIN) and calls are not recorded by the facility);
- Kiosk report;
- Direct, verbal reports to any staff members;
- Legal mail to designated individuals (legal mail includes correspondence to and from the Agency's PREA Coordinator, State Attorney General, and/or the Office of the Governor);
- Kites or written notes; and
- Grievances.

Information regarding these reporting mechanisms is provided in the inmate handbooks (available in English and Spanish), which is provided with the Orientation Packet at intake.

During Randomized and Targeted inmate (23/23; 100%), as well as Randomized staff interviews (20/20; 100%), all were able to articulate internal ways to privately report any sexual abuse, sexual harassment and retaliation regarding PREA-related allegations. The most cited response was direct, verbal report to any staff member of the offender's choice. Internal means of privately reporting at OCC, also frequently cited during inmate and staff interviews included, calling the hotline and submission of a kite. During the site review, the auditor established that the posters were posters were available regarding reporting processes and the toll-free telephonic system was appropriately receiving submitted reports.

Standard 115.51b: The Agency had provided offenders with the ability to contact both private and public entities, outside of the WADOC. Per Superintendent's Memorandum (dated: 7/1/20), the public external reporting agency, the Colorado Department of Corrections, was the agency's official external reporting entity and responsible to follow up on any allegations they received of sexual abuse, sexual harassment or retaliation related to the reporting thereof while allowing the offender, upon request, to remain anonymous. The Agency carries an MOU with the Colorado Department of Corrections for this purpose. During the period in the final months of the reporting period, secondary to the COVID-19

crisis, WADOC notified the offender population of a temporary suspension to the Colorado Department of Corrections PREA-related reporting services. The auditor was provided with the Memorandum of March 27, 2020, addressed to incarcerated individuals, informing them secondary to office closures the Colorado Department of Corrections was unable to receive PREA-related information via the Form 21-379 Report of PREA Allegation Form. The Memo provided a mechanism by which to submit the Forms through facility grievance boxes. By the time of the site review, the Colorado Department of Corrections had resumed their ability to receive PREA allegations from WADOC facilities.

The Agency had multiple processes in place for offenders to report PREA allegations, externally, including:

- Third party reporting (through peers, family, lawyers, and external contacts);
- Anonymous and confidential reporting by sending allegation information to the Colorado Department of Corrections, the Agency's official external reporting entity (via use of DOC 21-379; available in offender accessible areas along with pre-addressed, pre-franked envelopes, which may be dropped in the offender grievance box for mailing).

Information regarding these reporting mechanisms was also provided in the inmate handbooks (available in English and Spanish), which is contained within the Orientation Packet and discussed at intake. All offenders with disabilities, including those who are illiterate, are advised to contact their facility ADA Coordinator for assistance in using an audio recording that would be sent for transcribing and submission, confidentially, and permitted to remain anonymous, upon request (WADOC ADA Compliance Manager Memorandum, R. Klemme; dated: 1/17/20).

During Randomized incarcerated individual interviews using a third party and 'dropping a kite' were cited as resources to confidentially and, if desired, anonymously submit reports of sexual abuse, sexual harassment and/or retaliation. However, the offender population most frequently expressed that the most viable manner in which they would submit an anonymous report would be via the Agency hotline, and not provide their name; despite the fact that this was not necessarily considered a reporting mechanism 'external' to WADOC. Based upon the auditor's review of the OCC Investigations Log there were confidential (hotline) reports included. The auditor also reviewed the PREA Allegations Log as received via the Colorado Department of Corrections, and affirmed there is an external reporting mechanism in place, while during the reporting period no PREA allegations were received from OCC through this channel. The auditor was also readily able to obtain a copy of the Colorado Department of Corrections pre-addressed envelope with associated DOC 21-379 Report of PREA Allegation Form in areas accessible within each of the offender housing units. Of note, in the Ozette Housing Unit, there was concern that immediately prior to the onsite audit, the form was available without the necessary envelope. In addition, there was no identified space in the carousel that held offender forms for this particular form. This issue was resolved through OCC ensuring that the DOC 21-379 Report of PREA Allegation Form was stapled to the associated Colorado Department of Corrections envelope and the slot containing said document with envelope appropriately labeled. The auditor was provided photographic evidence of completion of this action item on July 8, 2021.

Per facility report and onsite observation, there were no offenders at the facility detained solely for immigration purposes. Thus, this portion of the standard provision is materially met as not applicable.

Standard 115.51c: Agency Policy 490.850 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 (p.11)". Agency Policy stipulated that all reports of sexual abuse and sexual harassment shall be reported to the Shift Commander (unless a conflict of interest exists at which point the Superintendent should be notified) immediately (i.e., meaning 'without delay'). Per Policy, this incident shall be documented prior to the end of the shift. All facility employees, contractors, and volunteers are required by Policy to report all PREA allegations received, regardless of the manner in which it was obtained (to include verbally, in writing, anonymously, and from third parties) and those

who fail to report may receive corrective and/or disciplinary action for their failure to do so. This Policy is delineated in WADOC Initial PREA Training and annualized training, as well as the PREA brochure provided to staff, contractors, and volunteers.

Based upon Random interviews with twenty (20) facility staff, all were aware of their responsibility to both accept any reports provided to them from offenders related to sexual abuse, sexual harassment, and/or retaliation related to the same, regardless of the manner in which it was received (to include: written, verbal, third party, or anonymously). OCC staff expressed their first responsibility, secondary to First Responder duties (i.e., ensuring the victim's safety), included immediate notification of their appropriate supervisor regarding the alleged PREA-related occurrence. All interviewed staff identified the importance of documenting reported PREA allegations in as prompt a manner as possible. When queried they indicated documentation must be completed prior to leaving the facility at the end of their shift.

Standard 115.51d: Per Agency Policy 490.850 and WADOC PREA Training, there is an established manner by which staff may privately report allegations of sexual abuse, sexual harassment, and/or retaliation related to reporting of such. Staff reporting PREA-related incidents shall be afforded the opportunity to report privately such information to their immediate Supervisor, Shift Commander, PCM, or Superintendent, or via the WADOC Sexual Assault Hotline to the PREA Coordinator. Email via the WADOC website was also an option available to all staff to report PREA allegations. Staff were informed of these procedures through PREA annual training, PREA brochures, and institutional PREA posters. During Randomized staff interviews (20/20; 100%), it was clear that OCC staff were aware of their responsibility to report all PREA allegations and believed they had the necessary resources available to privately report any knowledge of sexual abuse, harassment or retaliation related to reporting of such incidents. Furthermore, OCC staff interviewed for Randomized (20/20; 100%) and First Responder interviews (4/4; 100%) indicated their awareness to report PREA allegations in a way that would remain private (e.g., do not report over institutional radio) and utilize a mechanism by which reporting of the PREA allegation would remain contained to those in a 'need to know' position.

No corrective action was required for this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 12/11/19); 550.100 Offender Grievance Program (Rev. 1/3/18), and WADOC Offender Grievance Program Manuals (English and Spanish; P-371, Effective July 1, 2019), as well as Secretary Directive (S. Sinclair; dated: 1/10/19) towards making compliance determination with the provisions of this standard.

Standard 115.52a: PREA standard provision 115.52a states, "...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". Per Policy 550.100, Section III, "Grievances alleging sexual misconduct will be forwarded to the PREA Coordinator per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting and will not be reviewed through the grievance process (p.2)". Furthermore, the Secretary's Memorandum (dated: 1/10/19), stated that WADOC does not process PREA-related allegations through the offender grievance process. Therefore, OCC is exempt from this standard, as WADOC does not have administrative procedures to address inmate grievances regarding sexual misconduct (i.e., sexual abuse, per definition), based upon Agency Policy and Directive.

Standard 115.52b-g: As WADOC is exempt from standard provision 115.51; they materially meet the criterion for provisions 115.b through 115.g.

Per Superintendent's Memorandum (dated: 7/16/2020), when an offender submits a PREA allegation using the grievance system, the offender is notified that the grievance is being submitted for a possible PREA investigation. OCC shall forward a copy of the grievance, per Policy, to the WADOC PREA Triage unit for processing. If the grievance is determined to be PREA-related, the Triage unit assigns the grievance a PREA allegation number in the Incident Management Reporting System (IMRS), and returns the allegation to the OCC Superintendent who assigns the case for investigation. If the PREA Triage Unit determined the grievance issue is not PREA-related, the offender is notified and provided the opportunity to resubmit the grievance. This grievance will not be considered a PREA allegation. This information is outlined in WADOC policy and the Offender Grievance Program Manual, which is available to offenders in the offender library and law library.

OCC holds a responsibility to investigate and complete all PREA allegations, including those originally been filed as a grievance, per investigatory requirements of all PREA-related cases. If the allegation is administrative in nature local or Agency PREA-trained investigators may complete the investigation with the Appointing Authority making the final decision. If the allegation is determined to be or potentially be criminal in nature the Superintendent is responsible for referring the case to the designated outside law enforcement for investigation.

Since WADOC Policy has removed PREA allegations from the grievance process there are no time limits imposed for reporting allegation of sexual misconduct and offenders do not have to exhaust administrative remedies. Furthermore, as the PREA Triage unit returns the grievance, converted to a formal PREA allegation, to the Superintendent to initiate an investigation, in no manner must the offender engage with the staff member who is the subject of the complaint in order to submit, attempt to resolve, and/or investigate the offender's grievance (now a PREA allegation).

Superintendent's Memorandum and onsite interview with the Superintendent and PCM (Note: the Grievance Coordinator was away on emergency business, and unavailable for interview) indicated that during the review period OCC received no (0) grievances that processed as potential PREA allegations. Per review of the OCC Grievance List and OCC Monthly Grievance Activity Report, as well as OCC PREA Investigations and OCC PREA Complaint Log, the auditor confirmed there were no grievances

related to PREA allegations during the reporting period. As such, no OCC grievances required processing through the PREA Triage Unit, per Policy and procedure. During the period immediately prior to the site review, yet outside of the review period, one (1) grievance was submitted at OCC that was considered potentially a PREA allegation. For proof of practice, OCC provided this grievance to the auditor for review. Upon evaluation, OCC appropriately forwarded this grievance to the PREA Triage unit, and it was returned upon determination not to be a PREA related issue. The offender received notification from the Superintendent stating, "This is to inform you that the PREA allegation you submitted on [date] has been received. After reviewing your allegation per DOC 490.860 Prison Rape Elimination Act (PREA) Investigation, it was determined that the allegation did not meet the PREA definitions of prohibited behavior as detailed in policy, therefore, a formal PREA investigation will not be conducted. Your complaint will be investigated via the Resolution process, an investigator has been assigned."

During the reporting period, as no (0) grievances met the criteria to be considered as a PREA allegation, none could be deemed emergency in nature. While per interview with the Superintendent and PCM, the facility would manage an emergency grievance related to PREA sexual misconduct in the same regard as consideration for imminent sexual abuse and the offender's safety ensured per institutional practices described in Standard 162a.

WADOC policy permits third parties to assist offenders with the filing process of PREA allegations. Agency Policy 409.800, XIII. Reporting, Section C., states, "Visitors, offender family members/associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov (p. 16)". The auditor confirmed posting of this information on the Department's website. Agency Policy permitted receipt of PREA allegations from third parties (e.g., fellow inmates, staff members, family, attorneys, and outside advocates).

Agency Policy explicitly prohibited disciplinary action against incarcerated individuals and/or offenders from receiving infractions for submitting a report of sexual abuse made in good faith. Good faith meaning when the allegation was based upon reasonable belief that the alleged conduct occurred, even when an investigation does not substantiate the allegation. Per PAQ responses and documentation, investigatory and supplementary document analysis, and information gathered during site review, including inmate (Random and Targeted) and staff (Random and Specialized) interviews, no (0) offenders were identified to have been disciplined for filing reports in good faith of sexual abuse. There were, to the best of the auditor's knowledge, no (0) offenders disciplined or infractions for filing any PREA-related grievances during the reporting period.

During site review, the auditor observed grievance forms available across housing units, by which inmates may fill them out and hand it directly to staff or place it in the appeals box. The facility routinely monitored the appeals box for grievances.

Even though WADOC is exempt from this standard, per Policy, the Agency has procedures in place to address inmate grievances of sexual misconduct. The Agency Policies and practices that are in place comply with this standard. The Agency, while exempt, materially meets the provisions of this standard.

No corrective action is required for this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 12/11/19); WADOC-OCVA contract; OCVA brochures and posters (English and Spanish), as well as Assistant Secretary's Directive (S. Sinclair; dated: 8/11/15), entitled, PREA Advocacy towards making compliance determinations with the provisions of this standard.

Standard 115.53a: Per Policy 490.850, "WADOC Sexual assault support services may be obtained through the Office of Crime Victims Advocacy (OCVA)". The support services, as provided through OCVA, are coordinated centrally and available to the victim via toll-free phone contact. Per Policy, "Offenders may call 1-855-210-2087 toll-free Monday through Friday 8:00a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN [Inmate Personal Identification Number] will not be required".

Per Policy 490.850, "In-person consultations may be available to supplement phone based support for eligible offenders". Specifically, the offender victim may call and speak with a support specialist who, if necessary, will transfer the call information to the designated community sexual assault program partnered with the facility. The victim advocate will then arrange for provision to the victim continued scheduled support via designated times for phone advocacy conversations and/or coordinating with the facility for in-person visit(s). Policy states, "Communication between the offender and the OCVA PREA Support Specialist is confidential and will not be disclosed unless the offender signs an authorization to release information". Through the WADOC-OCVA partnership, each WADOC facility has been partnered with a specific sexual assault advocacy center. OCC has been partnered with Forks Abuse Center to provide offenders with access to established sexual assault victim advocacy.

The Superintendent's Memorandum (dated: 7/1/20), described that throughout OCC the OCVA information is provided via OCVA posters and brochures (each both English and Spanish), as well as through the WADOC Community Sexual Assault Programs in WA State brochures. Upon the auditors review, the OCVA posters and brochures include the appropriate telephone number (including toll-free access, with days of the week and hours of service) and the WADOC Community Sexual Assault Programs in WA State brochures included both toll free telephone numbers, addresses and resources statewide. During site review, the OCVA posters were visible near inmate phone access, and the OCVA brochures were included in the Intake Orientation Packages.

Additionally, OCC has provided information from the WADOC Community Sexual Assault Programs in WA State brochures regarding community sexual assault programs available throughout the state, which is of particular importance following the offender's release from incarceration, as they likely will no longer reside in the Forks area. This brochure then is of particular benefit to incarcerated individuals at OCC who may reenter the community in the near future. Having knowledge about community sexual assault resources may provide assistance towards successful community reintegration for both the offender and their families.

It is clear that OCC has provided rape advocacy information in an accessible format to the incarcerated population, with communication through toll-free hotlines provided in as confidential manner as possible. The auditor found that interviews with the Superintendent, PREA Coordinator and PCM, as well as Forks Abuse Center Lead Advocate supported this information. Furthermore, Random and Targeted inmate interviewees acknowledged receipt of phone numbers and addresses regarding rape advocacy services. Specifically, they stated during orientation, each received related brochures in their orientation package. They also expressed the belief that OCC would make victim advocate services available if needed in as confidential manner, as possible.

The portion of this standard provision does not apply to OCC related to the facility providing persons detained solely for civil immigration purposes mailing addresses and telephone numbers of local, State, or national immigrant services agencies. During the reporting period, per the PAQ, PCM and all

offender interviews (Randomized and Targeted), as well as site review observations there were no known individuals held at the facility solely for civil immigration purposes. As the facility *never* (to the auditor's knowledge during the reporting period and site review) has persons detained solely for civil immigration purposes, the facility materially met this portion of the standard provision as not applicable.

Standard 115.53b: Per Superintendent's Memorandum, "...the federal Violence Against Women Act (VOVA) prohibits disclosure of information collected in connection with services requested, utilized, or denied through grantees' and sub grantees' programs without the informed, written, reasonably time-limited consent of the person. Due to these more restrictive confidentiality parameters, the advocates providing services and support to offenders require a signed release prior to disclosure of information". Currently, WADOC Policy 490.850 stipulates, the facility does not monitor or record the offender phone calls to OCVA. Solely if there was suspected abuse or misuse of the OCVA service would a particular offender's use of the phone be evaluated. In such occasions, through investigative processes phone call conversations were subject to review and possible disciplinary action. Furthermore, Policy 490.850 states, "Communication between the offender and the OCVA PREA Support Specialist is confidential and will not be disclosed unless the offender signs an authorization to release information". Per Superintendent's Memorandum, "Offenders are informed of these confidentiality parameters in brochures regarding access to community victim advocates and in orientation sessions".

The Agency, facility, and OCVA advocacy services, indicated their attempts to make support services available to offenders, which was further supported by the Assistant Secretary's Directive (S. Sinclair; dated: 8/11/15), entitled, PREA Advocacy. Offenders were made aware of OCVA community victim advocates access, VOWA confidentiality parameters, and mandatory reporting laws via intake brochures and through the PREA Orientation video, along with discussion during the Intake Orientation Session. During Random and Targeted interviews, incarcerated individuals were able to note poster placement in housing units, near telephones, and throughout the facility for OCVA hotline access. Offenders interviewed indicated they were able to receive victim advocacy services in a manner, which they believed would be as confidential as possible. No offender interviewees acknowledged having accessed services through OCVA. However, the offenders were able to articulate limits of confidentiality, during both Random and Targeted interviews, regarding self-harm, harm-to-others, and mandatory sexual abuse reporting laws, both generally and when receiving victim advocacy services.

Standard 115.53c: Per Agency Policy 490.850, the WADOC PREA Coordinator will maintain a memorandum of understanding for external victim advocacy services. To this end, the Agency has entered into a contracted partnership with the Office of Crime Victim Advocacy (OCVA) to provide support to all victims under the Department's jurisdiction. The auditor reviewed the contract with the PAQ. The Agency provided on PAQ upload a contract through OCVA for provision of coalition advocacy services for inmates related to sexual abuse. Per the interview with the PREA Coordinator, the agency's intention was to continue services with OCVA.

Per the PAQ, OCVA was not permitted per elements of the negotiated contract to release identifying information about individual contacts; however, they were able to provide aggregated information regarding numbers of calls throughout the course of monthly periods across the Agency. Per communication with Forks Abuse Center, via an OCVA Annual Meeting conducted in partnership with OCC (dated: 5/21/20), there were no specific call-outs for in-person victim advocacy based upon inmate requests from OCC directly during the audit reporting period; however, the Center had received calls for general information. This corresponded to information the auditor gathered based upon investigatory reviews, Randomized and Targeted offender interviews, and interviews with staff, which suggested that no (0) specific requests for victim advocacy had been placed by or provided to offenders at OCC during the reporting period.

No corrective action was required for this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 12/11/19) towards making compliance determinations with the provision of this standard.

Standard 115.54a: Agency Policy, stated, "Visitors, offender family members/associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov (p. 16)." The auditor confirmed posting of this information on the Department's website. Agency Policy permitted receipt of PREA allegations from third parties (e.g., fellow inmates, staff members, family, attorneys, and outside advocates). Per the OCC PREA Investigations Log, OCC PREA Complaints Log, and documentation review, OCC had not received filings from third parties during the reporting period. In accordance with this finding, through offender interviews, both Randomized and Targeted, no offenders reported having requested third party assistance with filing a PREA allegation. However, all of the offenders (23/23; 100%) were able to articulate how to make a report through a third party or to do so on behalf of a peer who required their assistance in filing a PREA allegation.

Agency Policy 490.800 required PREA information to be publicly posted, including how to report PREA allegations. OCC had posted this information in the Main Entry and Visiting Room. Upon site review, the audit team found both areas to have appropriate PREA information coverage, posted in both English and Spanish. Furthermore, OCC provided accessibility to PREA third party reporting

information through placement in the Visiting Room of the PREA Information pamphlets for offender family and friends (in English and Spanish versions).

Agency Policy 490.800 also requires that PREA content be maintained on the Department website, which includes third party reporting mechanisms. The auditor confirmed availability of this information in June of 2021. Per this standard provision, information was readily available (i.e., in public areas throughout the facility on the PREA posters, in the Visitor's area via PREA Information Brochure, and on the Agency website) to third parties providing various reporting mechanisms for how to report sexual abuse and sexual harassment.

No corrective action was required for this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 2/6/19); and 350.550 Reporting Abuse and Neglect/Mandatory Reporting (Rev. 4/19/19) towards making compliance determinations with the provisions of this standard.

Standard 115.61a: According to Agency Policy 490.850 and the Attachment 4. PREA Reporting Process (Rev. 2/19) diagrammatic. Per Policy, "Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process (Attachment 4)". As described, "Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident". Agency Policy provided the PREA Reporting Process by which all three of these reporting requirements were delineated with appropriate reporting channel indicated via a matrix diagram.

Throughout contractor (3 of 3; 100%), and Randomized staff interviews (20 of 20; 100%), it was apparent that each understood the aforementioned responsibilities. All staff could clearly identify their duty to report immediately any incident of sexual abuse, sexual harassment and/or retaliation related to the reporting of sexual abuse and/or sexual harassment, as well as report any staff neglect and/or violation of responsibilities that may have contributed to an incident of sexual misconduct and/or associated retaliation. When queried to define the term, 'immediate', all expressed responses that indicated upon receipt of the in a manner that was 'without delay'.

Standard 115.61b: Per Policy 490.850, "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”. Per WADOC Policy, reporting parties shall only reveal information related to sexual abuse and/or sexual harassment, to include retaliation related to the same, to the Watch Commander directly, secondary to the PREA Reporting Process. Policy graphic, PREA Reporting Process, specifically cited, “Staff will confidentially deliver the information directly and immediately to the Shift Commander (DOC 490.850; Attachment 4)”. Specifically, staff were obligated to share details of the incident confidentially and only to the extent necessary, such as to make treatment, investigation, and other security and management decisions. For the purposes of investigation, typically, the Appointing Authority, PCM, investigations staff, and designated supervisors would be included amongst those who were necessary for disclosures, unless any of those cited were the subject party of the allegation. Staff were only to disclose necessary incident details, and per Policy, those who breached confidentiality may be subject to corrective/disciplinary actions.

During Randomized interviews, staff (20 of 20; 100%) again were clearly able to state their responsibilities to hold confidential the details related to sexual abuse and sexual harassment allegations, as well as retaliation reports related to the same, with disclosure provided only to those on a ‘need to know basis’. The OCC staff were able to provide mechanisms by which they would report sexual misconduct, retaliation, and/or staff neglect which may have contributed to such situations confidentially, to include in-person or by direct telephone communication.

Standard 115.61c: Per Agency Policy 490.850, Mental Health and Medical staff, as all Agency staff, “...must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident”. In addition, Policy dictates, “Health services providers must inform of the duty to report before providing treatment when an offender: a.) Displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination, or; b) Discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting”. Per Superintendent’s Memorandum, the offender population has been informed of this Duty to Report by way of the WADOC Offender Handbook and via posters (in English and Spanish) displayed in treatment areas within Health Services. The auditor reviewed a copy of the handbook and posters, which were judged to have met criteria for ensuring appropriate information had been communicated about Health Care staff Duty to Report.

Per the two (2) Medical and Mental Health facility staff interviewed, Duty to Report was delineated to all facility offenders during Offender Orientation, prior to receipt of any mental or medical health care, as part of the Health Services portion of the Orientation session. Each practitioner described their specific Duty to Report and Limitations of Confidentiality. During both Targeted and Random incarcerated offender interviews (19/23; 83%) most were able to describe the Limits of Confidentiality and Duty to Report, as associated to receipt of treatment from Medical and Mental Health providers.

Standard 115.61d: Per Agency Policy 350.550, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons’ statute, the Agency holds mandatory reporting laws regarding any associated allegation to the designated State or local services agency under the applicable statute. Policy dictates, “Information regarding abuse and neglect must be immediately reported to the appropriate authority”. Per Policy, this is to include, “Any employee, contract staff, or volunteer who has reasonable cause to believe, based on observations made or information received in the course of his/her duties, that a: a.) Child has suffered abuse and/or neglect, b.) Vulnerable adult has suffered abuse, abandonment, financial exploitation, and/or neglect”. This also includes, per Policy, “Case managers who observe or receive information that an individual with a current conviction for any of the following is residing with, proposing to reside with, or having

unsupervised contact with a child unless authorized per policy: a.) A sex offense involving a child victim, b.) Any other offense committed as an adult involving a child victim". Policy further includes, "Case managers who observe or receive information that an individual with a current conviction for an offense involving a vulnerable adult is residing with, proposing to reside with, or having unsupervised contact with a vulnerable adult unless authorized per policy".

Specifically, regarding the juvenile portion of this standard provision, WADOC has interpreted this as applying to allegations related to juveniles as regarding periods when the alleged victim is/was incarcerated within such jurisdiction. WADOC has not applied this standard to information received regarding alleged abuse and/or assault while the individual was in the community. Per Policy, all such allegations were to be reported to Department of Children, Youth, and Families at 1-866-363-4276 or <https://www.dcyf.wa.gov/safety/report-abuse>, or, the law enforcement agency with jurisdiction where the abuse/neglect is believed to have occurred. Regarding the vulnerable adult portion of this standard provision, WADOC Policy stipulated that reports of such conduct would be made to the law enforcement agency with jurisdiction where the act is believed to have occurred. All other reports involving a vulnerable adult victim will be made to Adult Protective Services (APS) at 1-866-363-4276 or per the DSHS website. WADOC has an interagency agreement with DSHS, APS giving WADOC authorization to conduct investigations related to vulnerable adults, reviewed by the auditor,

Per attachments to the Superintendent's Memorandum, including the OCC Complaint Log and IMRS with Case Assignments, there were no reports filed associated with vulnerable adults during the audit reporting period. There were no (0) offenders incarcerated at OCC during the reporting period who had at some time met the criteria for vulnerable adult (Note: There had been no offenders under the age of eighteen (18) held at the facility during the reporting period, per 115.14; and no individuals with Cognitive Disabilities, per 115.33d). Through investigatory document review, as well as inmate and staff interviews during the onsite review, it appeared that there were no PREA allegations judged to have met the criteria for mandatory reporting associated with endangered/vulnerable adult status at OCC during the reporting period.

Standard 115.61e: As the Appointing Authority directly assigns cases to investigator(s) as deemed appropriate investigations within WADOC were not directly forwarded to the facility's investigators. However, per the Superintendent's Memorandum, "WADOC has established the following process in lieu of reporting allegations to designated investigators [which ensured reporting and completion of all PREA-related allegations, including third party and anonymous reports]:

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

The auditor analyzed the facility's complaints log, which demonstrated submission and assignment of anonymously reported PREA-related allegations from the facility (Note: there were no PREA allegations made by third party during the reporting period), which were all carried through to appropriate completion. During interview, the PREA Coordinator, Superintendent and PCM, all confirmed that the Shift Commander forwarded every reported allegations of sexual abuse and sexual harassment, including those provided anonymously and by third party, via IMRS for PREA Triage review to determine the need for investigation. Furthermore, all Random staff (20/20; 100%) interviewed acknowledged their responsibility to report all third party and anonymously provided to their immediate Supervisor and Shift Commander. Per interview with three (3) facility Investigator, all reports of alleged

sexual abuse and harassment, to include third party and anonymously gathered, were investigated on an administrative level, and those deemed criminal (or potentially so) forwarded to local law enforcement for investigation. Targeted and Randomized incarcerated individual, as well as Specialized and Randomized staff interviews, along with examination of allegations placed and investigations completed during the reporting period indicated that all PREA-related filings received during the reporting period were judged to have been appropriately carried through to completion.

No corrective action was required for this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments (Rev. 6/13/19); and 490.850 PREA Response (Rev. 2/6/19) towards making compliance determinations with the provision of this standard.

Standard 115.62a: Per Agency Policy, Section III. Monitoring Plans; Part B. "Immediate actions will be taken to protect the offender when it has been determined that s/he is at substantial risk of immediate sexual assault or abuse (p.6)". Per the Superintendent's Memorandum (dated: 7/24/20), when an offender is assessed as a potential victim according to a PREA Risk Assessment (PRA), a monitoring plan was developed. The plans were individualized; therefore, based on the identified needs and identified risks for the offender. When OCC made a housing assignment, offender risk identifiers were reviewed to ensure cellmate(s) compatibility. The auditor was able to review monitoring plans and housing reviews documented in the offender's electronic record and as provided with the PAQ.

Moreover, per Superintendent's Memorandum, when an allegation of sexual misconduct was received, the Shift Commander, Duty Officer, and/or Appointing Authority reviewed all available information

regarding the named victim's needs, timeframes, severity, housing and job assignments of the named individuals, and any other factors to determine if immediate actions were required to prevent harm. In protecting inmates from potential immediate sexual misconduct harm, response by OCC may include housing reassignments, housing unit changes, or facility transfers of the alleged abuser and/or alleged victim. Decisions were to be documented on a response checklist, as well as in the Incident Management Report System (IMRS) reports.

Based upon interview with the Superintendent and PCM, when the facility learned an offender was at substantial imminent risk of sexual abuse, immediate action was taken to assess and implement protective measures to adjust for vulnerabilities identified, as would be done in any other investigation. The Superintendent and PCM indicated that during such instances the alleged perpetrator would be moved housing units, placed in segregation or transferred to another facility prior to the victim in a situation involving substantial risk of imminent sexual abuse. Furthermore, the Superintendent stated the facility would remove any staff member involved in a PREA allegation of sexual abuse from their post and place them on Administrative Leave, prohibiting access to the potential victim in situations indicative of risk.

Per PAQ documentation and information received during the site review, over the review period, the facility had no identified PREA allegations in which inmates were potentially subject to substantial risk of imminent sexual abuse. The auditor was provided with a comprehensive log of the facilities incident report log for the review period with the incident type to cross check incidents against Investigations. In all PREA related cases, either the staff member involved had already left the facility or the offenders identified were no longer housed within the same facility. Nonetheless, all Random staff (20/20; 100%) interviewed were aware, in such situations, of their responsibility to immediately implement risk mitigation and protection strategies against sexual misconduct.

In addition, the facility clearly proactively monitors individuals for protection through the monitoring plan program. The auditor was provided a comprehensive listing of offenders identified by PRA to be 'Potential Victims', as well as a Monitoring Plan for each with text notes input into ONMI on a monthly basis. In addition, the auditor was provided with the housing change notations for each of the 'Potential Victim' identified offenders and documentation indicating the review of their 'PREA Score', as well as that of any compatible cellmates. In the facility's provided Spreadsheet, fourteen (14) offenders had been identified by the PRA as PREA potential victims. While onsite the auditor evaluated a sampling of the monitoring plans and housing assignment reviews from the offenders' electronic records. As with the PAQ documents, the auditor judged these contacts to have been completed on a continuous basis with thoroughness in assessments. It was clear Housing Unit Counselors, upon interview, were aware of their responsibilities continuously to maintain these functions, of both monitoring and PRA housing placement review.

During informal and Randomized offender interviews, the population at OCC largely felt sexually safe in their environment. The offenders readily articulated should they have an issue related to sexual safety they believed the facility would prioritize management of the situation. Random interviews with twenty (20/20, 100%) facility staff also demonstrated their awareness that intervention in a situation involving substantial risk of imminent sexual abuse must occur without unreasonable delay (i.e., meaning 'immediately'). Specifically, all staff identified that should they learn that an inmate was subject to a substantial risk of imminent sexual abuse this would involve immediate assessment and implementation of protective measures, with their primary response being to ensure the separation of the alleged victim(s) from the alleged abuser(s).

There was no corrective action required for this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 2/6/19); and 490.860 PREA Investigation (Rev. 8/6/19) towards compliance determination for the provisions of this standard.

Standard 115.63a & b: Per Policy, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Appointing Authority or designee will notify the appropriate Appointing Authority or facility administrator within seventy-two (72) hours of receipt of an allegation when the alleged incident:

- 1.) Occurred in another Department location or another jurisdiction;
- 2.) Involved a staff who reports through another Appointing Authority.

Per the Superintendent Memorandum (dated: 7/7/20), there were two (2) PREA allegations (one involved offender-on-offender sexual abuse, the other staff sexual misconduct) received at OCC which required notification to another facility/jurisdiction. The auditor was provided with supporting documentation to demonstrate that OCC made the appropriate notifications. Per documentation provided, the OCC Superintendent contacted the administrator of the applicable facilities by email, and provided relevant investigatory documentation. The notifications were done on the same day each case was opened; therefore, within a 24-hour period (falling within the seventy-two (72) hour timeframe required by the standard provision 115.63b).

Standard 115.63c: For both PREA allegations received at OCC, in which the allegation pertained to a period of confinement of the offender at another facility the notifications were forwarded by the Superintendent to the appropriate facility. OCC maintained documentation of this notification by way of email thread. The retained email thread demonstrated that OCC had sent the notification. Furthermore, WADOC PREA Triage maintained email “carbon-copies” of the initial notification emails for record keeping purposes.

Standard 115.63d: Per Agency Policy, “The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of [WADOC] (p.2)”. WADOC Policy shall ensure, “Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department (p.2)”.

Per Superintendent’s Memorandum (dated: 7/8/20), any notifications with pursuant to standard 115.63 processes would be thoroughly investigated in accordance with Agency Policy. There were reportedly no (0) allegations of sexual abuse received at another facility for which OCC received notification during the reporting period. However, per interview with the PCM, Superintendent, and PREA Coordinator, all cases would be processed through the PREA Triage and if determined to meet PREA criteria, assigned for formal investigation through to closure, regardless of the mechanism by which the allegation was received.

Based upon interview with the Superintendent, PCM, and three (3) facility Investigators, each were able to describe the necessary protocol related to **Standards 115.63a-d**. There was no evidence gathered during the auditor’s review onsite or of the PAQ to indicate that OCC had failed to communicate any PREA allegations received that occurred at other facilities or investigate PREA allegations once notification was received pursuant to Standard 115.63 criteria.

There was no corrective action required for this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No

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

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 420.375 Contraband and Evidence Handling (Rev. 6/17/20); and 490.850 PREA Response (Rev. 8/2/18) towards making compliance determinations with the provisions of this standard.

Standard 115.64a: Upon learning of an allegation that an inmate was sexually abused, the Agency has developed a standardized response. Specifically, per Policy 490.850, in response to allegations of sexual misconduct, WADOC has implemented a standardized protocol. Per Policy, the Shift Commander will implement appropriate security procedures and initiate the PREA Response and Containment Checklist. For allegations of aggravated sexual assault, the Shift Commander will initiate utilization of the Aggravated Sexual Assault Checklist (DOC 490.850 Attachment 1) for facility First

Responders and the PREA Response Team. Per Policy 490.850, Checklist items included the requirements:

- a. Ensure the alleged victim, accused, and possible witnesses have been separated
 - Request the alleged victim and ensure the accused not destroy physical evidence on their bodies (e.g., no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by medical or as needed to transport the offender
- b. Dispatch an officer to the scene with the PREA Response Kit and a camera for crime scene photographs only
 - Photographs of the alleged victim will be taken at the designated community health care facility
- c. Designate an officer to secure and maintain scene, as applicable
- d. Activate PREA Response Team
- e. Ensure law enforcement is notified, requesting response to the facility or designated healthcare facility in the community, as applicable
- f. Ensure the following notifications are made:
 - Appointing Authority or facility/section Duty Officer
 - Onsite medical and mental health employees/contract staff, or Medical and Mental Health Duty Officers
 - Chief Investigator, as applicable [as cited within Aggravated Sexual Assault Checklist]

The Superintendent's Memorandum (dated: 7/24/2020) supported Agency Policy, reiterating that in any incident of sexual misconduct staff are aware to immediately report directly and confidentially to the Shift Commander, Duty Officer, or Appointing Authority. The Memorandum further supported isolation and containment of the victim and abuser, as well as evidence management protocols. During Randomized staff interviews (20 of 20; 100%), and those identified as First Responders (4 of 4; 100%), all were clearly able to articulate their responsibilities and WADOC policy associated with victim/accused separation, crime scene security, as well as evidence maintenance for both the victim and abuser involved in an allegation of sexual abuse.

Per the PAQ, there were no (0) PREA allegations made during the reporting period that an inmate had been sexually abused, and met the criterion for initiating a protocol for gathering physical evidence. None (0) of the PREA allegations received by the facility during the review period conformed to the ability to collect usable physical evidence. Through the auditor's review of facility investigation notes for these allegations this appeared to be an accurate representation of the First Responder needs assessments, as related to cases reported during the review period. Each followed appropriate protocol, as indicated in 115.64a. By combining information, as gathered through investigations provided with the PAQ during the review period, interviews with the Superintendent, PCM, facility staff, First Responders, and facility Investigators, OCC was judged to have appropriately implemented First Responder duties.

Standard 115.64b: Per Superintendent's Memorandum (dated: 7/26/20), "All staff are trained in emergency response procedures to include isolation and containment of emergency situations. Any actions beyond the initial containment of emergency incidents would be managed under the direction of the Shift Commander, Duty Officer, or Appointing Authority". Therefore, even if the initial staff to respond to an alleged incident is not a security staff member, the facility responder is required to follow the protocol, as indicated above in 115.64a. Regardless of the responding staff, if an offender reported an allegation of sexual misconduct, the victim and abuser would be separated, the scene secured and a request made that the alleged victim not take any actions that could destroy physical evidence. As indicated above, as immediately as possible the Shift Commander, Duty Officer, and/or Appointing Authority would be notified, and per Policy 490.850, assume control of the incident management.

During interviews with non-security staff (including Medical, Mental Health, and contractors) it was uniformly clear that each understood their responsibilities related to first responder duties, specifically, to establish the immediate safety of the alleged victim, and ensure contact the Shift Commander. Per the PAQ, there were no (0) sexual abuse allegations submitted during the audit reporting period at OCC for which the First Responder was a non-security staff member. Based upon the auditor's examination of investigations provided from the reporting period this was judged to be accurate. Given facility interviews, as noted above, the auditor judged that non-security first responders were aware of their requirement to request the alleged victim not take any actions that could destroy physical evidence, and immediately notify security staff should they be made aware of any PREA allegation involving sexual abuse.

There was no corrective action required for this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 2/6/19) towards compliance determinations with the provision of this standard.

Standard 115.65a: Per Policy 490.850, Section II. PREA Response Plan; Section A. the facility shall be responsible to maintain a PREA Response Plan, "...providing detailed instructions for responding to allegations of sexual misconduct (p.4)". The coordinated response shall consist of four (4) sections, to include:

- 1.) Response to Aggravated Sexual Assault Allegations
- 2.) Response to all other Sexual Misconduct Allegations
- 3.) Checklists and Forms for use in all Sexual Misconduct Allegations

4.) Policies/Operational Memorandums

The PREA Response Plan will be maintained by the PCM, and for prisons, located in the Shift Commander's office. Per Superintendent's Memorandum (dated: 6/1/20), the facility has a written facility plan, titled: Olympic Corrections Center PREA Response Plan. The facility's PREA Response Plan was maintained in the Shift Commander's office. The Memorandum supported OCC's inclusion of all required components, as listed in the Agency Policy, in their PREA Response Plan. The OCC PREA Response Plan involved coordination of staff, to include, executive staff, First Responders, Medical and Mental Health providers, as well as Investigators and outside law enforcement.

The audit team conducted interviews with a number of staff who served specific functions as members of the coordinated response team at the facility (to include First Responders, Medical and Mental Health providers, facility Investigators, PCM, and Superintendent). Each of the parties expressed an understanding of their designated role as it pertained to participation in a coordinated facility response towards an incident of sexual misconduct.

Based on Agency Policy, Superintendent's Memorandum of OCC's PREA Response Plan, and interviews with coordinated response team members, it is the auditor's judgement that the facility has developed, memorialized, and institutionalized a written facility plan to coordinate actions amongst staff First Responders, Medical and Mental Health practitioners, investigators (WADOC and Law Enforcement), and facility leadership in response to an incident of sexual abuse.

There was no corrective action required for this standard.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Standard 115.66a: There was no Agency Policy provided which governed this standard; however, the auditor reviewed the Collective Bargaining Agreement between WADOC and the Teamsters Local Union 117 (Effective July 1, 2019 through June 30, 2021) towards making compliance determinations with this standard provision.

The Teamsters Local Union 117 represented WADOC staff members at OCC. In the Collective Bargaining Unit (2017-2019), Discipline Article 8.4 indicated, "Work Assignment: An employee accused of misconduct will not be removed from their existing work assignment unless there is a safety/security concern..." Actions found in this Article, pertaining to the course of an investigation against a staff member included their removal from existing assignment, temporary reassignment from bid post, and home assignment. Of note, Article 8.4 Home Assignment, "Any employee assigned to home as a result of disciplinary investigation, and who would otherwise be available to work, will be placed and maintained on paid leave for the duration of the home assignment. Home assignment shall only be used when management determines the alleged misconduct is so serious in nature as to warrant the removal of the employee from work".

Per Superintendent's Memorandum (dated: 6/30/30), "The [WADOC] functions under the interest only arbitration system as the impasse procedure for negotiations over changes in mandatory subjects of bargaining. This process has no impact on the agency's ability to remove an alleged staff abuser from contact with any offender during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted".

Based upon the auditor's review of provided documents, management has the right to separate the incarcerated individual from the staff member, who has become the subject of an investigation by temporarily reassigning the employee, redirecting the employee, or restricting the staff member's on-ground access during the course of the investigation. The auditor's review of the Collective Agreement demonstrated compliance with this standard, such as management has the right to remove staff alleged of sexual misconduct from contact with any inmates.

There is no corrective action required for this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 8/6/10) towards making compliance determinations with the provisions of this standard.

Standard 115.67a: The Agency's Policy 490.860 explicitly stipulated all inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations of the same would be protected from retaliation. Policy stated, "Retaliation against anyone for opposing or reporting sexual misconduct or participating in an investigation of such misconduct is prohibited. Individuals may be subject to disciplinary actions if found to have engaged in retaliation, failed to report such activities, or failed to take immediate steps to prevent retaliation. Staff and offenders who cooperate with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority will take appropriate measures to address the concerns". In addition, Policy delineated, "When an investigation of offender-on-offender sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters. If another Appointing Authority is assigned to investigate, s/he or his/her designee will notify the applicable Appointing Authority to initiate monitoring". Per Policy, the PCM at the facility where the report was made will ensure alleged victim and offender reporters are monitored and met with at least monthly. For employee reporters, the Human Resources Manager/Community Corrections Supervisor will assume this responsibility. Per the Superintendent's Memorandum (dated: 7/26/20), "Any individual who participates as a witness in a

PREA investigation is provided with DOC 03-484 Interview Acknowledgement form. This form advises interviewees that, *“The Department prohibits retaliation against any person because of their involvement in the reporting or investigation of a complaint. The Department will treat retaliation as a separate offense subject to investigation, discipline, and/or corrective action. Any concerns regarding retaliation are to be reported to the Appointing Authority”*.

At OCC, oversight for retaliation was provided by the PCM with the Housing Unit Counselors typically conducting retaliation monitoring contacts. In cases related to employees, the appropriate Human Resources Manager would be assigned. During interview, the PCM and Superintendent both confirmed the PCM’s responsibility for oversight of retaliation monitoring during interview. The auditor was able to verify the PCM’s oversight of Retaliation Monitoring by way of documentation review (to include three (3) monitored individuals during the reporting period) and interviews with Counselors. There were no individuals available during the site review for interview who had participated in the Retaliation Monitoring process.

Standard 115.67b: Policy 490.800 directed, “Indicators of retaliation may include, but are not limited to:

- a.) Disciplinary reports;
- b.) Changes in grievance trends;
- c.) Housing/program changes and reassignments; or
- d.) Negative performance reviews...

Any report of retaliation expressed or indicated during the monitoring period will be immediately reported to the Appointing Authority, who will take appropriate action”.

Monitoring indications providing information as to adverse circumstances occurring secondary to the individual’s (staff or offender) reporting of the PREA allegations would result in the employment of multiple protective measures. Specifically, the facility Executive team would give consideration as to appropriate movement and/or placement of the alleged victim and alleged perpetrator and/or those perpetrating the reported retaliation. As indicated previously, alleged perpetrators would be first moved, and the victim separated from offenders and/or staff members involved in allegations of sexual abuse or sexual harassment, as well as retaliation prior to victim change of placement or transfer.

During interview with the PREA Coordinator, PCM, and Superintendent, Retaliation processes involving remediation should retaliation occur were discussed. Each indicated appropriate elements as delineated in 115.67b, in protecting individuals who are being monitored for potential of retaliation from experienced retaliation. Remediation, stated during the aforementioned interviews, which would be employed at OCC included 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. Furthermore, per the PCM, emotional support services were continuously available to the identified victim across Retaliation Monitoring through OCVA and OCC Mental Health resources, and offered, as appropriate. The auditor reviewed the documents, as provided regarding the three (3) Retaliation Monitoring cases that occurred during the reporting period, while none conformed to the requirements of implementing remediation for experienced retaliation-based conduct.

Standard 115.67c: Per Policy 490.800, WADOC monitored the identified offender or staff for at least ninety (90) days for possible retaliation associated with reporting sexual abuse or sexual harassment or participating in an investigation of the same. The components of the monitoring include, but are not limited to the following:

- 1.) The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff;
- 2.) 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;
- 3.) Act promptly to remedy any such retaliation (as indicated in [1 & 2, above]);
- 4.) Monitor any inmate disciplinary reports;
- 5.) Monitor inmate housing changes;
- 6.) Monitor inmate program changes;
- 7.) Monitor negative performance reviews of staff; and,
- 8.) Monitor reassignments of staff.

The Agency will continue monitoring beyond ninety (90) days if initial monitoring indicates a continuing need to do so, and would involve periodic status checks as merited.

Per Policy and in practice at OCC, all retaliation monitoring involved utilization of PREA Monthly Retaliation Monitoring Report (DOC 03-503 Form) to include in-person interview with the identified party, and file review incorporating disciplinary reports, housing/program changes, as well as reassignment and/or negative performance reviews. The provided Retaliation Monitoring reports were judged thorough in their interview content, input, comments, and appeared to involve a level of clear analytical reasoning when implementing judgments of potential retaliation concerns based upon offender interview. There was a notation related to evidence of file review by the Counselors, including housing/program changes, disciplinary issues, reassignment and/or negative performance review, as well as any overt retaliation issues as discussed by the offender.

Per the Superintendent's Memorandum, during the review period three (3) cases were monitored for Retaliation. In one (1) case, an offender reported perceived retaliation. This case had thorough documentation associated with the offender's described issue. In addition, there was indication the Superintendent had been informed and processed the concern. Specifically, it appeared critical analysis was utilized in making the determination regarding whether retaliation had occurred. Based upon elements of the investigatory case and consideration of timeframes involved, the allegations of retaliation were not substantiated. However, this auditor will not cite further circumstances as the information may readily identify the associated offender, which would violate the dis-identification element for PREA reporting standards.

Nonetheless, the existence of the one (1) reported retaliation case, and no additional cases was judged as an accurate reflection of OCC's reporting period based upon information gathered during the auditor's site review through discussion with the PCM, review investigative files, and documents related to review for this standard provision. The appropriate process was continued for 90-days with each offender while at OCC (Note: Two (2) offenders had completed Retaliation Monitoring; One (1) offender released and his Retaliation Monitoring was closed; One (1) offender transferred to a work release and his Retaliation Monitoring was inadvertently discontinued, OCC implemented corrective action to resolve the continuity process; 3/4; 75%). OCC had implemented a corrective action in this case to remedy the identified deficiency. This corrective action has already been in place for a year upon the site review. The interviews while onsite demonstrated that the Superintendent and PCM were clearly aware of the processes associated with the 90-day Retaliation Monitoring requirements both by Policy and in practice, as were those Counselors interviewed. Documents reviewed were thorough and judged to be a reflection of the listed elements of monitoring, as required for 115.67c.

Standard 115.67d: Per Policy 490.800, WADOC monitored the identified offender or staff for at least ninety (90) days for possible retaliation associated with reporting sexual abuse or sexual harassment or participating in an investigation of the same. As indicated above in 115.67c, the Agency will continue monitoring beyond ninety (90) days if initial monitoring indicates a continuing need to do so, and such monitoring would involve periodic status checks, as merited.

Interviews with the PREA Coordinator, PCM, and Superintendent, indicated that on both an Agency and facility level Retaliation Monitoring conformed to this policy in practice. While at OCC, during the reporting period there were no identified cases who required ongoing monitoring beyond the 90-day period, the monthly check-ins were conducted on a stratified basis, such that they did not occur solely on a 30-day basis, but instead on a staggered schedule.

Standard 115.67e: Agency Policy 490.860 stated, “Staff and offenders who cooperate with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority will take appropriate measures to address the concerns”. Agency Policy supported if any individual who cooperates with an investigation expresses a fear of retaliation, the Agency and facility shall take appropriate measures to protect that individual against retaliation.

The Superintendent, PCM, PREA Coordinator, and Facility Investigators each articulated that retaliation countered WADOC Policy. Specifically, every interviewee articulated any individual (staff or inmate) who expressed fear of retaliation related to their cooperation in a PREA-related investigation would be appropriately monitored against retaliation through the PREA Retaliation Monitoring protocol (to include PREA Monthly Retaliation Monitoring Report; DOC 03-503), and implementation of any other case-relevant measures, as deemed to be necessary. Furthermore, should protective indicators be required, these would be implemented, as in any other consideration of retaliation listed in the provisions associated with this standard above.

Standard 115.67f: Per Policy 490.860, WADOC’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded. Per PAQ, no (0) unfounded investigations during the audit reporting period had continued retaliation monitoring. The PCM, Superintendent and PREA Coordinator supported that unfounded allegations did not require ongoing monitoring per WADOC policy and in practice did not occur.

There was no corrective action required for this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.820 (Rev. 6/13/19) PREA Risk Assessments and Assignments, and 490.850 PREA Response (Rev. 2/6/19), along with a listing of PREA sexual abuse allegation victims' housing before and after investigation completion towards compliance determinations with the provision of this standard.

Standard 115.68a: Policy 490.850 indicates that the Appointing Authority will attempt to minimize any disturbance to the alleged victim's housing location, program activities, and/or supervision during the investigation. As such, the alleged victim would only be placed in the Administrative Segregation / Secured Housing secondary to 1.) The alleged victim's documented requests; and/or 2.) Specific information that the alleged victim may be a danger to themselves or in danger from other offenders. Per Policy, this placement should only be made when no suitable alternative housing exists and last only as long as necessary for the offender's protection.

Policy 490.820, which supports Standard 115.43.a, and states placement of offenders at potential risk of sexual victimization should not be housed in the same cell/room with an offender who scores at potential risk for sexual predation. In the case of facilities with dormitory/open housing each facility will establish procedures for appropriate bed assignment for at risk offenders. However, per Policy, prior to placement in involuntary segregation every potential alternative must be considered with the reason(s) each was determined unsuitable documented in a PREA Housing Chrono entry. Agency Policy mandates that the offender who is at risk of potential victimization not be placed in protective custody housing unless a thorough evaluation of alternatives has been conducted and determination made that there is no viable alternative to separation of the victim from abuser. Policy also requires that any placement be immediately evaluated with an assessment completed within twenty-four (24) hours.

Agency Policy 490.80, supporting Standard 115.43.b, requires that if involuntary segregation placement is made to protect an offender from potential sexual victimization, the facility shall permit the offender access to programs, privileges, education, and work assignments to the extent possible. Furthermore, if any programming is restricted the facility is required to document the limited opportunities, duration of which, and reason. Any placement extending past thirty (30) days, per Policy, necessitates documentation, which provides justification for the extension. In the event that the placement lasts more than thirty (30) days, a review shall be conducted to determine the continued need for the involuntary segregation placement.

Per Standard 115.43.c, In the case of facilities with dormitory/open housing each facility will establish procedures for appropriate bed assignment for at risk offenders. OCC is a stand-alone, minimum-security facility, and ensures that offenders who are screened to be at risk for sexual victimization are placed in an environment that is safe from individuals who have been screened to be at risk for sexual predatory behaviors. Per interview with the Superintendent and PCM, housing of inmates who may be

at risk for sexual victimization is managed with consideration given to their safety on the basis of the offender's cell, dorm, housing unit, and facility, with all options considered. They expressed that movement of the individual at risk for sexual victimization to involuntary segregation would be utilized as the last alternative. Furthermore, per the Superintendent's Memorandum (dated: 7/8/2020), any offender placed in involuntary secured housing for this purpose can only be retained there for up to 14 days with a 3-day extension, as approved by the Deputy Director. The Memorandum also stipulated that placement in involuntary segregation for offenders at risk of sexual victimization at OCC would only occur if no suitable alternative housing exists and last for up to twenty-four (24) hours until transfer arrangements were facilitated to move the offender to an appropriate facility.

Per Superintendent's Memorandum, OCC reported all victims involved in PREA allegations of offender-on-offender sexual assault, offender-on-offender sexual abuse, and staff sexual misconduct there were no (0) victims placed in involuntary segregated housing. Housing rosters provided for PREA allegations were reviewed, and the auditor confirmed the facility did not place any victims in segregated housing following the submission of a PREA allegations. As follows, there were no victims assigned to involuntary segregated housing for longer than thirty (30) days awaiting alternative placement. The auditor reviewed a Spreadsheet listing of all completed investigations during the review period with victims housing prior to the investigation and subsequent to the investigation noted. Based upon review of this report, the auditor determined there were no (0) offenders who were placed in secured/restricted housing based upon their risk for sexual victimization during the review period secondary to their status as a victim in a PREA allegation or need for Post-Allegation Protective Custody. The auditor further confirmed this information by investigation victim and abuser separation placement reviews.

As noted, there were no instances of involuntary segregated housing assignment made pursuant to 115.43 or 115.68; thereby, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to any risk of sexual victimization. In compliance with 115.43.d, based upon Specialized Interviews with the Superintendent and PCM, the facility was clearly aware of their responsibility to document the basis for concern related to the victim's safety needs if involuntary segregation was utilized for this purpose. Furthermore, the facility was aware to clearly document the reason why no alternative means of separation could be arranged and transfer the victim to an appropriate location, separate from the abuser, as soon as transportation could be arranged (as stated by Memorandum to occur within twenty-four [24] hours). Per Standard 115.43e, the facility's standards of operation are such that offenders cannot be held in their Segregation for a period of longer than a maximum of 17 days, even with the Deputy Director's approval; therefore, they would not have offender's housed for post-allegation involuntary segregation up to the period of 30 days, which would require a review. Nonetheless, they are aware of the need to comply with this provision within the standard.

No corrective action was required for this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 8/1/19); 490.850 PREA Response (Rev. 2/6/19); 420.375 Contraband and Evidence Handling (Rev. 6/17/20); 490.800 PREA

Prevention and Reporting (Rev. 12/11/19); and 400.360 Polygraph Testing of Offenders (Rev. 2/9/15) towards making compliance determinations with the provisions of this standard.

Standard 115.71a: WADOC Policy 490.860 mandated investigations, "...involving offenders under the jurisdiction or authority of the Department", into allegations of sexual abuse and sexual harassment were to be conducted in a prompt, thorough, and objective manner. In addition, Agency Policy 490.850 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". WADOC Policy delineated their responsibility to conduct investigations of sexual abuse and/or sexual harassment allegations on an administrative level. Policy 490.860 delineated PREA allegations may be referred to law enforcement agencies for criminal investigation. Moreover, Policy 490.860 dictated, that all allegations must be carried through to closure, "Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department".

Per Policy, all facility staff shall be prepared to play an active role in responding to sexual abuse incidents. If an allegation is made within a one hundred twenty (120) hour time frame, staff shall ensure that the alleged victim is advised against and alleged abuser do not take any action(s) that could destroy physical evidence, including, as appropriate; washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and/or eating. If the situation warrants, staff shall ensure the crime scene security, including retention of alleged victim and alleged abuser clothing, bedding, and object(s) used for penetration. If necessary, staff shall also ensure securing of the crime scene and a method for retrieval of new clothing for the alleged victim after the forensic medical examination is completed without disturbing the crime scene. If the alleged abuser is known, facility Investigators shall require him/her mandate them to follow the same actions described above in order to preserve any possible evidence of any sexual abuse.

Facility Investigators will be assigned by the Appointing Authority to conduct the Investigations, selected best to fit the investigative needs criterion. Per Superintendent's Memorandum (dated: 7/10/20), as provided for 115.72, the process implemented by WADOC and employed at OCC worked to optimize their ability to gather evidence thoroughly, in an impartial manner, and make determinations objectively regarding PREA allegations. Specifically, as detailed in 115.72 (below), per Superintendent's Memorandum, "Investigators within the WADOC are trained to complete reports detailing all facts available regarding a PREA allegation. In order to ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. The finding process employed is as follows:

1. The assigned investigator submits investigation the report to the Appointing Authority to review for completeness.
2. Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony, and prior complaints and reports of sexual misconduct. The Appointing Authority also assesses the credibility of all witnesses involved in the investigation.
3. The Appointing Authority determines if the allegations are substantiated, unsubstantiated or unfounded based on a preponderance of the evidence.

Appointing Authorities are required to complete training specific to their role as a decision maker in these investigations. They are also required to complete investigator training, the same training provided to all PREA investigators, to ensure a thorough working knowledge of the investigation process".

The auditor was provided with the Case Database of the four (4) PREA investigations conducted at OCC during the reporting period. Based upon evaluation, it appeared that investigations were promptly initiated with timely completion. Upon auditor analysis, the average length of time to open an investigation from point of report (regardless of the reporting mechanism) was 10.75 days. The average

duration of investigation until closure by Superintendent signature was 62 days. The facility provided information demonstrating they follow case status reporting on a routine basis, while cases remain open.

Upon the auditor's review of the four (4) PREA investigations conducted at OCC during the reporting period it was clear that thorough processes were utilized in order to investigate each allegation of sexual abuse and/or sexual harassment. Facility Investigators utilized multiple evidence gathering techniques, to include: interviews with a variety of sources, secondary interviews with key subjects, location determinations made of the alleged victim and abuser, JPay and telephonic conversations review, historical surveillance monitoring footage.

The outcome of facility investigations were judged by the auditor to have been objective, as determinations of substantiated, unsubstantiated, and unfounded were made on a case-by-case basis with consideration of the evidence thoroughly reviewed. The determinations were made independently based upon evidence gathered, not upon who had submitted the allegation, the manner in which it was received, or the PREA allegation reporting history of the parties involved. There were appropriate "Rationale of Findings" provided in the closed cases.

Furthermore, all Investigators interviewed made no differentiation between first-party and third-party or anonymously received reports. Per both Policy, and interviews with the Superintendent and a facility Investigator all incidents of alleged sexual abuse and sexual harassment reported were investigated, regardless of whom is the reporting party. This was to include any third-party and anonymous reports. Per these same interviews, reports of alleged sexual abuse and harassment were all investigated thoroughly and to completion, in an objective manner at the appropriate administrative or criminal level.

Standard 115.71b: Agency Policy 490.860 dictated that for PREA allegations, "Investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting". All Agency PREA Investigators will be trained in the following components, as directed per Policy 490.800:

- 1.) Crime scene management/investigation, including evidence collection in Prisons and Work Releases;
- 2.) Confidentiality of all investigation information;
- 3.) Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process;
- 4.) Crisis intervention;
- 5.) Investigating sexual misconduct
- 6.) Techniques for interviewing sexual misconduct victims, and;
- 7.) Criteria and evidence required to substantiate administrative action or prosecution referral

Per the PAQ, WADOC has seven hundred forty-one (741) trained PREA Investigators, with OCC having ten (10) PREA Investigators available onsite to conduct administrative investigations. The auditor reviewed an Agency-wide Spreadsheet documenting each the investigators' participation in each of the three required trainings (PREA Investigator Version 1; Booster; PREA Investigator Version 2) along with dates of completion and comments (with notation and color coding clearly indicating individuals who have been de-activated from investigations work). Documentation of training completion was also available through the individual employee's Learning Center transcript, which documented the date of completion. Courses were entitled: DOC Administrative Investigations, DOC PREA Investigator Booster, and DOC PREA & Workplace Investigator Training, as compliant with 115.34. The auditor reviewed a sample of the Learning Center transcripts, which were judged to provide uniformity with the Agency-wide spreadsheet, supporting the Agency's use of investigators who have received special training in sexual abuse investigations.

Per Superintendent's Memorandum (dated: 7/23/20), "When sexual abuse is alleged, only those staff who have completed specially designed investigator training are assigned to investigate. If an investigation is under the responsibility of an appointing authority other than the facility Superintendent or is an investigation of a sensitive nature, the investigation may be assigned to a trained investigator outside of the facility".

During interview with the Superintendent, they explained the process by which the Appointing Authority may secure an investigator from within the facility or across the Agency. Factors taken into consideration when selecting an investigator, were not limited to, but included:

- Complexity and sensitivity of the investigation
- Experience of the investigator
- Impartiality of the investigator in light of the allegation itself (e.g. outside of the investigator's chain of command, any potential conflicts of interest, etc.)

The facility Investigator specialized training curriculum, which had each of the above components, was provided with PAQ. The auditor reviewed the WADOC PREA Investigations training, which included components of knowledge and considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards. During interview, the OCC Investigators were able to describe training they received during specialized training, as listed above, which covered how to handle administrative sexual abuse and sexual harassment investigations. Based on analysis, an appropriately trained WADOC Investigator completed all of the provided PREA investigations cases during the reporting period.

Standard 115.71c: Per Policy 490.860, WADOC PREA Investigators have been trained on gathering and preservation of direct and circumstantial evidence. Per training, such evidence may include available physical and electronic monitoring data. Investigators will be required to conduct interviews with the alleged victim(s), perpetrator(s), and potential witness(es). The investigator (who in WADOC's case, per Policy 490.860, at this juncture is the Appointing Authority, trained in PREA Specialized Investigations) would also review prior complaints and reports of sexual abuse involving the suspected perpetrator, when available. Previous complaints/reports of sexual misconduct involving the alleged victim may be reviewed, as applicable. Once judged not to be a criminal investigation, facility Investigators shall have specific responsibilities, to respond immediately to begin the evidence collection process.

During interview with OCC Investigators (regarding administrative investigations), they described response to PREA-related incidents to obligate immediate response. Policy and practice, involved the First Responder immediately notifying the Shift Commander of the allegation. The OCC Investigators expressed immediate to mean that investigations were initiated 'without delay' and 'at the moment of discovery'. The moment of discovery as defined by each Investigator to be upon receipt of the PREA allegation from the victim or third party.

All three (3) OCC Investigators were able to describe evidence collection processes to involve integration of data from a variety of sources for corroboration, to include:

- a. Gather and preserve direct and circumstantial evidence, including any available direct and/or circumstantial evidence, including any available electronic monitoring data;
- b. Interview alleged victims, suspected perpetrators, and/or witnesses; and,
- c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator (conducted by the Appointing Authority).

They specified that the evidence collection process is continuous until case closure, with information documented on an on-going basis, being added as evidence is gathered. The facility Investigators were able to describe a variety of evidence gathering techniques and the process by which to proceed towards the substantiation of an administrative allegation of sexual abuse and/or sexual harassment. They described the evidence gathering processes to include preservation of direct evidence and

research of circumstantial information. The facility Investigators described how they would utilize video surveillance to substantiate the presence or absence of individuals in locations where PREA allegations had reportedly occurred. They specified how to determine potential individuals for interviews beyond the alleged victim and abuser, to include individuals who lived in cells adjacent to alleged incidents, or work peers, staff members, group members, as well as individuals who may have observed the alleged incident, as determined by watching archive footage at the time when the alleged incident occurred. Investigators described utilization of recorded telephone conversations and written communication (to include offender 'kites', JPay messages, and/or letters) to bring into evidence. In discussion about timeliness of evidence, OCC Investigator emphasized the importance of collecting useable physical evidence expeditiously to ensure all direct evidence was preserved and able to be utilized. During interview, each Investigator emphasized that continuous documentation of evidentiary findings was of significant importance to ensure the case progress was documented thoroughly, objectively and in an organized manner through investigative closure.

There were four (4) closed investigations conducted during the audit reporting period that necessitated the gathering of evidence associated with a sexual abuse and/or sexual harassment allegations at the administrative level. It was apparent upon auditor review of the investigative files that the facility utilized comprehensive interviewing techniques (including alleged victim(s), perpetrator(s), and potential witness(es)), evaluated available electronic monitoring data (to include JPay, video surveillance and telephonic recordings), included secondary contacts, and obtained any usable, physical communications (e.g., offender letters and shared pictures). Overall, the facility Investigators were judged to have implemented appropriate preservation of direct and circumstantial evidence and utilized evidence gathering techniques as available to them. In the aforementioned cases, direct and circumstantial evidence was gathered and preserved, to include any physical evidence, as well as video surveillance monitoring data. Investigations involved interviews with alleged victims, suspected perpetrators, and witnesses. Furthermore, as related to investigatory processes, including direct and circumstantial evidence, interviews, as well as report reviews, the OCC Investigators compiled findings via thorough documentation in the investigative case files. The Appointing Authority indicated by way of signature having conducted a thorough review of prior reports and complaints related to sexual abuse involving the suspected perpetrator and included this in the investigatory documentation (on the Investigative Finding Sheet; DOC 02-378).

Standard 115.71d: Per Agency Policy 490.860, all investigations that appeared criminal in nature must be referred to local law enforcement. Furthermore, should an administrative investigation appear to be moving towards the possibility of criminal prosecution, Agency and facility investigators are obligated to consult with law enforcement regarding conducting compelled interviews. Investigator training curriculum provided guidance on the management of compelled interviews, citing, when the quality of evidence appears to support criminal prosecution, WADOC Investigators will conduct compelled interviews only after consulting with prosecutors (i.e., for WADOC and OCC this included local law enforcement) as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

During the interview with OCC Investigators, they made clear that during investigations appearing to support criminal prosecution, their training stipulated only to conduct compelled interviews after consultation with local law enforcement. They would determine with law enforcement whether compelled interviews may pose an obstacle for subsequent criminal prosecution in the decision regarding proceeding with any interviews. Based upon the auditor's review of investigative case files during the reporting period, there were no (0) compelled interviews conducted in any of the four (4) completed PREA investigations. However, OCC did consult with law enforcement in two (2) of the cases to ensure that proceeding with investigations, as the cases may be deemed criminal, would not interfere with possible criminal prosecution. Law enforcement indicated neither case met the threshold for investigation of criminal conduct.

Standard 115.71e: Agency Policy required all facility Investigators be trained in investigative protocol with training curriculum as indicated in 115.71b & c. Policy stipulated that Investigators will then submit the investigation report and DOC 02-382 PREA Data Collection Checklist to the Appointing Authority/Designee. Per Policy 490.860, “The Appointing Authority will review the report and prior complaints/reports of sexual misconduct involving the accused, when available...Previous complaints/reports of sexual misconduct involving the alleged victim may be reviewed, as applicable”. Therefore, the Appointing Authority will independently assess each alleged victim, suspect, or witness on an individualized basis and not determine their credibility based on status as an offender and/or staff member. Superintendent’s Memorandum (dated: 7/26/20), cited, “Investigators within the Washington State Department of Corrections (WADOC) are trained to complete reports detailing all facts available regarding a PREA allegation. In order to ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony, and prior complaints and reports of sexual misconduct. The Appointing Authority also assesses the credibility of all witnesses involved in the investigation and detail justifications for findings on the finding sheet included with each investigation report”. Furthermore, Agency Policy 400.360, and Investigator training curriculum clearly stated offenders who are alleged victims, reporters or witnesses in PREA sexual abuse investigations will not be asked or required to submit to a polygraph examination regarding the alleged misconduct under investigation or as part of proceeding with the investigation.

During interview with OCC Investigators, they all confirmed that their role was to gather evidence in an investigation, and provide such to the Appointing Authority. Each Investigator and the Superintendent, upon interview, acknowledged that any alleged victim, suspect, and witness would be evaluated on an individualized basis, and merit of their credibility not determined based upon their status as an inmate or staff member. Furthermore, the Investigators indicated the facility does not request or require any offenders who are the alleged victims, reporters, and/or witnesses of sexual misconduct to submit to a polygraph or any form of truth-telling device as part of the investigative process. Upon the auditor’s review of all investigations conducted during the reporting period, it was clear that no polygraph examinations were utilized. In addition, it was also evident that the standard of evaluating the merit of credibility was not placed upon an individual’s status as a staff or inmate, and determined on an individualized basis upon evaluation of the evidence within each case.

Standard 115.71f: Per Agency Policy 490.860, the investigative findings of an administrative PREA shall be documented, as such, “Investigators will submit the investigation report and DOC 02-382 PREA Data Collection Checklist to the appropriate Appointing Authority/designee. All reports will follow DOC 02-351 Investigation Report Template. Photocopies/photographs of all physical evidence and evidence cards will be included in the investigation report. Electronic evidence (e.g., video recording, JPay message, telephone recording) used as part of an investigation will be submitted with the investigation report”. In addition, Policy 490.860 stipulated that for PREA investigations leading to substantiated and unsubstantiated determinations, the Appointing Authority would convene a local PREA Review Committee, which shall endeavor to determine whether staff actions or failures to act contributed to the alleged sexual abuse. Furthermore, the actions of the committee shall provide documentation of such findings in written form. The written document (i.e., WADOC Agency document: Form 02-383, Local PREA Investigation Review Checklist) shall review policy compliance, causal factors, and systemic issues.

There were, as indicated, four (4) PREA investigations completed during the audit reporting period, which were each reviewed by the auditor. The investigations conducted at OCC, as submitted, conformed to all necessary reporting and documentation of sexual abuse protocol to include a description of physical and testimonial evidence, reasoning behind credibility assessments and investigative findings. In addition, the required two (2) substantiated incidents included a Local PREA

Investigation Review Checklist with consideration of whether staff actions or failures to act contributed to the abuse. The documentation was thorough on these Checklists while as noted 115.86d there were portions of the form that were problematic secondary to the inability to check 'not applicable' on items that were not relevant in a particular investigation. Discussion with facility Investigators confirmed that OCC investigative processes followed the above protocol for administrative PREA investigations.

Standard 115.71g: Per Policy 490.860, The Agency itself was not responsible for investigating criminal allegations of sexual abuse, and instead referred to designated law enforcement. As stated, "All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee". Per Superintendent's Memorandum (dated: 7/16/20), "The Washington Department of Corrections (WADOC) does not have statutory authority to conduct criminal investigation as no staff members are authorized for law enforcement certification. As a result, WADOC conducts only administrative investigations. Criminal allegations are referred to law enforcement officials as follows:

- Referral to city law enforcement officials if the facility is within city limits
- Referral to county law enforcement officials if:
 - (1) The facility is not within city limits, or
 - (2) City law enforcement has declined the referral for facilities within city limits and the facility wishes to pursue the matter further

The only state entity that would conduct criminal investigations is the Washington State Patrol. Referral to the State Patrol will occur only after the investigation has been declined by local law enforcement. No Department of Justice component conducts investigations within WADOC".

Through agreement with local law enforcement, Jefferson County Sheriff's was OCC's responding investigating agency. WADOC maintained requirements regarding investigation, and OCC held annual meetings with the Jefferson County Sheriffs to delineate investigatory needs, standards, and expectations. The auditor reviewed meeting minutes of 6/9/20 between Jefferson County Sheriff's Office and OCC (per Standard 115.21), which included discussion regarding the need to maintain compliance with PREA standards. As noted, if local law enforcement was unable to respond or refused to investigate the crime scene the Washington State Patrol (WSP) Crime Scene Response Unit could conduct a criminal investigation at the facility. WADOC maintained a Memorandum of Understanding (MOU) with the WSP for conducting investigations in general. This MOU, as reviewed by the auditor, gave precedence to applicable and federal state statutes and regulations, which would include PREA. Local law enforcement and WSP have been informed of PREA standards, to include the needs to document criminal investigations in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence, where feasible.

The OCC Superintendent, PCM, and Facility Investigators confirmed their awareness of the processes by which to notify local law enforcement when necessary in criminal PREA allegations, and seek consultation with local prosecution in administrative cases potentially deemed to meet criminal prosecution threshold. During the review period there were two (2) cases submitted for consultation regarding the possibility of rising to the level of criminal prosecution. Both were returned to OCC and conducted as administrative PREA allegations. Thus, no further investigatory documentation was gathered. The facility Investigators acknowledged part of their role in working with local law enforcement on criminal PREA allegations would be to maintain continued contact with local law enforcement for follow-up regarding progress regarding the open criminal case, including documentation needs and case closure.

Standard 115.71h: Per Policy 490.860 and PREA specialized training, all substantiated cases of sexual misconduct that appear to be criminal shall be referred for prosecution. Specifically, "When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify: Law enforcement, unless such referral was made previously during the course of the investigation".

Per Superintendent's Memorandum, PAQ, and auditor's review of investigation files there were no cases closed during the reporting period that necessitated law enforcement referral for criminal investigation upon closure as substantiated. Notwithstanding, the Superintendent, PCM, and OCC Investigators were all aware of and able to describe Agency Policy, and had the appropriate training regarding how to facilitate such referrals. As indicated, there were two (2) sexual misconduct cases at the facility, which had been referred to law enforcement for consultation regarding criminal prosecution, while did not rise to this level.

Standard 115.71i: Agency Policy 490.860 delineated that the Agency holds the responsibility to retain all written reports as related to PREA investigations in 115.71f & g. The Superintendent's Memorandum (dated: 7/6/20), established the parameters of PREA allegation record retention in WADOC, as indicated, "Due to the number of PREA investigations conducted by the Washington Department of Corrections (WADOC), records retention systems were established as follows:

- A designee of the applicable Appointing Authority maintains all hard copy investigation reports for a period of five years.
- The agency PREA Unit maintains electronic versions of all investigation reports. These are maintained on secured servers and are organized according to the year the investigation was closed.
- The electronic records are maintained for a period of fifty (50) years according to state records archive requirements.
- At the end of this retention period, all electronic records will be reviewed for employment and incarceration status prior to destruction.

Per interview with the PREA Coordinator, this protocol was followed by WADOC. The auditor was provided viewable access to the WADOC secured site by the PREA Coordinator, demonstrating the process by which records are retained of PREA allegations and completed investigations.

Standard 115.71j: Policy 490.860 stipulated that all allegations of sexual abuse and sexual harassment shall be investigated regardless of whether the alleged perpetrator or alleged victim had left the Department's employment and/or were no longer under the Department's jurisdiction or authority. The Superintendent, Facility Investigators, PCM, and PREA Coordinator confirmed should an alleged incident meet the aforementioned conditions, the investigation would continue to be carried through to completion.

As the auditor reviewed the facility investigations two (2) of the closed investigations related to offender(s) and/or staff members who were no longer incarcerated and/or employed by/volunteering with the Department when the investigations were opened. Furthermore, each of these investigations were continued through to case closure. For purposes of confidentiality and integrity of investigative processes, this auditor will not disclose the numbers and/or details associated with these facility investigations.

Standard 115.71i: Per Policy 490.860, "Referrals will be made using DOC 03-505 Law Enforcement Referral of PREA Allegation...Investigation reports received from law enforcement will be an attachment to the final PREA investigation report submitted". This describes a cooperative process by which WADOC initially informs law enforcement regarding the criminal allegation and carries communication through case closure. Per Superintendent's Memorandum (dated: 7/16/20), "All law enforcement agencies are required to provide the Appointing Authority of the requesting facility with a copy of the investigation report once any criminal investigation has been completed. The WADOC PREA investigation process is posted to the agency's public website. This information is accessible at www.doc.wa.gov/corrections/prea/resources.htm#reports".

Interview with the facility Investigators and Superintendent indicated that OCC held responsibility for conducting their own investigations into administrative sexual abuse and sexual harassment allegations. While, as indicated, per Policy and interview information, criminal investigations were referred to local law enforcement. Upon interview, each party expressed the facility's duty to remain involved through the course of the investigation to ensure continued assistance with investigatory needs and case closure. Specifically, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. There were no circumstances judged to have met criteria at OCC for continued law enforcement follow-up during this reporting period, as no cases had met the threshold for referral for criminal prosecution.

There was no corrective action required for this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 8/6/19) towards making compliance determinations with the provision of this standard.

Standard 115.72a: Per Policy 490.860, definition of how to substantiate an allegation of a sexual abuse and harassment investigations demonstrate that the WADOC does not impose a higher standard than a preponderance of evidence. Specifically, Policy stated, "For each allegation in the report, the Appointing Authority will determine whether the allegation is: Substantiated: The allegation was determined to have occurred by a preponderance of the evidence". Per Superintendent's Memorandum (dated: 7/10/20), the process implemented by WADOC and employed at OCC works to optimize their ability to utilize evidence in an impartial manner when making determinations regarding PREA allegations. Specifically, "Investigators within the Washington State Department of Corrections

(WADOC) are trained to complete reports detailing all facts available regarding a PREA allegation. In order to ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. The finding process employed is as follows:

1. The assigned investigator submits investigation the report to the Appointing Authority to review for completeness.
2. Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony, and prior complaints and reports of sexual misconduct. The Appointing Authority also assesses the credibility of all witnesses involved in the investigation.
3. The Appointing Authority determines if the allegations are substantiated, unsubstantiated or unfounded based on a preponderance of the evidence.

Appointing Authorities are required to complete training specific to their role as a decision maker in these investigations. They are also required to complete investigator training, the same training provided to all PREA investigators, to ensure a thorough working knowledge of the investigation process”.

During interview with the three (3) OCC Investigators and Superintendent, they all indicated that the standard of evidence required to substantiate PREA allegations was fifty-one percent (51%) or a preponderance of evidence. The auditor reviewed OCC’s implementation of this standard as related to the four (4) PREA investigation case files associated with administrative findings over the reporting period. There were two (2) substantiated cases, and two (2) unfounded cases. It was apparent that they utilized the preponderance of evidence in the substantiation of cases. In the finding cases unfounded, it was also clear that convincing evidence was provided to determine that ‘the allegation was investigated and determined not to have occurred’ based upon PREA Prison and Jail Standards.

Secondary to the auditor’s review of associated investigations, they judged that OCC had applied the appropriate investigative standard for the substantiation of cases for the findings in applicable cases. Agency Policy, interview responses with the Facility Investigators and Superintendent, as well as examination of the PREA case investigations, it appeared to the auditor that the appropriate standard of proof of ‘not higher than a preponderance of the evidence’, was imposed when substantiating the administrative cases conducted at OCC. It was also clear that based upon the “Rationale of Findings”, cases were subject to the necessary scrutiny and application of evidentiary standards, in making final case determinations.

Corrective action was not required for this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 8/6/19) towards making compliance determinations with the provisions of this standard.

Standard 115.73a: Per Agency Policy 490.860, following an investigation into an inmate's allegation that they have suffered sexual abuse or sexual harassment by another inmate or staff in a Department facility, the Appointing Authority/Designee will inform the alleged victim of the determination in a confidential manner where the offender is housed. Per Policy, the alleged victim may be informed in writing if they are housed in a restrictive housing. If the offender has been released, the Appointing Authority will inform the offender of the findings in writing to the alleged victim's last known address, as documented in his/her electronic file. The Superintendent's Memorandum (dated: 7/17/20) confirmed that how the offender was notified and by whom is recorded on the DOC 02-378 Investigative Finding Sheet. The Finding Sheets are included in the final investigation report packages.

Per Superintendent's Memorandum, there were three (3) investigations closed at OCC during the audit period, and one (1) opened during the audit period, which was closed prior to the onsite. Two (2) were substantiated, and two (2) unfounded. Confirmation of Offender notification was provided by way of Spreadsheet entry, as well as the auditor separately viewing each provided investigative report package and submitted DOC 02-378 page. The notification statement was placed under the 'Final Notifications' section of the Findings Sheet. Each offender was notified whether the allegation of sexual abuse had been substantiated, unsubstantiated, or unfounded upon conclusion of investigation (5/5; 100%; in one investigation there were two (2) alleged victims; therefore, of four (4) investigations, there were a total of five (5) notifications made). Two PREA allegations reported at OCC had been forwarded appropriately to CBCC for investigation, while remained on OCC's Spreadsheet. Per the auditor's review of PREA investigation packages, all alleged victims were notified in person or by mail, in a confidential manner, with name and date of the notifying party provided on the DOC 02-378 Investigative Finding Sheet.

Standard 115.73b: Per Policy 490.860, the agency was responsible for conducting all investigations into allegations of sexual abuse and sexual harassment that were administrative, while criminal investigations were referred to local law enforcement. Per Superintendent's Memorandum, all four (4) investigations pertaining to the reporting period were completed at the administrative level, as none rose to the level of criminal prosecution. However, as stated per the Superintendent, "...had a case been referred to Law Enforcement, upon completion of the investigation, a request for the documentation of that criminal investigation would be requested and attached to the final internal investigation".

Thus, related to the investigations conducted during the reporting period, the facility had no relevant information requesting receipt from an external investigative agency in order to inform the alleged

victim, as associated with this standard provision. Nonetheless, in Policy and practice, OCC was aware of the need to follow through with such requests for investigation closure and alleged victim notification.

Standard 115.73c: Per Agency Policy 490.860, the Department will make the following notifications, in writing, to alleged victims until they are no longer under Department jurisdiction. For Substantiated / Unsubstantiated Allegations of Staff Sexual Misconduct against employees, the alleged victim will be notified:

- 1.) When the accused employee is no longer regularly assigned to the offender's housing unit,
- 2.) When the accused employee no longer works at the same facility as the offender, and
- 3.) If the Department learns that the accused employee has been indicted on or convicted of any charge related to staff sexual misconduct within the facility.

Per Superintendent's Memorandum, the Appointing Authority/CPM tracks all post investigation notifications, and the entry moved to an inactive portion only if the offender is released or deceased, or the staff member no longer employed with the Department. As noted above OCC had three cases with closure during the reporting period, and one opened during the audit period and closed shortly thereafter. Notification was made in all cases, including two (2) unfounded cases. Proof of practice was provided by the OCC Log indicating completion of Offender Notification (with dates). The auditor corroborated the Log against the investigative file packets, with agreement found. In the two (2) unfounded cases, notification was made. In the other two cases, the employee and volunteer had left Departmental positions, and all three (3) appropriate notifications were made, confidentially, by personal delivery and letter correspondence.

Standard 115.73d: Agency Policy 490.860 mandated, following an inmate's allegation of having been sexually abuse by another inmate, WADOC shall subsequently inform the alleged victim. For Offender-on-Offender Allegations of Sexual Assault or Abuse, the alleged victim shall be notified:

- 1.) If the Department learns that the accused has been indicted on or convicted of a charge related to sexual assault or abuse within the facility.

The Facility maintains a Log with all alleged victim notification needs that may be required for this purpose, which the auditor reviewed.

While there were no notifications required, as applicable to this standard provision during the reporting period, the PCM was aware of this process and their responsibility to notify the alleged victim in such circumstances. Per facility documentation there had been no offender notifications conforming to this standard required over the documentation review period, which was confirmed by the auditor's review of associated investigatory files and logs.

Standard 115.73e: Per Policy 490.860, the Appointing Authority will track all cases, make required notification, and forward copies to the PREA Coordinator. Notifications will be provided to alleged victims in a confidential manner using OCC 03-001 Staff Sexual Misconduct Notification through legal mail or personal notification.

The facility ensured documentation of alleged victim notification was provided upon the conclusion of investigation whether the investigation outcome findings were substantiated, unsubstantiated, or unfounded. The auditor reviewed the OCC Investigations Log, which included all appropriate notifications to offenders with closed PREA allegations cases (3/3; 100%), as submitted during the reporting period (those with unfounded findings for their allegations were also informed; 2/2 at 100%, while not required for this standard provision). The auditor's review of PREA Investigation packages confirmed the victims were notified in person, in a confidential manner, by name and date of the notifying party on the DOC 02-378 Investigative Finding Sheet. In addition, all offenders were notified in substantiated cases regarding the employee and volunteer having left Departmental service by

Superintendent's Letter, delivered in a confidential manner by the Appointing Authority/CPM (per Operational Procedures 490.850).

There was no corrective action required for this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy outlining staff disciplinary sanctions as found in Policy 450.050 Prohibited Contact (Rev. 11/21/15); 490.800 PREA Prevention and Reporting (Rev. 12/11/19); and 490.860 PREA Investigation (Rev. 8/6/19), as well as Collective Bargaining Agreements between the State of Washington and Teamsters Local 117 (exp: 6/30/21) and a Secretary's Directive (Secretary S. Sinclair; dated: 9/20/17) towards compliance determinations with the provisions of this standard.

Standard 115.76a: The WADOC Policies, Collective Bargaining Agreement, and Secretary's Directive delineate that staff may be subject to disciplinary sanctions up to and including termination from the Department for violation of sexual abuse and sexual harassment policies. The Department Head, PREA Coordinator, and Superintendent each confirmed their understanding of WADOC's ability to implement such termination processes when necessary.

Standard 115.76b: Based upon WADOC Policy and Secretary's Directive, dismissal from employment shall be the presumptive disciplinary sanction for any staff who violated Agency's policy and had been found to engage in sexual abuse. This was further confirmed during interviews with the Department Head, PREA Coordinator, and Superintendent, who each supported that any staff member who violated the Agency's zero tolerance policy towards sexual abuse would be presumptively terminated.

Per the PAQ and investigative file review, there were two (2) PREA administrative allegations involving staff sexual misconduct at the facility during the reporting period. One case involving a staff member was closed after the PAQ, as unfounded. The individual involved in the other (1) case, was a staff member who resigned from the facility prior to completion of the investigation. As a result, this individual did not need to be terminated from their position at the facility. The investigation was carried through and closed as substantiated. Law enforcement was consulted on this case, while did not meet criteria for referral for prosecution.

Standard 115.76c: Per Secretary's Directive (dated: 9/20/17), disciplinary sanctions for violation of Agency policy related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) were to be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed upon other staff for commission of comparable offenses with similar histories.

The PAQ indicated that no PREA allegations at OCC during the reporting period met the criteria for disciplinary sanctions of this nature to be imposed that would pertain to this standard provision. The Department Head, PREA Coordinator, and Superintendent specified that in applicable cases determination of disciplinary sanctions would be made with consideration of the aforementioned factors, pursuant to 115.76c.

Standard 115.76d: Per Policy 490.860, all terminations for violations of agency sexual abuse or sexual harassment or resignations by staff who would have been terminated if not for their resignation for substantiated allegations that are criminal in nature are to be reported to law enforcement (when applicable). In addition, 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 for substantiated cases that are criminal in nature are to be reported to relevant licensing bodies.

Per the PAQ and based upon the auditor’s review of investigatory files, there were no (0) substantiated PREA investigations of staff that met the portion of this standard provision to report to law enforcement. However, law enforcement had been consulted on the staff sexual misconduct case for input prior to making this determination. For the second portion of this provision, while there was one (1) employee who had resigned prior to the completion of investigation. Their position did not involve the provision of care as accredited through a licensing body; therefore, no (0) notification was required for this purpose.

During interviews with the Department Head, PREA Coordinator, and Superintendent, each identified the Departmental mandate and process by which to follow through with reporting substantiated, criminally-related sexual abuse violations and administrative violations that rose to the criminal level to local Law Enforcement (when appropriate), and reporting to relevant licensing boards, when applicable.

There was no corrective action required for this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed the following Agency Policy outlining volunteer and contractor disciplinary sanctions, including Policy 450.050 Prohibited Contact (Rev. 11/21/15); and 490.860 PREA Investigation (Rev. 8/6/19), as well as Assistant Secretary's Directive (R. Herzog; dated: 5/4/17 & 10/11/19) and RCW 72.09.225 Sexual misconduct by state employees, contractors towards making compliance determinations with the provisions of this standard.

Standard 115.77a: Agency Policies 450.050 and 490.860, coupled with the Assistant Secretary's Directive stipulate that volunteers and contractors who engage in sexual abuse were to be prohibited from offender contact. Policy instructed that such individuals would be removed from the facility, not permitted to return, and subject to criminal prosecution, when applicable. Information regarding substantiated cases of sexual abuse, per Policy, shall be forwarded to relevant licensure bodies for external review, when appropriate. During Specialized Interviews, the Superintendent, PREA Coordinator, and Department Head confirmed knowledge of these policies and processes for implementation.

Per the PAQ and Superintendent's Memorandum (dated: 7/26/20), there were no (0) PREA investigations involving a contractor, and one (1) incident of a volunteer with a substantiated PREA violation during the reporting period. In this allegation, the volunteer was reportedly involved in an unprofessional relationship with incarcerated individuals. Reportedly, they resigned prior to the date of the allegation. This PREA allegation did not rise to the level of criminal in nature nor did it involve licensing bodies. However, the volunteer had been restricted from future access to the facility. This information was consistent with the auditor's review of onsite record review, examination of OCC's investigations and logs, as well as facility interviews with the Superintendent and PCM.

Standard 115.77b: Per Policy 450.050, at the time a PREA allegation is substantiated, notification will be made to the mailroom, visiting, and Intelligence Officer to establish the appropriate restrictions. WADOC Policy also includes mechanisms for tracking both contractors and volunteers to ensure information is made available agency wide, to ensure all facilities are alerted to a contractor's termination and volunteers are tracked via notification to and 'red-flagging' with the Volunteer Program. WADOC Policy states, "Substantiated allegations of sexual intercourse...will result in:

- a.) Permanent restriction on visitation, which may be appealed after three (3) years.
- b.) An eighteen (18) month restriction on telephone and mail communication, including eMessaging.

All other substantiated allegations of staff sexual misconduct, per Policy, will result in a one (1) years telephone and mail communication restriction, to include eMessaging, and a two (2) year visiting restriction.

Per Assistant Secretary's Directive, volunteers with no history of PREA allegations, whose findings of an investigation are 'unfounded' or 'unsubstantiated', may reapply to visit after one year after their last date of volunteer status. For those volunteers whose PREA investigation findings are 'substantiated', application to visit incarcerated individuals will be accepted after three years from the last date of their volunteer status. Furthermore, per Policy 450.050, exceptions to the presumptive restrictions may be granted, but only when extraordinary circumstances support the request and granting the request will not undermine the Agency's zero tolerance stance.

As noted, in the case above involving a volunteer with a substantiated administrative PREA allegation, the facility had taken the steps to restrict them from future access to the facility, thereby, prohibiting further contact with the inmate population.

There was no corrective action required for this standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Agency Policy 460.000 Disciplinary Process for Prisons (Rev. 6/1/18); 460.050 Disciplinary Sanctions (Rev. 1/1/19); and 490.860 PREA Investigation (Rev. 8/6/19), as well as Chapter 137-28 WAC (Washington Administrative Code) Discipline - Prisons were reviewed by the auditor towards making compliance determinations with the provisions of this standard.

Standard 115.78a: Per Policy 490.850, following an administrative finding that an inmate has engaged in inmate-on-inmate sexual abuse, the inmate would be subject to disciplinary sanctions pursuant to a formal disciplinary process. WADOC facilities do not internally manage criminal investigations. External law enforcement manage criminal prosecution for WADOC cases, and in findings of guilt, court ordered sanctioning would apply for inmate-on-inmate sexual abuse.

Per the Policy 460.050: Disciplinary Sanctions, for substantiated PREA allegations against an offender, an infraction must be written against the perpetrator. Furthermore, those offenders shall be sanctioned in accordance with the appropriate disciplinary code, to include: "635 – Committing sexual assault against another offender, and 637 – committing sexual abuse against another offender, as defined in Department policy (i.e., aggravated sexual assault or offender-on-offender sexual assault); 637 – Committing sexual abuse against another offender, as defined in Departmental policy; 659 – Committing sexual harassment against another offender, as defined in Departmental policy".

Per the PAQ submission, as substantiated by interview with the Superintendent and PCM, as well as the auditor's review of investigative documentation, there were no (0) inmates found administratively to have engaged in inmate-on-inmate sexual abuse at OCC during the review period. However, based upon interview with the PCM and Superintendent, should such a situation arise, the perpetrator would be subject to disciplinary sanctions, and a referral for criminal prosecution, if applicable.

Standard 115.78b: Per Chapter 137-28 WAC (associated with Policy 490.860 and 460.000), and Superintendent's Memorandum (dated: 7/26/20), disciplinary sanctions administered to an inmate found administratively guilty of having engaged in inmate-on-inmate sexual abuse would be commensurate with the nature and circumstances of the abuse committed (as based upon the disciplinary code; listed above). Per the Discipline Chapter, sanctions would also be commensurate with the inmate's disciplinary history and sanctions imposed in comparable offences by other offenders with similar histories.

As noted, there were no (0) inmates found administratively to have engaged in inmate-on-inmate sexual abuse at the OCC during the review period. Therefore, there was no documentation provided to

review the imposition of penalties for such infractions. However, interviews with the PREA Coordinator, Superintendent, and PCM confirmed their understanding of disciplinary policy as related to sanctioning inmate-on-inmate abuse 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.

Standard 115.78c: Per Chapter 137-28 WAC (associated with Policy 490.860 and 460.000), and Superintendent's Memorandum (dated: 7/26/20), delineated that the mental health status and any disabilities of the perpetrator, and whether these conditions may have played a part in the sexual misconduct would be considered in the types of sanction imposed. Interviews with the Superintendent and PCM also confirmed their understanding of Agency Policy and the requirement that local disciplinary processes take into consideration whether mental illness or mental disability contributed to the offender engaging in sexually abusive behavior.

The Superintendent's Memorandum noted that violations falling under particular codes may be sanctioned to a multidisciplinary Facility Risk Management Team review for consideration of available interventions (e.g., mental health therapy, sex offender treatment program, anger management). The findings of such a determination would also provide insight into what type of sanctions the facility would impose. Based upon the auditor's review of the PREA-related investigations it was apparent that the facility understood that disciplinary process required consideration of this standard provision, while no (0) PREA allegations met criteria for sanctioning under the noted provision.

Standard 115.78d: Per interviews with Mental Health and the PCM, the facility does not offer therapy, counseling and other interventions designed to address and correct underlying reasons or motivation for sexually abusive behavior. However, per information provided through interview with the OCC Mental Health practitioner, these programs were available at other WADOC facilities, and generally offered by Mental Health. Specifically, should an offender require programming of this nature, they would be referred for placement at the appropriate location where an assessment regarding the offender's treatment needs would be conducted. As the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, offenders determined to require such interventions would not remain placed at the facility.

As previously noted above, violations falling under particular codes may be sanctioned to a multidisciplinary Facility Risk Management Team review for consideration of available interventions (e.g., mental health therapy, sex offender treatment program, anger management). The findings of such a determination would also be a consideration in the type of sanctions imposed, which could require referral to mental health and/or sex offender treatment programming. Based upon the auditor's review of the PREA-related investigations it was apparent that none (0) of the allegations met criteria for the receipt of therapy as directed under the realm of this standard provision.

Standard 115.78e: Agency Policy 490.860 states the offender may only be disciplined secondary to engaging in sexual contact with staff upon discovery that the staff member did not consent to such contact. Those violation codes associated with such disciplinary processes include 611 – committing sexual assault against a staff member, 613 – committing an act of sexual contact against a staff member. There were no (0) incidents of disciplinary action taken against inmates for sexual misconduct with staff during the review period based upon the PAQ, investigation and log documentation review, as well as review of offender post-allegation housing, and interview with the Superintendent.

Standard 115.78f: Agency Policy 490.860 prohibits disciplinary action or offenders being infractions against for providing a report of sexual abuse made in good faith when it is based upon reasonable belief that the alleged conduct occurred (i.e., NOT constitute falsely reporting an incident or lying). Specifically, Policy stated, "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 (p.10)". During the review period at the facility, per PAQ, documentation review, Superintendent's Memorandum, and information gathered during site review, including inmate (Randomized and Targeted) and staff (Random and Specialized) interviews, no (0) offenders were identified to have been infracted/disciplined for filing PREA allegations of sexual abuse. There were, to the best of the auditor's knowledge, no (0) offenders disciplined or infracted for filing any PREA-related allegation during the reporting period.

Standard 115.78g: Agency Policy clearly defined PREA-related prohibited behaviors. Consensual sexual activity between offenders is not included in these definitions. Such activity, per Superintendent's Memorandum is prohibited, "...by regulation, but is not considered PREA-related unless there is a determination made that coercion has occurred". In such case, the allegation would be investigated as an offender-on-offender sexual assault. Any offenders found to be engaging in coercive sexual assault, per Agency Policy, would be administratively investigated and referred for criminal investigation. Based upon the auditor's review of investigatory files and interviews with the Superintendent and PCM, as well as those conducted with inmates (Randomized and Targeted) showed no evidence of non-coercive sexual conduct between inmates at OCC resulting in non-coercive sexual activity between inmates being considered sexual abuse.

There was no corrective action for this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments (Rev. 6/13/19); 630.500 Mental Health Services (Rev. 4/28/17); and 610.025 Health Services Management of Alleged Sexual Misconduct Cases (Rev. 7/20/20) towards making compliance determinations with the provisions of this standard.

Standard 115.81a & b: Per Policy 490.820, "A. At the time the PRA [PREA Risk Assessment] is completed, Classification Counselors will complete referrals for mental health services using DOC 13-509 PREA Mental Health Notification if the screening indicates that the offender has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institutional setting or in the community. B. The referring employee will ask the offender if s/he wishes to meet with a mental health provider as a result of the PRA information and will document the offender's response on the DOC 13-509 PREA Mental Health Notification". Medical and Mental Health retain secondary materials, per Policy, associated with documentation of compliance towards standard 115.81a. Specifically, per Policy 630.500, "A mental health employee/contract staff will complete DOC 13-376 Mental Health Appraisal per DOC 610.040 Health Screenings, Appraisals, and Status" upon seeing the inmate patient.

All of the Counselors, regardless of their reason for contact (e.g., Intake, Housing, and Annual Review) interviewed acknowledged their responsibility during PRA screenings to cite the appropriate referral processes for inmates to Medical and Mental Health, when required, via the DOC 13-509 PREA Mental

Health Notification. Specifically, they understood that if the offender expressed a history of sexual victimization or perpetration based upon the criteria, as described above, the offender was to be offered a referral to Medical and/or Mental Health to discuss potential treatment needs. As stated previously, per Policy, the offender has the right to refuse this contact while the Counselor must document the offer of referral occurred.

Per this standard provision, if the offender reports a history of sexual victimization and/or sexual abusiveness and accepts the referral to Mental Health, staff is to ensure that the inmate is offered a follow-up meeting with a Medical or Mental Health practitioner within fourteen (14) days of the screening to discuss their history. As noted above, the incarcerated individual has the right to decline this referral. Based upon a log provided of offenders who had endorsed either a history of sexual victimization and/or sexual abusiveness (forty-six; 46), the majority of offenders were either already engaged in mental health therapy and had received services timely (5/5; 100%) with the remainder having declined services of those offered. A sampling of 13-509 documents were provided with the PAQ, and a sample of five (5) cases were pulled while onsite, which all showed appropriately documentation.

Targeted offender interviews supported the indication that referrals were offered for Mental Health services upon the offender's report of prior sexual victimization. Those offenders enrolled in Mental Health services or who had previously received them at the facility reported that they were satisfied with those offered and believed the caliber of Mental Health care to be consistent with community level of care treatment.

Standard 115.81c: The facility is a prison/work release facility, not a reception center whereby they would not receive offenders directly from jail. Thus, as 'not applicable', OCC was judged materially to have met this provision.

Standard 115.81d: Agency Policy 640.020 and 610.025 established appropriate controls and limits on sensitive information. Any disclosures made by Health Services were to be related to informing "treatment plans, investigation, and other security and management decisions", including housing, bed, work, education, and program assignments. Per the Superintendent's Memorandum, (dated: 7/1/20), "All health information related to the evaluation and subsequent follow-up care will be confidential. Information will be disclosed per the Health Record Guidelines (610.025 and DOC 640.020); and Health Services will disseminates specific information concerning an offender's health status to other facility employee/contract staff only when the Health Authority has determined it essential for management of the offender's health and safety (640.020).

The auditor reviewed a random sampling of Incoming Transport/Job Screening (ITJS) Checklists from OMNI provided by the facility demonstrating collaboration of medical and non-medical staff related to sharing of related information as needed in making offender security management determinations with adherence to this standard provision. All other disclosures are limited as required by Federal, State, and local law. During interview with the Medical and Mental Health providers, both indicated their understanding, the application of, and their responsibility to comply with this standard provision.

Standard 115.81e: Per Policy 610.025, "Medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the patient is under the age of 18". During interview with OCC Medical and Mental Health staff, they were aware of their Duty to Report and the Limitations of Confidentiality. They indicated that all inmates were informed of these limits prior to initiating any treatment. These practitioners also stated they would obtain consent from the offender prior to reporting any sexual victimization, per Policy (as cited above). Of note, the facility does not house offenders under eighteen

years of age, per standard 115.14. Interviews with offenders (Randomized and Targeted) confirmed their awareness of confidentiality practices for Health Care services providers.

There was no corrective action required for this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to §115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

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The auditor reviewed Agency Policy 490 PREA Response (Rev. 2/6/19); 600.000 Health Services Management (Rev. 8/25/14); 600.025 Health Care Co-Payment Program (Rev.7/24/15); 610.300 Health Services for Work Release Offenders (Rev.6/22/15); and 610.025 Health Services Management of Alleged Sexual Misconduct Cases towards making compliance determinations with the provisions of this standard.

Standard 115.82a: Per Policy 490.850; Section III, all victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Specifically, per Policy, "Victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental health services per DOC 610.025...Offenders alleging sexual acts perpetrated by either staff or another offender that occurred within the previous 120 hours and involve penetration or exchange of body fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic medical examination (p.6-7).

OCC does not provide forensic medical examinations, while First Responders and onsite Medical practitioners provide emergent treatment, responding to immediate medical care needs and evaluate the victim for any life threatening injuries prior to transport to an outside facility for completion of the forensic medical examination. Per the Superintendent's Memorandum (dated: 7/1/20) there were no (0) offender at the facility who reported an allegation of sexual abuse during the audit reporting period who necessitated transportation to an outside facility. Per the auditor's review of the investigations provided, none (0) involved a forensic medical examination.

Based upon interviews with Medical and Mental Health staff, and per Policy, 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. Medical and Mental Staff interviewed were able to clearly state their responsibilities in responding to a reported incident of sexual abuse, in alignment with the provisions of this standard.

Standard 115.82b: Per Policy 490.850, and the PREA Response Plan, OCC security First Responders shall take preliminary first steps to protect the victim, as indicated in standard 115.62, and immediately notify the Shift Commander's office of an incident of aggravated sexual assault. Policy further mandates that when initiating the Aggravated Sexual Assault Checklist, facility Medical and Mental Health Duty staff shall be contacted and apprised of the report. Based upon Random staff interviews (20/20; 100%), and facility First Responders (4/4; 100%), staff members were aware of their responsibility to respond to sexual abuse incidents pursuant to 115.62, and report any such incidents to their immediate supervisor and the Shift Commander. The Shift Commander was aware of their responsibility to implement a coordinated response to include Medical and Mental Health. Medical and Mental Health staff, during interview, also stated their responsibility, upon notification, to provide emergency and crisis intervention care to any identified victims, as appropriate.

Standard 115.82c: Per Policy 610.025, "The patient will be evaluated at the community health care facility according to their established sexual assault", which is to include a SANE/SAFE forensic provider. Documentation, per policy, shall be provided in the case one is not available to perform the forensic medical examination. Treatment for STIs will initially occur with the SANE at the designated

health care facility during the forensic medical examination, which was confirmed by the auditor during interview with a SANE from Forks Community Hospital.

Per Policy 610.025, a health care practitioner and mental health professional must offer follow-up within clinically appropriate timeframe with the victim. Per Policy, health care practitioners will, "Provide any additional evaluation and treatment that is medically necessary, including testing, prophylaxis, and treatment of sexually transmitted diseases, and offer pregnancy testing and other pregnancy-related medical services, if applicable". Follow-up care, per Policy, will occur with Health Care services at OCC. During interview, Medical staff were able to articulate their responsibilities to provide support and follow-up medical care to victims of sexual abuse, to include initial transfer to the designated community health care facility for a forensic medical examination and follow-up care interventions associated with STI prophylaxis and community referrals, if indicated.

Standard 115.82d: Per Policy 610.300, sexual abuse forensic medical examinations were provided without cost to the victim (while not explicitly stated, this provision is globally encompassing and occurs regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident). At OCC, any victim of sexual abuse would be provided access to a forensic medical examination through the designated community health care facility, Forks Community Hospital. Throughout the twelve (12) month audit-reporting period there were no (0) PREA allegations at OCC necessitating a forensic medical examinations as provided through a SANE contracted site. Based upon interview with a SANE provider at the designated community health care facility, Superintendent's Memorandum (dated: 1/1/20), and comprehensive review of investigation packages, the auditor confirmed this information.

When speaking with a SANE provider from Forks Community Hospital, as well as OCC's PCM and Medical staff each indicated that any victim who required a sexual abuse forensic examination would be provided these services without financial cost. Moreover, the victim would be made aware that the forensic examination would be free of charge prior to transport, such that their decision to engage in the examination process would not be hindered by financial concerns.

There was no corrective action required for this standard.

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

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

115.83 (a)

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

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

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

Auditor Overall Compliance Determination

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

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The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 2/6/19); 600.000 Health Services Management (Rev. 8/25/14); 600.025 Health Care Co-Payment Program (Rev.7/24/15); 610.025 Health Services Management of Alleged Sexual Misconduct Cases (Rev. 7/20/20); 610.040 Health Screenings and Assessments (Rev. 6/12/18); 610.300 Health Services for Work Release Offenders (6/22/15); and 630.500 Mental Health Services towards making compliance determinations with the provisions of this standard.

Standard 115.83a: Per Policy 610.025, "If a report of sexual assault or staff sexual misconduct is made more than 120 hours after and within 12 months of the alleged incident, the alleged victim will be referred for medical follow-up with Health Services. The health care provider will evaluate and treat the patient as medically necessary including testing for and treatment of sexually transmitted infections and prevention of pregnancy, if applicable. The alleged victim will be offered a medical and mental health care appointment and will be seen within 14 days unless the patient declines (p.5)".

Per Superintendent's Memorandum (dated: 7/28/20), OCC offered Medical and Mental Health evaluation and, as recommended, treatment to all inmates who have been victimized by sexual abuse, per Policy. Based upon interviews with the Superintendent, Mental Health and Medical providers, there were Duty Medical and Mental Health staff available on a call basis, with Medical and Mental Health staff available during regular business hours at the facility. The facility's Health Care services staff understood their responsibility to offer Medical and Mental Health services in a timely fashion.

During the reporting period, per the PAQ, no (0) offenders made PREA sexual abuse allegations that met criteria for referral to Medical and Mental Health for this standard provision intervention and supportive services. Per Medical and Mental Health interviews and investigatory documentation as provided to the auditor, this was judged an accurate representation of the cases during the reporting period.

Standard 115.83b: Per Agency Health Service Policies, Medical and Mental Health evaluation and treatment at include follow-up services and individualized treatment plans. Furthermore, 490.850 explicitly stated, "Each Prison, Work Release, and Field Office will develop procedures for victims to receive ongoing medical, mental health, and support services as needed". Per Policy 610.025, a health care practitioner and mental health professional must offer follow-up within clinically appropriate timeframe with the victim. Per Policy, health care practitioners will, "Provide any additional evaluation and treatment that is medically necessary, including testing, prophylaxis, and treatment of sexually transmitted diseases, and offer pregnancy testing and other pregnancy-related medical services, if applicable". Per Superintendent's Memorandum (dated: 6/19/19), "The following mental health process has been implemented to ensure continuity of care for offenders:

- 1.) The Primary Therapist will develop and implement a treatment plan consistent with the OHP, if/as medically appropriate. In the event the patient is scheduled for transfer or release prior to completion of the treatment plan, the Primary Therapist will offer release-planning services per mental health services policy.
- 2.) For patients who are releasing and who are screened as eligible for Department of Social and Health Services (DSHS) benefits, a Behavioral Health Discharge Summary will be completed and uploaded into SharePoint.

3.) The Primary Therapist or social worker will document referral efforts and results via a 13-435 Primary Encounter Report entry in the patient's medical record"

Continuity of care aimed to ensure support services were in place upon the transfer to another facility for the victim. Per interviews with OCC Medical and Mental Health staff, when necessary, referrals would be initiated for continued care based upon the victims transfer to or placement at other facilities or upon their custodial release. As stated above, the facility's Health Care services staff understood their responsibility to offer Medical and Mental Health services in a timely fashion, including such cases as transfer occurred, to establish continuity of care communication and carry treatment plans through to completion.

As there were no (0) cases related to transfer of individuals at OCC during the reporting period meeting the criteria for this standard provision, no documentation was available for review. However, it was clear that Medical and Mental Health recognized their responsibility that at such point as the offender transferred or released to the community they would be connected with appropriate medical services, if applicable, and mental health, to include victim advocacy, as provided through OVCA and/or Forks Abuse Center.

Standard 115.83c: The provision of Medical and Mental Health care, per Policy, is to be available to victims in custody and provided at a level equivalent to the community standard of care. The WADOC Health Plan documented service provision to offenders, which the auditor judged to be consistent with community level of care. Based upon interviews with offenders, as well as OCC Medical practitioners and Mental Health providers, each stated that services provided through OCC Health Care to victims of sexual abuse would be consistent with the community level of care.

Standard 115.83d & e: Per policy, the facility has not housed any known female or transgender male offenders during the twelve (12) month, audit review period, nor were there any female or transgender male offenders observed to be at the facility during the site review. Therefore, the auditor judged the facility to have materially met the criterion for 115.83d & e as not applicable.

Standard 115.83f: As indicated in the previous standard 115.62, Agency Policy 610.025 indicated all victims of sexual abuse shall be referred for medical follow-up with Health Services. The health care provider, per Policy, shall offered tests for sexually transmitted infections, as medically appropriate. Specifically, Policy states, "The health care provider will evaluate and treat the patient as medically necessary including testing and treatment of sexually transmitted infections and prevention". The community designated SANE provided information about forensic medical examination provision of STI counseling and testing related to STIs, as well as follow-up requirements for the facility upon the patient's return. OCC Medical staff acknowledged and was able to explain their duty to support victims of sexual abuse and ensure appropriate follow-up counseling was provided associated with STIs, including provision of prophylaxis and referrals, as applicable.

Standard 115.83g: Agency Policy 490.850 and 600.025, as indicated in 115.82d, specifically mandates that all Medical and Mental Health services for victims of sexual misconduct will be provided at no cost to the offender. Such services are to be offered free of charge regardless of whether the victim names the abuser or cooperates with the investigation. The SANE consultant interviewed, and OCC Medical staff confirmed that forensic examination services and follow-up facility Health Care services were to be offered free of charge to the victim, regardless of the victim's willingness to cooperate in the investigation and/or name the alleged abuser. As noted previously and confirmed by investigatory file review, during the reporting period, there were no (0) offenders at the facility who had necessitated Medical and/or Mental Health services, to include transportation to an outside designated health care facility for forensic medical examination during the twelve (12) month audit review period.

Standard 115.83h: WADOC Policy 610.025 stated that Mental Health professionals would attempt to conduct a mental health evaluation with all known inmate-on-inmate abusers within sixty (60) days of learning of such abuse history. Policy iterated, that knowledge of ‘such abuse history’, aligned with, “an incarcerated individual identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions, unless one has already been conducted”.

During interview with the Mental Health provider an assessment of this nature would typically not occur at OCC, as offenders in such circumstances would typically have required placement at a higher level of security secondary to such offending behavior. That said contact with a mental health provider would generally occur in much less time, typically less than fourteen (14) days. Per PAQ, investigatory file review, and onsite information, the facility had placed no referrals for Mental Health evaluation of known inmate-on-inmate abusers during the twelve (12) month audit review period.

There was no corrective action required for this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 8/6/19) towards making compliance determinations with the provisions of this standard.

Standard 115.86a: Agency Policy 490.860, delineates that the Appointing Authority/designee will convene the local PREA Review Committee, conducted as a Multidisciplinary PREA Review, every thirty (30) days, or as needed to review, "...each substantiated or unsubstantiated finding of offender-on-offender sexual assault/abuse and staff sexual misconduct".

Per the PAQ, there were two (2) administrative and/or criminal allegations of sexual abuse completed at OCC during the reporting period for which an investigation was conducted, excluding unfounded cases. Per Superintendent's Memorandum (dated: 7/1/20), the facility had two (2) PREA investigations of staff sexual misconduct, resulting in substantiated findings, which required the committee to meet. The auditor was provide with the Local PREA Investigation Review Checklists (DOC 02-383) of both cases. None (0) of the OCC PREA allegations with unfounded findings (two of four; 2/4) had a PREA Institutional Review Committee convened. Documentation review, as well as formal and informal interviews, suggested PAQ information was an accurate representation of the facility's management of sexual abuse incident review scheduling.

Standard 115.86b: As indicated above, Agency Policy mandated the local PREA Review Committee be convened every thirty (30) days, or as needed to review, "...each substantiated or unsubstantiated finding of offender-on-offender sexual assault/abuse and staff sexual misconduct". Documentation of this meeting occurred on the Local PREA Investigation Review Checklist that, per Policy, must be completed in each case for which the committee meets. This Checklist will be utilized to review policy compliance, causal factors, and systemic issues related to the PREA allegation, and provide findings related to the completed PREA investigation. Both Local PREA Investigation Review Checklists (two of two; 2/2) were provided to the auditor, which demonstrated that the facility had completed a sexual abuse incident review within the 30-day of the closure of the administrative investigation (one within 11 days; the other within 4 days). There were no criminal investigations conducted during this period. Based upon documentation review, as well as formal and informal interviews conducted during the site review, this PAQ information was judged an accurate representation of the facility's standard PREA Review Committee scheduling.

Standard 115.86c: Per Agency Policy, the facility PREA Review Committee responsible to perform the sexual abuse incident review, "...will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners (p.8)". Per the Superintendent's Memorandum (dated: 7/1/20), at OCC, the attendees generally included the facility Superintendent, Correctional Program Manager/PREA Compliance Manager, Lieutenant, Intelligence and Investigation Liaison, Health Authority/Psychology Associate. The facility PREA Review Committees conducted during the review period for the two (2) substantiated PREA investigations, as received by the auditor, appeared to have involved participation (by way of signature) from the aforementioned participants, as well as an Administrative Head of Human Resources.

Standard 115.86d: Per Specialized Interviews with the OCC Superintendent and PCM, sexual abuse incident reviews were viewed a priority. The PREA Review Committee devoted effort towards ensuring that every incident was examined to determine if there were improvements that could be implemented at the facility to prevent future occurrence. Specifically, per Policy, the committee review will utilize the Local PREA Investigation Review Checklist, for the following:

- 1.) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- 2.) 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;
- 3.) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers or physical layout in the area may enable abuse;
- 4.) Assess the adequacy of staffing levels in that area during different shifts and if Department approved staffing models were followed;
- 5.) Assess whether video monitoring technology should be deployed or augmented to supplement supervision by staff; and

The Local PREA Investigation Review Checklist functionally serves as a report of the Review Committee's findings including, but not necessarily limited to, determinations made pursuant to 115.86d1 through 115.86d5. These findings are then considered, as listed above, to formulate any recommendations for improvement (115.86d6.), which are also listed on the Checklist. Upon conclusion of the PREA Review Committee, the facility Appointing Authority/Superintendent signs the Checklist, which is then forwarded to the Agency PREA Coordinator. Based upon the auditor's review of each of the two (2) completed Local PREA Review Checklists, considerations were associated with all of the aforementioned six items.

Of note, the items checked on the form were at times difficult for the auditor to interpret, as the Checklist format involved a forced-choice format. As such, the committee was obligated to check a 'yes'

or 'no' to questions related to every item including, "Was the staffing in the affected area adequate?" or "Did the incident take place in an area subject to video monitoring". However, in one of the substantiated cases, the incident happened over a JPay system, which involved neither staffing supervision nor video monitoring, therefore, these questions were largely moot. The auditor recognized the facility's difficulties in determination of which would be the appropriate item to check, and acknowledged earlier in the form they described the allegation to occur over "JPay only", once the volunteer had resigned from the facility.

Standard 115.86e: Per Policy, the facility is responsible for implementation of all recommendations for improvement or provide documentation of the reasons for not doing so. This is listed on the Local PREA Review Checklist, which includes queries of, "Are recommendations by the Local Review Committee accepted? If no, provide reasons. If yes, provide details regarding implementation dates in the action plan". Based upon the auditor's review of both of the Local PREA Review Checklists completed at OCC during the reporting period there were no (0) associated Corrective Action Plans. Upon completion, per the Superintendent, PCM, and PREA Coordinator, the facility submitted Local Review PREA Investigation Checklists to PREA Headquarters.

Based upon available evidence, the facility conducted a thorough sexual abuse incident review within appropriate timeframes at the conclusion of every investigation of sexual abuse, whether substantiated or unsubstantiated, unless the allegation was determined to be unfounded.

There was no corrective action required for this standard.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

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

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy outlining sexual abuse data collection and annual aggregated data report preparation contained within WADOC Policy 490.800 PREA Prevention and Reporting (Rev. 12/11/19); and 490.860 PREA Investigation (Rev. 8/6/19), as well as examined the 2019 & 2020 WADOC Annual PREA Reports, and 2017 & 2018 Survey of Sexual Violence (SSV-2) – State Prison System Summary Form towards making compliance determinations with the provisions of this standard.

Standard 115.87a: Agency Policy 490.800 delineates the definitions for sexual abuse. The Agency used a specified standardized instrument with a designated set of definitions to collect accurate and uniform data for every allegation of sexual abuse that occurred at the facilities under its direct control.

For each PREA allegation, Agency Policy stipulates, input of each into the Offender Management Network Information (OMNI) system. Per Superintendent's Memorandum (dated: 7/1/20), WADOC has established a PREA allegation and case database within the OMNI system. The database facilitates the Agency's ability to standardize the collection of data elements. Data elements collected include:

- case outcomes and sanctions,
- accused offender (gender, age, race, [height/weight if accused is offender]),
- investigation participants (witnesses, alleged victim, accused, reporter),
- source of allegation,
- location (facility and location within the facility),
- date allegation was received,
- date and time of incident,
- type of allegation,
- individual reporting the information,

- date and time reported,
- who the information was reported to,
- incident description,
- investigation finding,
- alleged victim (gender, age, race, height, weight),
- referral (law enforcement, prosecution, licensing body) and disposition of referral, and
- case notes.

The Incident Management Reporting System (IMRS) into OMNI provided the standardized instrument used for accurate and uniform data collection of sexual abuse allegations. Specifically, all reports of nonconsensual sexual acts, abusive sexual contact, staff sexual misconduct, and sexual harassment, as defined in Agency Policy 490.800, shall be reported to the WADOC Headquarters PREA Coordinator via the IMRS in OMNI.

Standard 115.87b: During interview, the PCM acknowledged part of their duties included continuously maintaining a record of all sexual abuse allegations at the facility. The auditor was provided with a log in which the facility had recorded each PREA allegation during the reporting period. Agency Policy mandated that all investigations, regardless of outcome (i.e., substantiated, unsubstantiated or unfounded), shall be reported via submission to the IMRS with all relevant written statements, interviews, and documents attached, as well as electronic files appended. The IMRS PREA allegation report is confidential, and shall not be released to the public or offenders directly, unless stipulated through court order. During interview, the PCM acknowledged their responsibility to submit an IMRS report for each allegation at the facility judged to be PREA-related.

Per Policy, the PREA Coordinator was responsible for the development of a WADOC Department-wide report based upon all IMRS PREA allegation reports submitted by the Agency's facilities. This report was generated on an annualized basis, using the uniform definitions of sexual abuse, and federally mandated data. During telephonic interviews and site review, the auditor confirmed with various local staff their participation in PREA committee meetings, as required. The PCM understood their obligation to upload any and all PREA allegations via the IMRS onto OMNI, as a necessary component of the annual reports. The processing involved in the report completion, including analysis and writing, was confirmed during interview with the PREA Coordinator and current Deputy Director. During interview, the PREA Coordinator articulated their awareness of the report components. They also endorsed their responsibility to produce an Agency-wide, aggregated, incident-based sexual abuse data review on a yearly basis, with material redacted, as appropriate.

Per Policy, the PREA Coordinator aggregated the PREA allegation data via submitted Incident Reports received from each facility. The aggregated data was then prepared and documented annually into a WADOC Agency-wide report. The auditor viewed the Agency's 2019 & 2020 PREA Annual Report with previous reports available online since 2013, and the 2017 & 2018 Survey of Sexual Violence (SSV-2) – State Prison System Summary Forms, which demonstrated annualized aggregation of Agency-wide sexual abuse allegation incident related data.

Standard 115.87c: The auditor reviewed the content comprising a PREA allegation Incident Report, which included, at minimum, the data necessary to respond to all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Specifically, per Superintendent's Memorandum (dated: 7/1/20), all PREA allegation incident reporting provides sufficient data into the OMNI system to conform to the standardized instrument for data collection, as required for input within the Survey of Sexual Victimization (SSV-2) – State Prison System Summary Form.

The Agency produces both an Agency wide PREA Annual Report and a yearly Survey of Sexual Victimization report for submission to the Department of Justice (DOJ). The auditor reviewed both the 2019 & 2020 WADOC PREA Annual Reports, as well as the completed 2017 & 2018 SSV-2s – State Prison System Summary Form.

Standard 115.87d: The Agency maintained, reviewed, and collected data, as needed from all available PREA allegation-based documents, including reports, investigation files, and sexual abuse incident reviews. The initial step in the data gathering process of each sexual abuse allegation was submission of the DOC 02-382 PREA Data Collection Checklist, which was submitted to WADOC Headquarters by the appropriate Appointing Authority/designee for every sexual abuse allegation. In addition, all WADOC investigatory reports, per Policy, were to follow DOC 02-351 Investigation Report Template. Lastly, the facility PCM, as the Superintendent’s designee, was to generate an Incident Report in the Incident Management Report System (IMRS) of OMNI for each PREA allegation. WADOC Headquarters PREA Triage unit received the finalized investigatory documents, including the DOC 02-351, from every facility after submission in OMNI. During interview, the PCM was aware of their responsibility to ensure submission of every PREA allegation to the PREA Coordinator via a completed Incident Report in the IMRS of OMNI.

Standard 115.87e: The Agency also obtained equivalent incident-based and integrated information as aggregated data annually from each private facility with which it held contracts for the confinement of its inmates. Per Agency Policy 490.860, the annual aggregation of data will include, “...available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders (p.12)”.

Standard 115.87f: Agency Policy 490.860 mandates that, “All data/reports will be provided on request to the U.S. Department of Justice”. Per the PREA Coordinator, the agency, upon request, would provide all such data from the previous calendar year to the Department of Justice no later than June 30th. The auditor based compliance determination for this provision upon review of two SSV-2 summary forms provided to her by WADOC detailing the aggregated data submitted to the DOJ for the years 2017 and 2018.

There was no corrective action required for this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 8/6/19), as well as the agency external website PREA annual report documentation section, with 2019 & 2020 WADOC Annual PREA Reports towards compliance determinations with the provisions of this standard.

Standard 115.88a: Per Policy, the Agency shall review all data collected and aggregated pursuant to standard 115.87. The Agency PREA Coordinator, annually, reviewed data collected and generated a report of findings based upon aggregated data. The Agency utilized this report to assess and improve the effectiveness of its prevention, detection, and response policies, as well as practices and training in the elimination of sexual abuse. Specifically, the PREA Coordinator held the responsibility to conduct the report as an examination of findings and corrective actions for each facility, including high-level summary and detailed facility analyses. They were then required to aggregate these findings and corrective actions into findings and corrective actions, as a whole, at the Agency level. The report, thereby, facilitated WADOC's ability to identify problem areas and take corrective actions on an ongoing

basis. The PREA Coordinator and Agency Head acknowledged collection and utilization of facility level and Agency aggregated data, accordingly. Furthermore, they both supported WADOC's utilization of this information, on an ongoing basis, to address problem areas and take corrective actions. Per Superintendent's Memorandum (dated: 7/1/20), the WADOC PREA annual report from previous calendar years identified agency and facility level issues with corresponding action/strategic plans.

Standard 115.88b: Policy stated, analysis as related to the Agency's annual report will include a comparison of the current focus year to the prior year(s) data, along with previously implemented corrective actions implemented to address sexual abuse. Thereby, the Agency has a mechanism in place to provide an assessment regarding their progress in addressing sexual abuse. The Agency utilized the report as a tool to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, and used comparison data corrective actions from previous years for analysis. Per the PREA Coordinator, this report production consistently occurred, annually, on an ongoing basis.

Standard 115.88c: Per Agency Policy, and based upon the auditor's review of PREA Annual Reports, agency data is aggregated annually. These reports are publicly viewable, accessible on the WADOC website, and available from 2013 through 2020. While the PREA Coordinator was responsible for gathering and aggregating data from each of WADOC's facilities, as well as analyzing and collating the information into report format, the final report required approval of the Agency's Secretary of Corrections (i.e., Agency Head). Once approved the report was posted on the WADOC website and publicly available at <https://www.doc.wa.gov/corrections/prea/resources.htm>. The Agency PREA Annual Reports are located on the WADOC PREA Resource page, midway down the page, under Reports – Annual Reports. The auditor reviewed prior years' reports (2020 and 2019 PREA Annual Reports) on the Agency's website, which conformed to the provisions of this standard.

Standard 115.88d: Per Agency Policy 490.860, "Information may be redacted from the report when publications would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted (p.12)". The PREA Coordinator, who held responsibility for generating this report, indicated that the PREA Annual report conformed to the provisions of this standard. Moreover, per Superintendent's Memorandum (dated: 7/1/20), "It is noted that none of the PREA Annual Reports published to date include information for which redaction was indicated due to security and safety. Aggregate data did not include any personal identifying information, but statistical data regarding information and demographics. Data is included in annual reports in its entirety".

There was no corrective action required for this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 280.310 Information Technology Security (Rev. 1/4/19); 280.515 Data Classification and Sharing (Rev. 1/8/20); and 490.860 PREA Investigation (Rev. 8/6/19), as well as the State Government General Records Retention Schedule (SGGRRS; Version 6.0; June 2016), WA – DOC Records Retention Schedule (Version 1.5; April 2018), and WADOC website content of the PREA Annual Report publications (2019 & 2020) towards compliance determinations with the provisions of this standard.

Standard 115.89a: Agency Policy ensured that data collected pursuant to §115.87, including both incident-based and aggregated, were securely retained and any electronically stored information appropriately backed up. During interview, the PREA Coordinator indicated all PREA allegation, incident-based and aggregate data, was held in duplicate form on a computer for back-up purposes. Only the PREA Coordinator and Information Technology Department have access to the back-up storage, if necessary.

Locally, the PCM reported facility data was stored securely with each incident at OCC provided to Headquarters via the Incident Management Reporting System (IMRS), along with any associated Corrective Action Plans (CAPs). Per the Superintendent's Memorandum (dated: 7/1/20), the facility reported PREA allegations, via the Incident Management Reporting System (IMRS) within the Offender Management Network Information (OMNI) system. Access to any IMRS regarding PREA is restricted and confidential, limited only to staff with a 'need to know' and credentialed access. Access to this

system is reviewed by WADOC's Emergency Operations Administrator to ensure right of use is essential to PREA-related responsibilities.

Standard 115.89b: The Agency has made aggregated sexual abuse data from directly controlled and contracted facilities readily available to the public. WADOC utilized website publications as a means by which to disseminate aggregated data. The auditor visited the WADOC and confirmed the website was publicly accessible at <https://www.doc.wa.gov/corrections/prea/resources.htm>. The auditor was also able to confirm that appropriate reports associated with the Agency's PREA Annual Report publications were uploaded and available, the most recent of which was the 2020 Report. The PREA Coordinator confirmed upload of this publication on an annual basis.

Standard 115.89c: Per Agency Policy, and confirmed by the auditor's review of the 2020 PREA Annual Report, all personal identifiers had been appropriately removed before making aggregated sexual abuse data publicly available. During interview, the PREA Coordinator confirmed personal identifier information redaction occurred prior to the release of the report. Upon the auditor's spot check review of additional annual reports available on the WADOC website, they observed personal identifiers to have been removed. Per the Superintendent's Memorandum (dated: 7/1/20), "...none of the PREA annual reports published to date include information for which redaction was indicated due to security and safety. Aggregate data did not include any personal identifying information; only statistical data regarding investigations and demographics".

Standard 115.89d: Agency policy records retention schedule indicated that PREA Investigations records be maintained for at least fifty (50) years (13-09-68455). Policy associated with case records retention by the PREA Coordinator noted, "Prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If a review of the investigation records reveals that the accused individual does not meet this 5 year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule". For WADOC, there is no Federal, State, or local law requiring data to be maintained otherwise. During discussion with the PREA Coordinator, they endorsed Agency data maintenance to conform to these standards.

There was no corrective action required for this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the WADOC Audit Rotational Schedule and PREA Audit Announcement, as well as PREA Audit Announcement via Inmate Kiosk towards making compliance determinations with the provisions of this standard.

Standard 115.401a: OCC was audited in September of 2017 during the previous Audit Cycle (Audit Cycle was 2014 through 2017). The auditor reviewed WADOC website, which provided information regarding all PREA Audits conducted, demonstrating all facilities operated by the Agency had been audited at least once every three (3) years since 2014. The Agency had twenty (24) facilities listed as open.

Standard 115.401b: WADOC was in the second year of their audit cycle when the OCC audit commenced. The Agency had ensured that at least one-third of each facility type they operated had been audited during the first year of the current audit cycle. Based upon the auditor's review of the provided rotational audit cycle material of the twenty (24) open facilities, in the first year of audits seven (7) of the facilities were audited, eight (8) audits had been completed in the second year, and nine (9) were scheduled for completion in the third year. The PREA Coordinator, Agency Head and Superintendent all understood the importance of WADOC maintaining PREA Audit Cycle standards.

Standard 115.401h: During inspection of the physical plant, the PCM and Superintendent escorted the audit team throughout the facility. The team was provided unfettered access throughout the institution. Specifically, OCC neither barred nor deterred the auditors from entry to any facility areas, and access granted to all area which offenders would or may have ability to be present alone or by escort. The lead and support auditor had the ability to ask questions of offenders and staff as they proceeded through the physical site inspection, as well as freely observe all areas without prohibition. At any time the audit team requested to backtrack or had questions related to an earlier point of the site inspection, they were readily provided with return entry.

Standard 115.401i: The audit team was provided open access any and all documents, as requested. While onsite, if copies of electronic or paper documents were needed for proof of practice, designated OCC staff printed or uploaded to the OAS site relevant documentation. When the auditor requested additional information pre- and post-audit, documents were provided via the OAS or email, as appropriate to ensure confidentiality was protected. Document production by OCC was consistently delivered to the auditor in an organized, timely, and legible fashion. Remedial documentation for deficient items were provided to the auditor via email and uploaded to the OAS. These proof of practice records were provided in a clear and efficient manner. The auditor judged document preparation and delivery to be organized, timely and effective with no obstacles.

Standard 115.401m: The auditor and her team were able to conduct interviews with any and all offenders requested. The in-housing interview rooms provided for offender interviews were soundproof and moderately visually confidential from other offenders, while easily accessible to inmate interviewees. The auditor judged the interview venue to have enhanced the environmental safety, by which offenders felt at greater ease to share PREA-related content during interviews. The OCC staff ensured auditors did not have to wait between interviews, readily making incarcerated individuals available for interviews. Furthermore, staff brought inmates for interview without question, and did not appear, in any manner, to discourage participation. For example, the offenders were called for interview in a manner that ensured privacy regarding the interview format (i.e., when an announcement was made calling their name, it did not include, "...for a PREA interview" or "...with the PREA audit team"). Solely one offender declined interview.

Standard 115.401n: During site review, the posting of the auditor's attendance at the facility was observed to have been uniformly posted throughout the facility ahead of the audit. The Superintendent had provided proof of practice by way of photographs taken at a variety of audit postings in relevant

locations throughout the facility, which received by the auditor in an email on 4/16/21. During the site review, audit team members saw the posting in all of the housing units and areas of high traffic for both offenders, and staff (e.g., Administration, Visiting). The postings were printed with images, colored and bolded fonts, larger lettering, and posted with visibility throughout the facility. In addition, the Audit Announcement was placed on the inmate kiosk system, for which record was provided to the auditor of each offender who had read the announcement. Secondary to the posting, the auditor received one (1) letter from an incarcerated individual. During the site review, the auditor met with this individual and made efforts constructively to resolve the issues expressed during their interview.

The auditor judged all provisions within this standard to have met compliance. Moreover, with the efforts of the facility considered regarding document production, transparency during the audit team's site review, and subsequent proactivity in resolving identified deficiencies through expeditious implementation and sharing proof of practice the auditor evaluated this standard substantially to exceed requirements for compliance.

There was no corrective action was required for this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

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Standard 115.403a: The audit was able to locate a completed OCC PREA Audit report during the previous three years. For Olympic Corrections Center (OCC), the site review for the prior PREA Audit

was conducted on September 26 & 27, 2017 with a report completed January 31, 2018. The auditor located the Final Report on the WADOC website, at <https://doc.wa.gov/corrections/prea/resources.htm>. To access the report on the WADOC website, there was a link to the Final PREA Audit report provided midway down the webpage, entitled, Resources, under Reports – Audit Reports – Prison Facilities - OCC. Deficiencies identified and brought into compliance during the previous review included: addressing blind spots and areas of limited viewing, and removal of locks on inmate accessible areas (115.13).

There was no corrective action required for this standard.

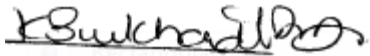
AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.



K. Burkhardt, Ph.D.

8/13/2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.