

# PREA Facility Audit Report: Final

**Name of Facility:** Bellingham Work Release

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 02/11/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Nancy L Hardy	<b>Date of Signature:</b> 02/11/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Hardy, Nancy
<b>Email:</b>	Nancy.Hardy@cdcr.ca.gov
<b>Start Date of On-Site Audit:</b>	01/10/2022
<b>End Date of On-Site Audit:</b>	01/10/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Bellingham Work Release
<b>Facility physical address:</b>	1127 N Garden St, Bellingham, Washington - 98225
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Vicky Neufeld
<b>Email Address:</b>	vicky.neufeld@doc.wa.gov
<b>Telephone Number:</b>	360-201-2626

Facility Director	
<b>Name:</b>	Miriam Currey
<b>Email Address:</b>	miriam.currey@doc.wa.gov
<b>Telephone Number:</b>	360-676-2150 X 2

Facility PREA Compliance Manager	
<b>Name:</b>	Rebecca Clippinger
<b>Email Address:</b>	rlclippinger@doc1.wa.gov
<b>Telephone Number:</b>	O: (360) 543-3143
<b>Name:</b>	Vicky Neufeld
<b>Email Address:</b>	vicky.neufeld@doc.wa.gov
<b>Telephone Number:</b>	O: 360-201-2626

Facility Characteristics	
<b>Designed facility capacity:</b>	50
<b>Current population of facility:</b>	19
<b>Average daily population for the past 12 months:</b>	19
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	25-64
<b>Facility security levels/resident custody levels:</b>	M11 - minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	24
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	20
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	Washington Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	State of Washington
<b>Physical Address:</b>	P0 Box 41100, Olympia, Washington - 98504
<b>Mailing Address:</b>	
<b>Telephone number:</b>	360-725-8213

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

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
41	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-01-10
2. End date of the onsite portion of the audit:	2022-01-10

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Domestic Violence & Sexual Assault Services

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	50
15. Average daily population for the past 12 months:	21
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	31
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	4
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	21
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There are 4 state staff assigned at the facility. The 21 contract staff include 1 Facility Director, 1 Assistant Director, 1 Administrative Assistant, 3 Cooks, and 15 Program Monitors (resident supervision).
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	On the day of our visit, the facility had some residents who were on quarantine or isolation status due to COVID-19. The audit team interviewed all residents who were on-site and available to be interviewed. This included 14 random and one Limited English Proficient resident. This equates to approximately 48% of the resident population.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Did not identify any residents with physical disabilities. Also, the physical plant of the two houses would make it very difficult for a person with physical disabilities to move around the facility.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Interviewed everyone available and none of the residents met this criteria.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Interviewed everyone available and none of the residents met this criteria.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Interviewed everyone available and none of the residents met this criteria.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Interviewed everyone available and none of the residents met this criteria.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Interviewed everyone available and none of the residents met this criteria.</p>



<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed the PREA Allegations Tracking Log - there were no allegations of sexual abuse made during the audit documentation period.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed documentation from the risk screening.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This is a community confinement facility. They do not have segregation beds.</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
--	-------------------

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	8
--	---

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
--	---

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
---	--

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	<input type="checkbox"/> Too many staff declined to participate in interviews. <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other
---	--

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
---	-------------------

### Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
--	----

<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input type="checkbox"/> Medical staff</li> <li><input type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>2</p>

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>Because of the limited number of staff available to interview, multiple specialized interview protocols were completed by each of the on-site staff members.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

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

<p><b>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</b></p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

<p><b>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</b></p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
--	--

<p><b>a. Explain why the site review did not include testing and/or observing all critical functions in the facility:</b></p>	<p>Due to COVID-19, the process of transferring offenders to the community confinement facilities has been very limited. There was no intake, risk screening, or PREA education completed on the day the audit team was on-site. Based on the responses from the residents to the interview questions related to these subject matters, the auditor was satisfied these processes are occurring as required in policy.</p>
---	--

<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
--	--

<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
--	-------------------

## Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
---	-------------------

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

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

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	1	0	1	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse during the audit documentation period.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

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

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)



<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>1</p>

### Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

## AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify your state/territory or county government employer by name:</p>	

Was this audit conducted as part of a consortium or circular auditing arrangement?

Yes

No

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Standard 115.211, Zero Tolerance of Sexual Abuse and Sexual Harassment; Prison Rape Elimination Act (PREA) Coordinator.</b></p> <p><u>Policy:</u></p> <p>The policies outlining zero tolerance for the Washington Department of Corrections (WADOC) are found in DOC 490.800, PREA Prevention and Reporting; 490.850, PREA Response; and 490.860 PREA Investigations.</p> <p>DOC 490.800 states the Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate. The policy defines sexual misconduct as aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. Additionally staff-on-offender sexual harassment and staff sexual misconduct are defined as sexual misconduct. This policy addresses the departments approach toward preventing, detecting and responding to such conduct.</p> <p>The Department has a zero tolerance for all forms of retaliation against any person because of his/her involvement in the reporting or investigation of a complaint. Retaliation may be subject to corrective/disciplinary action. The Department has established procedures for recognizing, preventing, and reporting incidents of sexual misconduct and retaliation. Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.</p> <p>The policy outlining the implementation plan is in DOC 490.850, PREA Response.</p> <p><u>Standard 115.211(a)</u></p> <p>The facility reported, via the Pre-Audit Questionnaire (PAQ), that it has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>The auditor located the Agency mission statement on the WADOC website. The facility mission statement was provided in the welcome book. It reads: "Bellingham Work/Training Release (BWTR) is committed to developing people of integrity by assisting them to establish a clean and sober crime-free lifestyle. We recognize people have the need and ability to grow and change and support their endeavors with respect, encouragement, and confidence."</p> <p>The auditor was provided with daily population reports for the 1st, 10th and 20th days of the month for the past 12 months and the schematic of the facility.</p> <p>The auditor was provided with a list of staff (including state staff and contract staff) in the facility for selection of staff for interviews. It should be noted that contract staff provide 24-hour security for the residents and facility at BWTR.</p> <p>The auditor was provided with a list of residents at BWTR. It was broken down by the house the residents were assigned to. The list was notated with those offenders who were on quarantine, due to potential COVID exposure or isolation, due to COVID symptoms.</p> <p>The auditor was provided with a copy of the organization chart showing both the state staff and the contract staff assigned at BWTR.</p> <p><u>Standard 115.211(b)</u></p> <p>The facility reported, via the PAQ, that the agency employs an agency-wide PREA Coordinator and that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA Coordinator is in the Agency's organization structure, as shown in the organizational chart provided to the auditor, which displays that she reports to the Deputy Director, Prisons, Command B.</p> <p>The PREA Coordinator indicated, during her interview on September 2, 2021, that she has sufficient time to manage all of her PREA related duties. She indicated there are 27 PREA Compliance Managers throughout the agency. She does not</p>

directly supervise them, but does have frequent interactions with all of them. Interactions occur through electronic mail, telephone calls, and virtual meetings. Each facility provides a representative for the PREA Advisory Council, which typically meets monthly.

The Community Corrections Supervisor (CCS) at BWTR acts as the PREA Compliance Manager for the facility. She was interviewed in person on the day of the on-site portion of the audit. She indicated she has enough time to manage her PREA related responsibilities. She coordinates the facilities efforts to comply with the PREA standards ensuring the culture of the facility is positive and supportive. She stated that it is critical for all staff (both contract and state) along with the residents understand that compliance with PREA is of the utmost importance. She indicated that when she identifies an issue, she determines a plan of action which might include coaching staff, providing training, working with the contract management team, or establishing discipline, if needed, to correct the situation.

The PREA Coordinator's duties are defined on pages 3 and 4 of policy DOC 490.800. The PREA Coordinator for WADOC is designated as a manager and reports directly to the Deputy Director of Prisons. During the audit process, the PREA Coordinator was available to clarify some of the questions about the WADOC's PREA policies. She is extremely knowledgeable and well versed in PREA. She appears to effectively manage PREA in a correctional setting.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility is in substantial compliance with this standard.

115.212	<b>Contracting with other entities for the confinement of residents</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

**Standard 115.212, Contracting with Other Entities for the Confinement of Residents.**

Policy

DOC 490.800, PREA Prevention and Reporting, requires that any new or renewed contract for the confinement of offenders will include the requirement that the contracted facility comply with Department of Justice (DOJ) PREA standards and that the WADOC be allowed to monitor the PREA compliance. Attachment A is the document that is attached to contracts. It is Article 5 and outlines the expectations of the contractor related to PREA.

Standard 115.212(a)

The facility reported, via the PAQ, that the agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the contracts require contractors to adopt and comply with PREA standards. There have been three contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit. There were no contracts that did not require contractors to adopt and comply with the Federal PREA standards.

The auditor was tasked to review contracts entered into (or renewed) since the last PREA audit. She reviewed American Behavior Health Services contract which is in effect until 6/30/2023, Interstate Corrections Compact with the Iowa DOC which has been in effect since 2015; Interagency Agreement with Department of Social and Health Services which has been in effect since 2015; and a contract with Minnesota DOC which has been in effect since 1982. All contain language regarding PREA compliance and the existence of monitoring responsibilities.

According to documentation provided, all three agencies that WADOC has contracts with have had all of their facilities audited for PREA compliance within the past three years. Additionally, WADOC has Interstate Compact Agreements with the State of Iowa and Wisconsin. Both of these state agencies have been audited and found to be compliant in the past three years.

WADOC houses offenders in local county jails for short periods of time to accommodate parole adjudication or for out-to-court purposes. According to the PREA Resource Center's clarification dated February 19, 2014, this situation does not constitute a contract, therefore, Standard 112.212 does not apply in this situation.

Standard 115.212(b)

The facility reported, via the PAQ, that all of the above identified contracts require the agency to monitor the contractor's compliance with PREA standards. Article 5 states: Contractor agrees to provide the Department documented compliance with the Federal PREA standards, and to allow the Department to monitor their facilities compliance.

The auditor reviewed American Behavior Health Services contract which is in effect until 6/30/2023, Interstate Corrections Compact with the Iowa DOC which has been in effect since 2015; Interagency Agreement with Department of Social and Health Services which has been in effect since 2015; and a contract with Minnesota DOC which has been in effect since 1982. All contain language regarding PREA compliance and the existence of monitoring responsibilities.

The contract administrator indicated, during a telephonic interview, that any new contract or renewal provides contract monitoring, as standard language. The individual responsible to complete the required monitoring is associated with the program who is responsible for the contract. The Contract Administrator and her staff do not complete the actual monitoring.

The auditor reviewed the contract for services with Community Work Training Agency, who provides services to BWTR. The contract was in effect until 6/30/2020. The contract has been extended and an amendment was provided.

Standard 115.212(c)

Since August 20, 2012, the agency has not entered into any contracts with a private agency or other entity that failed to comply with the PREA standards.

The contract administrator indicated the agency has not entered into any contracts with private agencies that failed to comply with the PREA standards. This information was verified by the PREA Coordinator.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.



115.213	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 746 297"><b>Standard 115.213, Supervision and Monitoring.</b></p> <p data-bbox="242 331 308 358"><u>Policy</u></p> <p data-bbox="242 387 1436 481">DOC 110.110, Reentry Center Management Expectations, addresses supervision and monitoring in the work release facilities. In the Directive section it identifies management responsibilities including those of the CCS to annually review staffing levels to ensure adequate staffing plans are in place.</p> <p data-bbox="242 510 1460 571">DOC 300.500, Work/Training Release Screening, is referenced in the 2020 Staffing Plan Review memo. In the section on eligibility, the policy outlines who is eligible to be placed in a work/training release program.</p> <p data-bbox="242 600 1489 694">DOC 400.210, Custody Management Roster, states that the Department has established custody staffing guidelines to ensure custody staffing is deployed consistent with the Custody Staffing Model and Custody Post Audit Summary maintained by the Budget Office and the Prisons Staffing Manager.</p> <p data-bbox="242 723 1476 817">DOC 490.800, PREA Prevention and Reporting, addresses staffing plans and outlines the responsibility of the CCS in using the PREA Compliant Staffing Plan template to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model.</p> <p data-bbox="242 846 451 873"><u>Standard 115.213(a)</u></p> <p data-bbox="242 902 1484 996">The facility reported, via the PAQ that the agency develops and documents a staffing plan, for each facility, that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against abuse. Since the last PREA audit, the average daily number of residents at the facility has been 35. The staffing plan was predicated on 50 residents.</p> <p data-bbox="242 1025 1489 1120">The auditor was tasked to review documentation of the staffing plan development process and the current staffing plan. The staffing plans for 2020 and 2021 were provided. All requirements of the standard were met. Facility vulnerability assessments were also provided and reviewed.</p> <p data-bbox="242 1149 1465 1377">The designee for the Director was interviewed over the telephone on January 26, 2022. She indicated the facility has a staffing plan that it follows and that it includes adequate staffing levels to protect residents against sexual abuse. It is reviewed annually and during the review, they consider staffing levels on all shifts and existing monitoring equipment. She stated that they also consider the layout of the facility, the composition of the population, and any PREA incidents. She stated that compliance with the staffing plan is monitored by the on-site supervisor who is tasked with reviewing the shift schedule. If they are running short, the on-site staff must obtain approval from her to deviate from the approved staffing plan. This process is facilitated via electronic mail.</p> <p data-bbox="242 1406 1489 1500">During the interview with the PREA Coordinator, she indicated that when assessing adequate staffing levels and the need for video monitoring equipment, the facility and WADOC consider the physical layout of the facility, the composition of the population, and the prevalence of PREA incidents.</p> <p data-bbox="242 1529 1465 1624">PREA Compliance Manager indicated during her interview, that the physical layout of the facility, the make-up of the population, and the prevalence of PREA incidents are considered when reviewing the staffing plan or requesting additional monitoring resources.</p> <p data-bbox="242 1653 1476 1747">Per a memorandum authored by the Work Release Administrator: Each work release facility has an annual audit per the Washington Administrative Code (WAC). During that audit the staffing pattern is reviewed to ensure staffing meets the work release staffing model developed for that facility. Any unique staffing deficiencies are identified and reviewed.</p> <p data-bbox="242 1776 1489 1937">Requests for additional positions are then requested as part of a budget proposal to the Washington State Legislature. Part of the annual audit and the PREA audit include a review of safety and security, to include security camera systems with video capability. A component of this plan is a facility vulnerability assessment, completed to identify and address areas or processes creating risk. The current Vulnerability Assessment for both buildings were provided to the auditor. Neither of the vulnerability assessments contained any corrective actions.</p> <p data-bbox="242 1966 1489 2128">In the 2020 staffing plan, it notes there was one allegation in 2019 which was a staff on resident, sexual harassment &amp; sexual misconduct. The author indicates the case remained open at the time the document was prepared. The 2021 staff plan notes one allegation of staff sexual misconduct during 2020, which remains open. Due to COVID, the number of residents has been reduced and the staffing modified to address these lesser numbers. Some duties of the staff have also been reduced because of modifications related to COVID-19.</p>

The auditor did not identify any blind spots during the tour of the facility.

Standard 115.213(b)

The facility reported, via the PAQ, that each time the staffing plan is not complied with, they document and justify all deviations from the staffing plan. There were no deviations from staffing plan during the documentation review period.

The director's designee stated, during her interview, that the facility documents all instances of non-compliance with the staffing plan via electronic mail. The documentation includes an explanation of the reasons for non-compliance.

Standard 115.213(c)

The facility reported, via the PAQ, that at least once each year they review the staffing plan to see whether adjustments are needed to: a) the staffing plan; b) prevailing staffing patterns; c) the deployment of monitoring technology; or d) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

The auditor reviewed documentation of annual reviews from 2020 and 2021.

The PREA Coordinator indicated the staffing plan is reviewed at least annually in April. They utilize a template in developing the information to be included on the report. She reviews the report before it is sent to the Secretary for final approval.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility is in substantial compliance with this standard.

## 115.215 Limits to cross-gender viewing and searches

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.215, Limits to Cross-Gender Viewing and Searches.**

##### Policy

DOC 490.800, PREA Prevention and Reporting, addresses the presence of opposite gender personnel and/or visitors in the living units. It requires incarcerated individuals be provided the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This includes viewing via surveillance systems. The policy requires that an announcement be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably be heard by the occupants of a housing unit, including the living area or any common area designated for individuals to disrobe or change their clothing.

DOC 420.325, Searches and Contraband for Work/Training Release, addresses searches of incarcerated individuals. It states that incarcerated individuals are subject to electronic, canine, and pat searches at designated movement/transfer points and randomly throughout the facility. It also mandates that searches will be conducted by a trained employee of the same gender as the individual being searched, except in emergency situations. It goes on to describe emergency situations. It requires that when a male employee/contract staff pat searches a female, a report be completed in the Incident Management Reporting System (IMRS) before the end of shift. The distribution will include the PREA Coordinator.

DOC Policy 490.700, Transgender, Intersex, and Gender Non-Conforming Housing and Supervision, addresses searches. The policy states that search preferences will be documented on a DOC 02-420 Preferences Request. Searches will be conducted in accordance with the stated preference unless circumstances do not allow for the preference to be implemented during a pat or strip search. If unable to accommodate the request in Prisons and Work/Training Releases, the Shift Commander/Duty Officer will consider appropriate alternatives.

DOC 490.820, PREA Risk Assessments and Assignments, addresses transgender and intersex offenders and dictates that employees/contract staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner.

##### Standard 115.215(a)

The facility reported, via the PAQ, that it does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of residents.

The auditor was tasked to conduct an interview with non-medical staff who were involved in cross-gender strip or visual searches. There were none completed during the audit documentation period, so the interview protocol was not used.

The auditor was tasked to review logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12 months. There were none completed. The auditor requested and received search logs for the facility, to verify there were no cross-gender searches conducted. The logs provided were reviewed and the auditor noted there are very few pat searches conducted. Mostly there are wand and bag searches completed. In addition, the auditor requested and received a memorandum from the Work Release Administrator certifying there had been no cross-gender strip or visual body cavity searches conducted during the audit documentation review period.

The auditor was provided with three photographs of the notice to residents that opposite gender staff may be in the area at any given time.

##### Standard 115.215(b)

The facility reported, via the PAQ, that it does not permit cross-gender pat down searches of female residents, absent exigent circumstances. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. In the past 12 months, there have been no pat down searches of female residents conducted by male staff.

Eight random staff interview protocols were completed. Of those eight, all indicated they do not conduct cross-gender pat down searches of female residents. If a female staff isn't available, they will utilize the wand to complete the search. Programming or other opportunities are not restricted.

There were two female residents at the facility on the day of the on-site visit. Both were interviewed. Both indicated they are not pat searched by male staff and their programming or other opportunities are not limited due to a female staff not being available to pat search them.

The auditor requested and was provided copies of search logs for the calendar year 2021. In reviewing these search logs, the auditor noted that very few pat searches are conducted. Staff generally conduct wand searches and bag searches.

#### Standard 115.215(c)

The facility reported, via the PAQ, that policy requires all cross-gender strip searches and cross-gender visual body cavity searches be documented and reported. There were no cross-gender strip search or cross-gender visual body cavity searches conducted during the audit documentation period.

The auditor was tasked to review documentation of cross-gender strip searches and cross-gender visual body cavity searches of all residents. There were none, per a memo received from the Work Release Administrator.

#### Standard 115.215(d)

The facility reported, via the PAQ, it has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The facility reported that all resident restrooms are single occupancy only. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident's room.

The auditor was tasked to review logs of exigent circumstances that might require deviation from the standard. There were none.

Of the 15 random resident interview protocols completed, all residents indicated they are able to change clothing, use the toilet, and take a shower without staff of the opposite gender viewing their private parts. In addition, all indicated that when staff of the opposite gender enter their room, they knock first and announce themselves as they enter.

Of the eight random staff interview protocols completed, all indicated that residents are able to change clothing, use the toilet, and take a shower without staff of the opposite gender viewing their genital areas. In addition, all indicated that when staff of the opposite gender enter the resident's room, they knock first and announce themselves as they enter.

The auditor noted the following while touring the facility: living units at this facility consist of two person rooms. Due to COVID, the number of residents currently at the facility is 31. On the floor where the female rooms are, there are 4 rooms, with 2 beds in each; however, there were only 2 female residents at the facility. Each had her own room. On the floors that housed male residents, some were one person in a room and some were two. This was dictated by quarantine and isolation that was occurring at the facility while we were there and the existing population levels.

Cross-Gender Viewing issues from Tour: None were noted by the auditor.

#### Standard 115.215(e)

The facility reported, via the PAQ, that it has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There were no such searches in the past 12 months.

All eight of the random staff interviewed indicated that it would never be appropriate to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The auditor was tasked to interview transgender and intersex residents. there were no transgender or intersex residents at the facility on the day of the on-site visit.

#### Standard 115.215(f)

The facility reported, via the PAQ, that the percentage of all security staff who received training on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs is 100%.

The auditor was provided with the Work Release Academy Curriculum, from 2013-2014. She also received the Correctional Worker Core – Facilitator Guide for Pat Searches. Both were reviewed by the auditor.

The auditor received the tracking log for all staff and contractors assigned at BWTR. All required training had been completed including pat search training.

All eight of the random staff interviewed indicated that they have received training on how to conduct cross-gender pat

searches and searches of transgender and intersex residents.

DOC 490.800, PREA Prevention and Reporting, states that employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex offenders.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility is in substantial compliance with this standard.

## 115.216 Residents with disabilities and residents who are limited English proficient

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.216, Inmates with Disabilities and Inmates who are Limited English Proficient.**

##### Policy

DOC 310.000, Orientation, states that incarcerated individuals arriving at or transferred to a Work/Training Release or Prison, including transfers between an Intensive Management Unit (IMU), will receive an orientation to the new facility unless: 1) medical, mental health, or behavioral issues prevent completion of this process; or 2) the individual has violated a condition of their community supervision and is returning to a facility within 90 days of receiving an orientation. It requires Work/Training Release orientation to be conducted within 48 hours of admission. Employees will conduct the orientation by reviewing the contents of the orientation handbook/handouts and responding to questions. Information provided, will give both orally and in writing, in a manner that is clearly understood.

Policy mandates that residents be notified of all appropriate policies and procedures that affect them, including payment of fees, disciplinary actions, financial assistance, telephone use, family services, community resources, and PREA. When a literacy or language problem exists, staff will assist the resident in understanding the material per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. Spanish speaking individuals will attend a Spanish version of the orientation program and be notified of available Spanish translated materials and services. Each facility will develop processes for non-Spanish speaking Limited English Proficiency individuals, including those requiring sign language interpretation, to receive orientation in a language they understand. This orientation will include information on: Disciplinary hearings, Classification, Grievance program, access to medical, dental, and mental health services, PREA, Administrative Segregation, Searches, Unit rules, Fire evacuation procedures, and ADA rights to access and accommodations.

DOC 490.800, PREA Prevention and Reporting, addresses accommodations and requires professional interpreter or translation services, including sign language, be available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for LEP Offenders. Residents are not authorized to use interpretation/translation services from other incarcerated individuals or residents, family members, or friends.

The Deaf Services Coordinator is authorized to provide the same professional interpreter/translation services for sign language as contract interpreters with regard to assisting individuals in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct. With the exception of the Deaf Services Coordinator, staff interpreters/translators will only be used for these purposes in exigent circumstances.

DOC 490.800, also specifically prohibits the use of incarcerated individuals, family members, and friends as interpreters or translators. Staff are used as interpreters/translators for PREA-related issues only in exigent circumstance.

DOC 450.500, Language Services for LEP Individuals, states that the department will provide oral interpretation (i.e., telephonic, in-person, video remote) and written translation services through Department and/or contract services at all facilities. The Department will also provide guidelines for interpretation and translation services for LEP individuals under the Department's jurisdiction.

DOC 450.500 also states that offenders may request Department/contract language services via verbal communication with a Department employee, and/or written communication to a Department employee using DOC 21-473 Offender's Kite or, via the DOC 05-818 Interpreter Request/Refusal for disciplinary or Indeterminate Sentence Review Board hearings.

DOC 690.400, Incarcerated Individuals with Disabilities, states that incarcerated individuals with disabilities will be provided reasonable accommodation that allows participation in services, programs, and activities.

This auditor was provided copies of PREA brochures which are given to residents with limited intellectual capacities. If the resident is hearing impaired, a transcript of the PREA video is provided. If the resident is unable to read then other forms of communication are used by staff to inform the resident of the WADOC PREA Policy.

##### Standard 115.216(a)

The facility reported, via the PAQ, that it has established procedures to provide disabled inmates 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. During work release orientation, staff review the resident's work release health screening form. Included in the form is any health/mental/dental conditions self-reported by the resident. They are able to inform staff of any issues or obstacles in reporting allegations of sexual abuse /sexual harassment. BWTR did not have any accommodation requests related to PREA during the audit period.

The auditor reviewed contracts with interpreters or other professionals hired to ensure effective communication with residents who have disabilities. She was also tasked to review written materials used for effective communication about PREA with residents with disabilities or limited reading skills. The auditor was provided with the Facilitator's Guide to "End Silence – Youth speaking about sexual abuse in custody". She also was tasked to review documentation of staff training on PREA compliant practices for residents with disabilities. The auditor was provided with the curriculum for the American with Disabilities Act (ADA) training for staff. At the conclusion of the training, the staff member should be able to 1) express the significance of providing accommodation to offenders with disabilities; 2) develop relevant examples of ADA accommodations in the correctional setting; 3) articulate the basic principles of the ADA, and 4) explain how to obtain language interpreting services.

The Agency Secretary indicated, during the interview, that the agency has established procedures to provide residents with disabilities and residents who are LEP with information to allow them to access all components of PREA. These include an orientation video in English, Spanish, and closed captioned. They have a brochure in multiple languages. They also have a contract with interpreter services who provides access in any languages.

One resident at the facility required the use of the language line. He was interviewed, using the language line. He reported that most of the time the facility provides information in Spanish. If not, he indicated he can go to his caseworker and she will help him. He indicated that if his caseworker isn't able to assist, they use the language line to get him the information he is requesting.

During the facility tour, the auditor noted PREA posters and brochures in Spanish on all of the bulletin boards.

Supporting Documents provided to the auditor with the PAQ included: 1) sign language contract interpreters updated list – includes 17 names on the list; 2) facilitator guide for offenders with limited intellectual capabilities; and 3) curriculum for staff ADA training.

#### Standard 115.216(b)

The facility reported, via the PAQ, that it has established procedures to provide residents with limited English proficiency 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. WADOC has 2 contracts with the Department of Enterprise Services to provide language interpreting services in person or through a telephone-based service. These services are available for use by any staff member to help limited English proficient offenders in reporting allegations and participating in the investigatory process.

PREA brochures provided to offenders are available in English and Spanish. BWTR used one interpreter for one individual during the audit period, and documentation was provided to the auditor. BWTR did not use staff interpreters or translators for PREA related issues during the audit period.

The auditor reviewed contracts with interpreters or other professionals hired to ensure effective communication with residents who are LEP. The auditor was provided with a copy of Contract #03514 – Interpreter Services, Spoken. She also reviewed written materials used for effective communication about PREA with residents with disabilities or limited reading skills. Examples of the English and Spanish brochures and posters were provided to the auditor. In addition, the orientation script was provided. It is available in English and Spanish. The offender handbook was also provided.

The auditor reviewed documentation of staff training on PREA compliant practices for residents with disabilities. The auditor was provided with the curriculum for the staff ADA training.

One resident at the facility required the use of the language line. He was interviewed, using the language line. He reported that most of the time the facility provides information in Spanish. If not, he indicated he can go to his caseworker and she will help him. He indicated that if his caseworker isn't able to assist, they use the language line to get him the information.

The auditor was provided a memo authored by the Assistant Secretary for Prisons, dated November 13, 2015, which notifies executive staff of new statewide agreements with the Department of Enterprise Services for in-person and telephone interpreter contracted vendors. In addition, the auditor was provided with a list of interpreters which included all required clearance and training information.

The auditor was provided with a blank copy of the PREA Language Log (DOC 16-340) where staff track usage of interpreters or the language line. The auditor requested and received copies of the completed form for the only Spanish speaking resident at the facility, on the day of the on-site visit.

#### Standard 115.216(c)

The facility reported, via the PAQ, that policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties under 115.64, or the investigation of the resident's

allegation. The facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, there were no instances where resident interpreters, readers, or other types of resident assistants have been used.

Of the eight random staff interviews conducted, five indicated that another resident would not be utilized to gather information related to a PREA allegation. One indicated she would allow another resident to interpret if it was an emergency situation and no other alternatives were available. One indicated he would allow another resident to interpret for minor daily issues. One indicated he would allow another resident to interpret if the alleged victim brought the other resident with him to make the report. He indicated he would allow the second resident to continue as long as the victim wanted him/her there.

One resident at the facility required the use of the language line. He reported that most of the time the facility provides information in Spanish. If not, he indicated he can go to his caseworker and she will help him. He indicated that if his caseworker isn't able to assist, they use the language line to get him the information.

The auditor was tasked to review documentation of circumstances when resident interpreters, readers, or other resident assistants were used. Per a memorandum from the Work Release Administrator, there were no instances of residents being used in these circumstances during the audit review period.

The auditor noted that some of the contract providers were unaware of the language line. The PCM was made aware of this. To address this, she documented the process to utilize the language line and sent an e-mail out to all state and contract staff. In addition, she added the information to the reference materials available at the front desk in each of the houses. This was completed within a week after the on-site portion of the audit.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, in addition to the changes made within a few days of the on-site visit, that the facility is in substantial compliance with this standard.



## 115.217 Hiring and promotion decisions

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.217, Hiring and Promotion Decisions.**

##### Policy

DOC 490.800, PREA Prevention and Reporting, outlines the WADOC's staffing practices related to PREA. The policy states that the Department will not knowingly hire, promote, or enlist the services of anyone who: 1) has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 USC 1997; 2) has engaged in sexual misconduct with an individual on supervision; 3) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or; 4) has been civilly or administratively adjudicated to have engaged in activity described above. The Department also considers any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with individuals under its jurisdiction.

It also states that the department will obtain information through one or more of the following: 1) Washington Crime Information Center (WACIC)/National Crime Information Center (NCIC) records checks; 2) employment/volunteer applications; 3) reference checks; 4) personnel file review; and/or 5) contract disclosure statements.

DOC 810.800, Recruitment, Selection, and Promotion, requires perspective employees, promotions and contractors to complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Services Disclosure. This form has five questions about previous sexual misconduct in an institutional setting. If the candidate answers yes to any of these questions, he/she may not be allowed access to the facility. Additionally the form requires the candidate to disclose any previous institutional work history that they may have had.

DOC 810.015, Criminal Record Disclosure and Fingerprinting, states that failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services. It also requires that all applicants will be background checked before initial appointment or promotion. These background checks include the WACIC and NCIC. All external applicants must disclose any previous institutional employment. These applicants are required to complete a form to authorize the release of information so that the facility can complete a work history background check.

##### Standard 115.217(a)

The facility reported, via the PAQ, that policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Each person who is hired or promoted and each contractor who may have contact with residents completes form DOC 03-506, Sexual Misconduct and Institutional Employment/Service Disclosure. BWTR is very small and is a contracted facility. There are only 4 WADOC staff, with the attached hiring packet being our only new DOC hire during the audit period. However, contractor hiring examples were also provided.

The auditor was tasked to review files of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. The auditor was provided with three hiring package for a contract cook 11/2021, a program monitor 10/2021, and a program monitor 03/2021. All had required documentation including the 03-506, background clearance and in one of the cases, a check with a prior institutional employer. Only one state staff member was hired during the documentation review period. The hiring package for that employee to the classification of Community Corrections Officer II was also provided to the auditor. The package included the employee's application, which contained no prior institutional experience, the completed 03-506 and the background clearance.

The auditor was provided with a copy of the contract shell for outside service providers which specifically addresses the requirements of PREA.

The auditor was provided with the PREA tracking document utilized to monitor completion of all required PREA forms for CWTA contract and state staff.

##### Standard 115.217(b)

The facility reported, via the PAQ, that policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The PREA database is maintained within the Offender Management Network Information (OMNI) system. It is reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring review.

The auditor interviewed the person who handles human resources for the state and the person who handles human resources for the contractor. Both indicated they consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

#### Standard 115.217(c)

The facility reported, via the PAQ, that policy requires before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. In the past 12 months, there were 14 total (13 contract and one state staff) hired who may have contact with residents who have had criminal background record checks. 100% of the persons hired have had criminal background record checks completed.

The HR staff member for the state and for the contractor indicated that the facility performs criminal record background checks for all newly hired employees and for those being considered for promotion. They also complete criminal record background checks on other contractors who come into the facility.

The auditor was tasked to review files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with this standard. The auditor reviewed files for 4 of the 14 new hires during the audit documentation period. All contained required documentation.

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

The auditor requested the PREA Coordinator to provide a description of the PREA database, and received the following: The PREA database is a restricted sub-component of the OMNI system, which is our inmate electronic record system. Access to the system is approved on a case by case basis by the PREA Coordinator's designee, currently the specialist who oversees triage. The system retains all information regarding PREA allegation reports and subsequent triage decisions, along with all case information. When an allegation is received, it is entered into the system, followed by triage decisions (e.g., case created, appended to an existing case, or not PREA). If a case is created, the information from the allegation entry is scraped over to the case portion of the system, where all available information is added as received, to include the final formal allegations investigated, participants (reporter, witnesses, accused, alleged victim), and findings. In the case information, we have the ability to enter specific information for each allegation formally investigated. There is also a case notes function, where any information such as additional allegations appended to the original allegation is recorded.

The system allows us to search any and all information by name and/or DOC number. Anytime someone is considered for hire, HR is required to do a search of the database by case and by allegation to determine whether there is any information in the system regarding the candidate.

#### Standard 115.217(d)

The facility reported, via the PAQ, that policy requires a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, there were no new contracts for services where criminal background record checks were conducted on all staff covered in the contract.

Both HR staff members indicated that the facility performs criminal record background checks for all newly hired contract employees and for those being considered for promotion. They also complete criminal record background checks on other contractors who come into the facility.

The auditor was tasked to review documentation of background records checks of contractors being completed. The auditor requested and received five examples.

#### Standard 115.217(e)

The facility reported, via the PAQ, that it requires a criminal background record check be conducted at least every five years for current employees and contractors who may have contact with residents.

Both HR staff members indicated that potential candidates are required to complete an application and a DOC background

check form. The forms are sent to the WADOC for processing. The HR person for the contractor indicated that the parent company tracks hire dates for all of their employees and sends a list of who needs to be re-checked at 5-year intervals.

The auditor reviewed documentation of background records checks of current employees and contractors at 5-year intervals, when applicable. In reviewing the tracking log that was provided, the auditor noted that one WADOC staff was due to have the 5-year background run in 2020. No indication that it was done. After reviewing the tracking list with the PCM, she noted the information on the list was not current. She gathered the 5-year background check on this employee and provided it to the auditor. She also updated the tracking list to accurately reflect that all current employees and contract staff have current background checks.

Standard 115.217(f)

Both of the Human Resources Staff that were interviewed, indicated that the WADOC forms used have the required questions included on them. The facility requires that employees disclose any misconduct, when it happens.

All staff and contractors are required to complete the disclosure form each year when they participate in the annual PREA training. Examples of the screens were provided with the PAQ. All required questions are asked on the screens in the Learning Center. These documents are retained in the training records.

Standard 115.217(g)

The facility reported, via the PAQ, that policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. WADOC requires that each individual who is hired or promoted and each contractor who may have contact with residents completes form DOC 03-506, Sexual Misconduct and Institutional Employment/Service Disclosure. In addition, the PREA database maintained within the OMNI system is reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring review. As a general rule, all applicants scheduled for an interview are required to complete this form prior to or at the time of the interview. The form includes the statement: "All answers and statements are true and complete to the best of my knowledge. 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.

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

Standard 115.217(h)

The HR staff person who works for the state indicated that she responds to requests received from other institutional employers who are checking on previous employees.

DOC 800.005, Personnel Files, states: To the extent possible, institutional employers seeking employment verification will be provided all available information on substantiated allegations of sexual misconduct or harassment. Employment verification requests from institutional employers will be directed to the Appointing Authority, who will coordinate the review and response.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.218 Upgrades to facilities and technology

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.218, Upgrades to Facilities and Technology.**

##### Policy

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

##### Standard 115.218(a)

The facility reported, via the PAQ, that it has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. There has been no substantial expansion or modification to existing facilities since the last DOJ PREA audit conducted on November 5, 2018. The only addition on the property is one additional storage shed beside our 1125 building.

The Secretary indicated that they consider blind spots, areas of vulnerability and restricted access areas when planning modifications to a facility. They develop an action plan and monitor it to ensure all areas are addressed appropriately.

The Director's designee indicated, during her interview, that there had been no substantial expansions or modification to the facility since the last PREA audit in 2018.

During the on-site portion of the audit, the auditor did not note any new construction, expansions, or modifications.

The auditor was tasked to review documentation of facility design, renovation, modification, or expansion. The auditor was provided with a memorandum authored by the Work Release Administrator, certifying there were no renovations, modification or expansion to the existing facilities.

##### Standard 115.218(b)

The facility reported, via the PAQ, that it has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Since the last Department of Justice PREA audit conducted on November 5, 2018, one single lens camera on the porch of the 1125 building was replaced with a multi-lens camera greatly expanding the view on the porch and front yard area; a single lens camera was replaced with a multi-lens camera on the front porch of the 1127 building, greatly expanding the views of the porch and adjacent yard areas; and one camera was repositioned in the front desk/control of the 1127 building in order to improve the view into the resident payphone area on the main floor.

The Agency Secretary reported that the agency utilizes monitoring technology to assist staff in providing supervision to the residents housed at the facility. The agency maintains a multi-year plan to manage technology updates, which it updates on an as needed basis. Updates could come from deficiencies identified through Incident Reviews of PREA allegations at any facility. They also conduct an annual assessment which includes PREA vulnerability.

The Director's designee indicated, during her interview, that monitoring technology has been installed on all floors in areas to provide a line of sight for entry and exit points. Cameras are not pointed into restrooms or resident rooms. When they complete their annual review, they try to identify areas where cameras would provide the best or most information utilizing the least amount of resources.

The auditor reviewed the video monitoring system to ensure the camera views were not pointing into areas which could potentially create cross-gender viewing concerns. The facility has a significant number of cameras, and there were no views which created a concern about cross-gender viewing.

The auditor was tasked to review minutes from meetings referencing installing or updating monitoring technology. The bid and purchase documents were provided to the auditor. Also, the vulnerability assessments for both building completed in 2021 were provided.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility is in substantial compliance with this standard.

## 115.221 Evidence protocol and forensic medical examinations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.221, Evidence Protocol and Forensic Medical Examinations.**

##### Policy

DOC 490.850, PREA Response, provides forms and checklists used during the response process. These include Aggravated Sexual Assault Checklist, PREA Response and Containment Checklist, DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist, and DOC 16-358, Crime Scene Security Log. Policy states: The Department will respond to allegations of sexual misconduct to support and provide assistance to the alleged victim, enhance security, and maximize the ability to obtain evidence to use in investigations and criminal prosecutions where applicable.

It also states: For allegations of aggravated sexual assault, the Shift Commander/CCS/designee will initiate the Aggravated Sexual Assault Checklist, and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation. Work Releases will develop local procedures to ensure alleged victims of aggravated sexual assault are provided with emergency medical care to include forensic medical examinations, as applicable.

DOC 490.800, PREA Prevention and Reporting, addresses meetings with local law enforcement and community advocates. It requires the Work Release Administrator to meet at least annually with applicable law enforcement officials to review investigation requirements detailed in federal PREA standards, establish procedures for conducting criminal investigations related to PREA allegations, and establish points of contact and agree upon investigatory update procedures. Meetings with law enforcement will be documented in meeting minutes.

It states that incarcerated individuals will have toll-free access to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocacy (OCVA). Incarcerated individuals may call 1-855-210-2087 toll-free Monday through Friday 8:00 am. - 5:00 pm to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. Abuse of the toll-free phone line will be reported to the Work Release Administrator for action as needed. As appropriate, the OCVA PREA Support Specialist may refer the individual to a local Community Sexual Assault Program (CSAP) Victim advocate, who can a) provide additional support; b) assist sexual assault survivors in healing; and c) provide information regarding available resources and options. Sexual assault support services may also be obtained through legal mail addressed to Just Detention International, 3325 Wilshire Boulevard, Suite 340, Los Angeles, CA 90010. Legal mail will be handled per DOC 450.110, Mail for Work Release Offenders.

DOC 610.300, Health Services for Work Release Offenders, states that offenders who are on Work Release status will have unimpeded access to health care. In the section on Offender Responsibilities, it states that when health services are not provided by the Department, offenders will need to secure funding for their health care through appropriate means, such as basic health plans, the Veteran's Administration, their employer, or personal resources. In the case of sexual misconduct, the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment. A victim of sexual misconduct will not have debt added to his/her account for any medical or mental health treatment received as a result of reported sexual misconduct, whether or not s/he names the abuser or cooperates with any related investigation.

##### Standard 115,221(a)

The facility reported, via the PAQ, that it is only responsible for conducting administrative investigations. Bellingham Police Department has responsibility for conducting criminal investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

The auditor was provided with a copy of the uniform evidence protocol. The WADOC used the following publications as the basis for sexual misconduct investigation evidence protocols:

- A National Protocol for Sexual Assault Medical Forensic Examinations Adults I Adolescents, Second Edition, U.S. Department of Justice, Office on Violence Against Women; April 2013
- 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

In summary, the eight random staff interviewed indicated that in order to obtain usable physical evidence in an incident that has just occurred, they would separate the two residents, not allow anyone into the area, follow the checklists in the PREA kit, request the victim not take any actions that could destroy evidence and make sure the suspect doesn't destroy evidence,

call 911 and wait for law enforcement. All of the staff knew the person conducting the investigation had to have special training. Most indicated it would be a CCS from another Work Release Facility. Some indicated it would be outside law enforcement who conducted the investigation.

The auditor was provided with a copy of the Bellingham PREA complaint log for the period 11/2/2020 through 10/31/2021. It reflects one case dated 12/28/2020. The allegation was made verbally to the Community Corrections Supervisor. A staff member allegedly made inappropriate comments to a female resident, then met her in the community and performed a cross-gender pat down search. The case was submitted to the PREA Triage Unit and referred back to the facility for investigation. At conclusion of the investigation, the case was unsubstantiated.

#### Standard 115.221(b)

The facility reported, via the PAQ, that the protocol used is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. WADOC developed evidence protocols based on the following documents: A National Protocol for Sexual Assault Medical Forensic Exams and Adults/Adolescents and Recommendations for Administrators of Prisons, Jails and Community Confinement Facilities for Adapting the US Department of Justice's A National Protocol for Sexual Assault Medical Forensic Examinations and Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the US Department of Justice's A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents.

The auditor reviewed the Uniform Evidence Protocol.

#### Standard 115.221(c)

The facility reported, via the PAQ, that it offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by SAFEs or SANEs. When SANEs or SAFEs are not available; a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. In the past 12 months, there were no forensic medical exams conducted.

The auditor was tasked to review documentation of efforts to provide SANEs/SAFEs. Contract #K11494 which is the agreement between WADOC and Office of Crime Victims Advocacy was provided. It is in effect until 6/30/2023. The documentation that forensic medical examinations are offered for free was found documented in policy.

A SANE was interviewed on January 26, 2022 via the telephone. She indicated that she is responsible for conducting all forensic medical examinations for the facility. She indicated that their records did not show any forensic examinations being conducted for residents of BWTR within the past 12 months. She also indicated that there are multiple staff available, so someone should always be available to respond.

The auditor was tasked to review documentation to corroborate that all resident victims of sexual abuse have access to forensic medical examinations. There were no instances during the documentation review period which would have required a forensic medical examination. She also reviewed documentation to delineate responsibilities of outside medical and mental health practitioners. A copy of the chart which designates the hospital and the Community Sexual Assault Program who provide the services was provided.

#### Standard 115.221(d)

The facility reported, via the PAQ, that it attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. The efforts are documented. All victim advocacy services are provided by OCVA and community sexual assault programs. BWTR partners with Domestic Violence and Sexual Assault Services.

The auditor reviewed documentation of agreement with rape crisis center for services or documentation of efforts. She was tasked to review documentation of staff member's qualifications if an agency staff member is used. There was none because a victim advocate will always be available to provide these services.

The PREA Coordinator indicated, during her interview, that the agency has an overarching Memorandum of Understanding which outlines the victim advocate services that are to be provided. If a resident calls the hotline, they are directed to the appropriate facility to respond to their needs. The agency ensures that the victim advocates that are provided meet all mandatory requirements by including the requirements in the MOU and requiring the potential victim advocate to provide proof that they have met all mandatory requirements.

During her interview, the PREA Compliance Manager indicated that a victim advocate would be contacted to meet the resident at the hospital to provide emotional support, crisis intervention, information and referrals during the forensic medical examination. With COVID, the local hospital has limited the number of people who can accompany the person at the

hospital. If the victim advocate is not able to be there in person, they would make themselves available via the telephone to provide the services.

There were no allegations of sexual abuse made during the audit documentation period; therefore, there were no residents who reported an incident of sexual abuse to interview.

The auditor was provided with curriculum used for training advocates about PREA and prison operations, an in-person advocacy guide, a copy of the OCVA posters in English and Spanish, a training transcript for advocacy with a resident, and the brochure on OCVA in English and Spanish.

Standard 115.221(e)

The facility reported, via the PAQ, that if requested by the victim, a victim advocate supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. WADOC requires a victim advocate be contacted prior to the offender being transported to the designated community health care facility for a forensic medical exam. The advocate responds to the community healthcare facility and is present during the forensic exam unless the offender declines services to the advocate. Each work training release facility is required to establish procedures for scheduling and conducting investigatory interviews following a forensic medical examination. During the pandemic, victim advocates from Domestic Violence and Sexual Assault Services were only able to accompany victims at St. Joseph Hospital if the victim did not have a support person. If the victim had a support person at the hospital, DVASAS was not able to provide support at/in the hospital.

The PREA Coordinator indicated, during her interview, that when requested, the victim is supported by a victim advocate from the community.

The auditor was provided with documentation of the annual victim advocate meeting. It occurred on September 22, 2021 and was held virtually. The CCS and the Primary Advocate were involved in the meeting.

Standard 115.221(f)

The facility reported, via the PAQ, the agency conducts administrative investigations and relies on the Bellingham Police Department to conduct investigations into allegations of sexual abuse. The agency has requested that the responsible agency follow the requirements of paragraphs 115.221(a) through (e) of the standards.

BWTR does not have an agreement with the Bellingham Police Department, the city police are mandated to provide services to all residents in the city limits. The services they provide are mandated in state law. The PREA Compliance Manager meets annually with the police department to ensure issues and concerns are addressed.

The auditor was provided and reviewed the MOU for WSP which is effective through June 30, 2025.

The minutes from the annual meeting with Law Enforcement was conducted on October 1, 2021. During the meeting the participants discussed the process to be utilized when a report of sexual assault or abuse is received. The minutes from the meeting were detailed to ensure that all involved understand what is expected from both sides.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.222 Policies to ensure referrals of allegations for investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.222, Policies to Ensure Referrals of Allegations for Investigations.**

##### Policy

DOC 490.800, PREA Prevention and Reporting, addresses meetings with local law enforcement. It requires the Work Release Administrator to meet at least annually with applicable law enforcement officials to review investigation requirements detailed in federal PREA standards, establish procedures for conducting criminal investigations related to PREA allegations, and establish a point of contact and agree upon investigatory update procedures. It also requires these meetings with law enforcement to be documented in meeting minutes.

DOC 490.860, PREA Investigation, states: The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department. Investigations will be completed even if the individual is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. Allegations *may be* referred to law enforcement agencies for criminal investigation. The Department may discipline and refer for prosecution, when appropriate, persons determined to be perpetrators of sexual misconduct. Investigations involving represented employees will be conducted per the provisions of the applicable collective bargaining agreement.

The auditor has a concern with the language in 490.860, PREA Investigations. In pertinent part, it states: Allegations may be referred to law enforcement agencies for criminal investigation. The language "may be" appears to be discretionary.

Elsewhere in the policy, it states that allegations will be referred. The auditor has brought this to the attention of the PREA Coordinator and is recommending the text be consistent and not discretionary. She was told this will be changed in the next policy revision.

##### Standard 115.222(a)

The facility reported, via the PAQ, that it ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident on resident and staff sexual misconduct). WADOC has established a process whereby all allegations are triaged by the Headquarters PREA Unit to determine if the allegation falls within established PREA definitions. Allegations resulting in the initiation of an investigation are returned to the applicable Appointing Authority for investigation. In the past 12 months, there was one allegation of sexual harassment that was received. This allegation resulted in an administrative investigation. Referring to allegations received in the past 12 months, the only administrative investigations was completed.

The Agency Secretary indicated during the interview, that all allegations are forwarded to the PREA Triage Unit in Headquarters. They are evaluated to determine if they meet the criteria of PREA, and if so, they are given to the appointing authority to investigate. If the allegation is criminal, it is referred to outside law enforcement for investigation.

The auditor was tasked to review documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings. The auditor reviewed the only investigation package generated during the audit documentation period. It was a sexual harassment allegation against a staff member and was determined to be unsubstantiated.

##### Standard 115.222(b)

The facility reported, via the PAQ, that it has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Bellingham Police Department is the primary investigative agency for criminal investigations. If they decline to investigate, the facility can make a referral to the Whatcom County Sheriffs' Office and then to the Washington State Patrol (WSP). WADOC maintains an agreement with WSP for assistance as needed / requested. Additionally, the Work/Training Release Supervisor meets with law enforcement officials annually to discuss investigation processes and review procedures. Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The policy can be accessed at:

<https://doc.wa.gov/corrections/prea/resources.htm>. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. A log of facility law enforcement referrals will be maintained at each facility to track and document all law enforcement referrals. The log was provided to the auditor. It contained one allegation during the audit documentation period.



The investigator was interviewed, via the telephone on January 25, 2022. She indicated that policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct the investigation.

The auditor verified that policy is on website.

There was one allegation made during the documentation review period, it was a sexual harassment allegation and would not have required referral to outside law enforcement.

Standard 115.222(c)

The auditor was tasked to review the publication that describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable. The MOU with WSP was received and reviewed.

During a review of the WADOC website, the PREA policies and investigation protocols were located using the search tool in "Policies".

Standard 115.222(d)

The standard requires that any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails have in place a policy governing the conduct of such investigations. The auditor was provided with the MOU between WADOC and the WSP. It outlines responsibilities of both entities.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.231 Employee training

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.231, Employee Training.**

##### Policy

DOC 490.800, PREA Prevention and Reporting, addresses PREA training requirements. It mandates that all new employees, contract staff, and volunteers 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. This policy outlines all of the components covered by the curriculum. Staff are required to acknowledge their understanding of the training.

##### Standard 115.231(a)

The facility reported, via the PAQ, that the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. General PREA training curriculum includes but is not limited to all elements required by this standard. Initial training for new employees is provided through the Learning Center. Annual PREA training is provided in the classroom or through the Learning Center. The agency trains all employees who may have contact with residents on: 1) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 2) the right of residents to be free from sexual abuse and sexual harassment; 3) the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 4) the dynamics of sexual abuse and sexual harassment in confinement; 5) the common reactions of sexual abuse and sexual harassment victims; 6) how to detect and respond to signs of threatened and actual sexual abuse; 7) how to avoid inappropriate relationships with residents; 8) how to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; 9) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The auditor was provided with PREA 101 On-Line training, PREA 102 Facilitators Guide, Work/Training Release PREA Training (scenario based training used in conjunction with the other curriculum), and PREA 102 Training curriculum. All were reviewed and noted to address all required components.

All eight of the random staff interviewed indicated they had completed PREA training within the last 12 months. They also indicated that the required components were included in training they received.

The auditor was tasked to review a sample of training records. She was provided with the tracking log that is used to ensure all staff complete required documentation and training. For the state staff, the log shows there are 5 employees and all but one has completed the mandatory PREA training for 2021. When this was brought to the attention of the PREA Compliance Manager, the auditor was told that employee is no longer employed at BWTR. The auditor requested and received training records for two of the four state staff. Both had completed required training.

##### Standard 115.231(b)

The facility reported, via the PAQ, that training is not tailored to the gender of the residents at the facility. Initial and annual PREA training curriculum includes information applicable to both male and female offenders. It should be noted that BWTR houses both male and female residents. This training is provided to all agency employees and contract staff. This training strategy allows WADOC to forego the requirement to provide gender specific training if an employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa.

As stated above, the auditor reviewed several training curriculum.

The auditor was provided with the tracking log that is used to ensure all staff complete required documentation and training. For the state staff, the log shows there are five employees and all but one has completed the training for 2021. The one who had not completed the training no longer works at BWTR.

##### Standard 115.231(c)

The facility reported, via the PAQ, that there are five staff employed by the facility, who may have contact with residents, who were trained or retrained in PREA requirements. Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. WADOC utilizes refresher training emails each year due to annual training spanning through a whole year (July 1 – June 30) which leads to a staff member potentially taking the training every two years if they take it at the beginning of a training cycle then do not complete training until the end of the next training cycle (e.g., training 7/1/2020 and then completing next training

06/30/2022) The refresher addresses the time span that can occur between training. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.

The auditor reviewed training curriculum and the tracking log that is used to ensure all staff complete required documentation and training, as addressed in more detail above.

Standard 115.231(d)

The facility reported, via the PAQ, it documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

The auditor was tasked to review documentation of employee signatures or electronic verification signifying comprehension of the training. The PREA Coordinator provided a memo explaining how the acknowledgment works. It stated: When completing the WADOC annual training:

For in-class training venues, an acknowledgment form is provided in the classroom that students sign acknowledging they understand the training provided.

For training completed through the Learning Center, the system includes an acknowledgment that the participant understands the training completed. The module with this acknowledgment is assigned to the student following completion of the training module. The agency PREA Coordinator receives a daily report from the Training and Development Unit including information when any employee answers false to the statement "By answering True to this question, I verify that I have viewed and understand all sections of the PREA training course". The PREA Coordinator then works with the appropriate Appointing Authority to resolve the response and any questions / concerns of the student who is then reassigned the acknowledgment module to confirm an understanding of the training.

WADOC requires employees to sign form DOC 03-483, PREA Training Acknowledgment, upon completion of the in-person class. The auditor was provided an example of the acknowledgement statement that the employee must confirm when they participate in on-line training.

The auditor has determined through a review of policy and documentation, and interviews that the facility has demonstrated substantial compliance with this standard.

## 115.232 Volunteer and contractor training

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.232, Volunteer and Contractor Training.**

##### Policy

DOC 490.800, PREA Prevention and Reporting, covers contractors and volunteers and is outlined above in 115.31.

DOC 530.100, Volunteer Program, states: Volunteer Specialists will be responsible for local oversight of the Volunteer Program, and will ensure eligibility, training, and screening requirements are met.

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

##### Standard 115.232(a)

The facility reported, via the PAQ, that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. There were no volunteers assigned at BWTR during the audit period. As a result of staffing shortages due to the pandemic, BWTR did enlist the assistance of a few Community Corrections Officers (CCO) from Community Corrections to assist both the contractor and DOC. Also, due to the pandemic and poor wages, several contract staff left their employment at BWTR and staff turnover was likely the highest in BWTR's history. WADOC requires all contractors with regular contact with residents to complete the same training as provided to all employees. Certain identified contractors, such as those providing language interpreter services, and all volunteers are required to complete specially designed web-based training. Contracts detail PREA-training requirements.

The auditor was tasked to review training curriculum. PREA 102 Curriculum and Facilitator guide were received and reviewed by the auditor. In addition, the auditor was provided with screen prints of the instructions for accessing Volunteer/Contractor Training from the WADOC website.

Two contractor staff were interviewed. Both indicated they have had PREA training within the last year. They work at the facility full-time and complete the same training as the state staff.

The auditor was tasked to sample training records of volunteers and contractors who have contact with residents. The tracking log provided shows 20 contract staff assigned at BWTR. Of those 20 staff, 2 have not completed the 2021 PREA annual training. This equates to 90% compliant. The auditor requested and received training records for three contract staff.

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

The auditor was provided with the PREA Brochure for staff, contractors, and volunteers.

For the CWTA contract staff, there were five examples of PREA acknowledgements provided.

##### Standard 115.232.(b)

The facility reported, via the PAQ, that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditor reviewed the training curriculum for volunteers and contractors.

The auditor asked what each contractor recalled from the training, the most important information they retained from the training they attended. One of the contractors interviewed indicated the training addressed responsibility to report, what is consent, safety and the LGBTI aspect. The other indicated she is mandated to report anything that she becomes aware of, the residents have several ways to report, they have a PREA kit available, should an allegation of sexual abuse be made, and she would call 911 and/or the Work Release Administrator – depending on the circumstances. Both indicated they have been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as informed about how to report such incidents.

The auditor reviewed a sample of training records for current contractors. This information is detailed above in (a). There are currently no volunteers being utilized because of COVID restrictions.

Standard 115.232(c)

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

The auditor has determined through policy and documentation review and interviews, that the agency is in substantial compliance with this standard.

## 115.233 Resident education

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.233, Resident Education.**

##### Policy

DOC 490.800, PREA Prevention and Reporting, addresses PREA information for residents. It states that incarcerated individuals under the Department's jurisdiction will be provided PREA-related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manner allowing individuals to ask questions of the staff member facilitating the orientation. If an orientation video is presented in-transit, individuals will be provided an opportunity to ask questions of the facilitator during on-site facility orientation. The need to provide targeted orientation will be determined on a case-by-case basis, taking into consideration: reading comprehension levels, mental health input/evaluation, cognitive abilities, interactions with staff, and/or language barriers other than Spanish. In the section which addresses Work/Training Release facilities, it states residents will be given an informational brochure provided by the PREA Coordinator. PREA information may also be covered in the local Offender Orientation Handbook. Orientation will be documented on DOC 05-512 Work Release Orientation Checklist or in the OMNI Program.

This policy also states that a PREA Compliance Manager will be identified by the Work/Training Release Administrator for each Work/Training Release. The PREA Compliance Manager will be an employee outside of any Intelligence and Investigations Unit, who will coordinate local PREA compliance and coordinate monthly checks. Monthly check will verify the PREA hotline telephone number is posted on or near all telephones used by residents, the posters and brochures are posted in areas accessible to residents and the public, and the DOC 21-379, Report of PREA Allegation to an Outside Agency, forms are available for residents to access.

DOC 310.000, Orientation, states that all newly received incarcerated individuals will participate in a program of interviews, testing, and other activities related to the admission process at the receiving facility per DOC 310.150 Reception, Initial Classification, and Custody Facility Plan. Initial reception and orientation will be completed within 4 weeks of admission to the Reception and Diagnostics Center unless medical, mental health, or behavioral issues prevent completion of this process. In the section on orientation, it states that incarcerated individuals arriving at or transferred to a Work/Training Release or Prison, including transfers between an IMU, will receive an orientation to the new facility unless medical, mental health, or behavioral issues prevent completion of this process or the individual has violated a condition of their community supervision and is returning to a facility within 90 days of receiving an orientation.

Work/Training Release orientation will be conducted within 48 hours of admission. Individuals in Work/Training Release will be notified of all appropriate policies and procedures that affect them. Employees will document orientation in the resident's electronic file and the resident will acknowledge receipt of orientation and the Statewide Inmate Orientation Handbook/facility specific handbook by signing a DOC 05-512 Work/Training Release Orientation Checklist in Work/Training Release.

##### Standard 115.233(a)

The facility reported, via the PAQ, that residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicion of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents. All offenders arriving at this facility are 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 and each living unit.

Of residents admitted during the past 12 months, 53 were given this information at intake.

The two assigned caseworkers were interviewed. Both indicated they provide residents with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. To ensure all residents are aware of their rights under PREA, the facility staff reported they utilize the PREA video, policy, and brochure while meeting with the residents. They conduct orientation with the residents and the residents are able to ask questions, if needed.

There were 15 random resident interview protocols completed. The residents interviewed indicated that they either saw the PREA video or were given a PREA brochure and received the facility handbook during their initial meeting with their caseworker. They were told about their right to not be sexually abuse or sexually harassed, how to report an incident of sexual abuse or sexual harassment, and their right to not be punished for reporting sexual abuse or sexual harassment. All but one of the residents indicated this information was given to them on the first day they arrived. The other resident indicated he received the information the day after he arrived.

The auditor was tasked to review intake records of residents entering the facility in the past 12 months. To accomplish this, she was provided with the tracking document that is maintained by the PREA Compliance Manager. The tracker showed that all residents received orientation within 48 hours of arrival. The auditor also requested and received completed PREA Orientation Checklists for identified residents. After reviewing these documents, the auditor confirmed that orientation was completed timely for these residents. In addition, the auditor was provided with and reviewed PREA education materials to ensure that relevant information is covered. These included the brochure entitled: Sexual Assault and Abuse: PREA Orientation for Work Release Offenders. The auditor was also provided with the PREA Intake Posters in English and Spanish.

The auditor was provided with the statewide offender orientation book and the Work/Training Release Resident Handbook. It was updated in May 2021 and addresses PREA/Sexual Harassment. It outlines the policies related to PREA and gives definitions. It provides guidance on how to report allegations and what will happen after an allegation has been made. It addresses PREA related medical and mental health care, emotional support services, and PREA housing assignments.

#### Standard 115.233(b)

The facility reported, via the PAQ, that it provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a). All residents are provided information on arrival in the form of a PREA brochure and complete a full facility orientation within 48 hours of arrival. In addition, each resident is provided with a facility information brochure and handbook that details zero tolerance, reporting, agency response and retaliation monitoring. In the past 12 months, there have been no residents transferred from a different community confinement facility.

Both of the caseworkers interviewed indicated that PREA information is generally provided on the day that residents arrive at BWTR. This information includes viewing the video, completing orientation, being provided a brochure, and the facility handbook.

All of the residents interviewed, indicated they had arrived at BWTR during the latter half of 2021. All participated in orientation on the day they arrived or the next day.

#### Standard 115.233(c)

The facility reported, via the PAQ, that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Offenders in Work/Training Release are not required to view the PREA orientation video. The CCO would discuss any limited English proficiencies during intake. The OMNI system also identifies those in need of an interpreter. During this audit period, we provided one orientation in Spanish for one resident. This is documented in OMNI as well as on our PREA-Interpreter report.

Resident PREA education is available in formats accessible to all residents, including those who are deaf, visually impaired, otherwise disabled or are limited in their reading skills. All offenders transferring between facilities are provided PREA orientation via a video while in transit, or offered the opportunity to view this within a short period of time after arrival. This video is closed-captioned for offenders who are deaf or hearing impaired. Offenders arriving at the facility are reviewed to determine if additional venues are needed in order to provide orientation. These include use of a sign language interpreter if needed. The CCO would discuss any hearing impairment issues during intake. During this audit period, the facility did not provide orientation to any deaf or hearing-impaired residents.

The auditor was provided with a copy of the Low Comprehension Facilitator Guide and five of the individual booklets that are used.

The auditor was provided with the PREA Orientation Script in English and Spanish, the offender brochure in Spanish, the intake posters in English and Spanish and the Work Release Brochure in English and Spanish. The Orientation Script is the one used at all WADOC facilities.

#### Standard 115.233(d)

The facility reported, via the PAQ, that it maintains documentation of resident participation in PREA education sessions. When an offender completes orientation, they sign DOC 05-512 Work/Training Release Orientation Checklist, which is scanned into OnBase (an electronic document warehouse). The PREA Compliance Manager reported that while obtaining documents for this standard, OnBase crashed. As a result, she was unable to access a copy of an orientation example for October 2020, so she attached the chronological record indicating that the orientation was completed. She reported that BWTR did not have any intakes in November and December 2020 because they were on COVID outbreak status. To ensure she provided an adequate sample of 12, she submitted 2 checklists samples for April and June 2021. One resident was provided with a Spanish interpreter for intake and orientation.

The auditor was tasked to review a sample of documentation of resident participation in education sessions. The auditor was provided with the risk screening/education tracking documents. According to the documentation received, all residents

received the required education within the 30 days. Several examples of the forms were also provided. A couple were not signed by the staff member, so the case note that was completed was also provided.

Standard 115.233(e)

The facility reported, via the PAQ, that it ensures key information about the PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The auditor noted, during the facility tour, that the facility has developed a PREA Bulletin Board in each of the houses. It is in the entry area. It displays the posters for PREA and Emotional Support Services. It also has multiple copies of brochures, so residents can take one, if needed. The Colorado forms are also available on each of these bulletin boards.

The auditor reviewed education and informational materials in compliance with the standard.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility has demonstrated substantial compliance with this standard.



## 115.234 Specialized training: Investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### Standard 114.234, Specialized Training - Investigations.

##### Policy

DOC 490.800, PREA Prevention and Reporting, addresses training requirements. It states that PREA investigators will be trained in: 1) crime scene management/investigation, including evidence collection in Prisons and Work/Training Releases; 2) confidentiality of all investigation information; 3) Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process; 4) crisis intervention; 5) investigating sexual misconduct; 6) techniques for interviewing sexual misconduct victims; and 7) criteria and evidence required to substantiate administrative action or prosecution referral.

DOC 490.860, PREA Investigations, states that investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800, PREA Prevention and Reporting.

##### Standard 115.234(a)

The facility reported, via the PAQ, that policy requires investigators to be trained in conducting sexual abuse investigations in confinement settings.

The auditor was tasked to review the training curriculum. She was provided with the curriculum and instructor guide. Both were reviewed and the auditor determined all required subjects were addressed.

The investigator who was interviewed, indicated she completed training specific to conducting sexual abuse investigations in confinement settings in approximately 2017. The things she remembered most about this training were the need to ensure confidentiality is maintained, her role is to gather evidence and document what she found, develop a rapport with the individuals she is interviewing, and follow any leads she receives regardless of where they take her.

The auditor reviewed training records/logs of investigative staff. Training had been completed by the one internal investigator who conducted an investigation during the review period.

The facility provided the following information: WADOC has established specialized investigator training that provides information regarding the conduct of all PREA-related investigations. This includes, but is not limited to; how to conduct an investigation in confined settings, techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity Warnings, and evidence collection.

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

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

Based on the allegation, the Appointing Authority/designee can secure an investigator from within the facility or request the investigation be completed by any trained investigator from across the agency.

WADOC is responsible for conducting all administrative investigations related to PREA. WADOC staff do not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. WAC 139-05-240 outlines the requirements of the basic law enforcement academy and WAC 139-05-250 outlines the basic law enforcement curriculum. WAC 139-25-110 outlines the career-level certification for law enforcement and corrections personnel. Additionally, on July 23, 2017, the Washington State Legislature passed legislation amending House Bill 1109, Supporting Victims of Sexual Assault. Among other provisions, this law establishes a task force on sexual assault forensic

examination best practices, with the requirement to provide ongoing specialized training to law enforcement officials responsible for investigating sexual assault cases involving adult victims. This training is in relation to sexual assault evidence, victimization and trauma response to improve the quality and outcomes of sexual assault investigations. This legislation also dictates (1) the offering of the training beginning July 1, 2018, requiring that officers assigned to regularly investigate the training within one year of being assigned of by July 1, 2020, whichever is later; and (2) incorporation of victim-centered, trauma-informed approaches to policing in the basic law enforcement training curriculum, designed for commissioned patrol officers not regularly assigned to investigate sexual assault cases, to be deployed in annual trainings beginning in 2018.

Standard 115.234(b)

As stated above, the auditor reviewed the training curriculum for investigations in a confinement setting.

During the interview with the investigator, she stated that she recalled the specialized training to include proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The auditor reviewed training records/logs of investigative staff. The CCS/PREA Compliance Manager is the only staff assigned at BWTR who has participated in the investigatory training. The auditor verified the investigator who completed their one investigation had been trained.

According to DOC 490.800, PREA Prevention and Reporting, the current training requires that all PREA Investigators be trained in: crime scene management and investigation, including evidence collection in Prisons and Work Releases; confidentiality of all investigation information; Miranda and Garrity Warnings, compelled interviews, and the law enforcement referral process; crisis intervention; investigation sexual misconduct; techniques for interview sexual misconduct victims; and criteria and evidence required to substantiate administrative action or referral for prosecution.

Standard 115.234(c)

The facility reported, via the PAQ, that the agency maintains documentation showing that investigators have completed the required training. A training transcript is maintained for all individuals who have completed official Department training. The agency currently employs 687 investigators who have completed the required training.

The auditor was tasked to review documentation that investigators have completed training. She received training transcripts for two investigators. One of those was the investigator who completed the only investigation at the facility during the audit documentation period.

The auditor has determined through policy and documentation review and interviews that the facility has demonstrated substantial compliance with this standard.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Standard 115.35, Specialized Training-Medical and Mental Health Care.**

Policy:

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

Substandard 115.235(a)

The facility reported, via the PAQ, that the agency has a policy requiring specialized training of medical and mental health practitioners who work regularly in its facilities. There are no medical and mental health care practitioners who work at this facility; therefore, no staff at the facility have received the training.

There are no Medical and Mental Health staff assigned at BWTR, so no interviews were conducted.

The facility informed the auditor that Work Release facilities do not provide on-side medical or mental health services. Residents are referred to and utilize numerous services and providers in the community. BWTR maintains a list of these resources in the community resource book and CCO's will often make referrals and assist residents to navigate the medical system. Almost all residents arrive with a Provider One health card, which gives them funding for medical and mental health services.

Substandard 115.235(b), (c), & (d)

The facility reported there are no Medical or Mental Health staff assigned at BWTR.

The facility was found to be substantially compliant with this standard.

## 115.241 Screening for risk of victimization and abusiveness

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.241, Screening for Risk of Victimization and Abusiveness.**

##### Policy

DOC 490.820, PREA Risk Assessments and Assignments, addresses PREA risk assessments. It states that all PREA Risk Assessments (PRAs) will be completed in the offender's electronic file. PRAs must be completed in person with the offender. The policy outlines the circumstances when a PRA can be completed manually or delayed. It also specifically addresses initial and intake PRAs. It states that 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.

This policy also addresses follow-up PRAs and states that a follow-up PRA will be completed between 21 and 30 calendar days after the offender's arrival at the facility. It also addresses "For Cause" PRAs and requires "for cause" PRAs to be completed within 10 business days by the assigned CCO when additional information is received suggesting potential for victimization or predation (e.g., reports of behavior while in jail or on the bus in transit, court documents, Pre-Sentence Investigations) or if the offender self-discloses information that could impact assessed risk (e.g., previously unreported prior abuse, sexual orientation/identity) or when there is a finding of guilt on certain infractions listed in the PRA, including violent infractions and infractions for sexual assault/abuse or when an employee/contract staff observes offender behavior suggesting potential for victimization or predation or for substantiated allegations of offender-on-offender sexual abuse/assault or staff sexual misconduct. The Appointing Authority is required to develop local procedures for notifying the assigned CCO and PREA Compliance Manager of substantiated allegations. The PREA Compliance Manager will be notified upon completion of the required PRA.

It states that in Work Releases, the perpetrator will be transferred to a Prison if s/he has not transferred during the investigation, released, or is already being held in a county jail. Once the Work Release Administrator/designee notifies the Superintendent of the substantiated allegation, a mental health evaluation will be requested at the Prison using DOC 13-509 PREA Mental Health Notification. The victim will be provided with community mental health contact information. The PREA Coordinator/designee will ensure all "for cause" PRAs have been completed in response to applicable substantiated investigations.

DOC 280.310, Information Technology Security, states that Department Information Technology (IT) resources are Department property, and the Department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, IT Security Standards located on the Department's internal website, and Department policies.

DOC 490.800, PREA Prevention and Reporting, states that information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action. This provision is not intended to affect the Department's obligation to gather, review, and potentially produce records of allegations or incidents of sexual misconduct as required per Restricted Code of Washington (RCW) 42.56.

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

DOC 280.515 addresses restricted information - data containing information that may endanger the health or safety of others or that has especially strict handling requirements by law, statute, or regulation. It states that electronic data will be stored and transmitted consistent with their classification per the Data Classification Standards unless a more restrictive data sharing agreement is in place. It also addresses staff responsibilities and states that each staff is responsible for electronic data in his/her care, and will report specific circumstances. This policy addresses staff's obligation to report unauthorized access or release of specific 4 data and/or lost or stolen computer equipment or portable electronic storage media (e.g., laptop, USB drive, flash drive) that contains specific data. It outlines the violations for failure or refusal to perform assigned responsibilities or willful violation of the data classification policy. Only a limited classification of staff have access to this program and offenders do not have access.

##### Standard 114.241(a)

The facility reported, via the PAQ, that it has a policy that requires screening (upon admission to a facility or transfer to

another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. Risk assessments are completed in the OMNI system. In the event the system is unavailable, a paper version of the risk assessment can be used and entered into the electronic system as soon as possible.

Both caseworkers interviewed indicated they screen residents utilizing the PRA on the day they arrive at BWTR for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Of the 15 random resident interview protocols completed, 14 residents indicated they were asked questions related to PREA on the first day they arrived at the facility. The other resident indicated he may have been asked the questions, but couldn't say for sure.

During the day of our visit, there were no new arrivals scheduled; therefore, the auditor was not able to observe the intake process or the risk screening process.

#### Standard 115.241(b)

The facility reported, via the PAQ, that policy requires residents to be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. There were 53 residents entering the facility (either through intake or transfer) within the past 12 months who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.

Both staff interviewed indicated they complete a PRA on all new arrivals. The risk screening is typically completed on the day the resident arrives at BWTR.

Of the 15 random resident interview protocols completed, 14 residents indicated they were asked questions related to PREA on the first day they arrived at the facility. The other resident indicated he may have been asked the questions, but couldn't say for sure.

The auditor was tasked to review records for residents admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours. She reviewed the tracker that was provided with the PAQ. During the review of the tracker, the auditor noted that all initial intake screenings were completed within the required 72 hours. Ten screen shots showing completion of the initial risk assessment were provided.

#### Standard 115.241(c)

The facility reported, via the PAQ, that the risk assessment is conducted using an objective screening instrument.

The PRA is completed in the OMNI system. The paper version of the risk assessment was provided with the PAQ and reviewed by the auditor. It contains all required components.

An explanatory memorandum from the PREA Coordinator was provided which described how this process works. The auditor was also provided with the OMNI PREA Access/ Security Group document. It shows the various forms and who has access to each form. In addition, the auditor was provided with a copy of the PRA assessors guide (08/20) which describes the detailed process for completing the risk assessments.

#### Standard 115.241(d)

The PRA is completed in the OMNI system. The paper version of the risk assessment was provided with the PAQ and reviewed by the auditor. It contains all required components.

Two staff were interviewed and in summary they indicated the risk screening considers criminal history, age, weight, height, number of times incarcerated, prior victimization, gender identity, vulnerability, and the resident's concerns as it relates to medical and mental health. They described the process as: the facility receives the information on the individuals being transferred before they arrive. This information is reviewed and housing assignments are made, before the residents arrive. On the day the residents arrive, they attend orientation with the contract staff. This covers a variety of subject matter, then the residents are shown to their assigned room. The caseworker calls the resident out to meet with them. During this time, the resident will be shown the video, if they weren't shown it as part of orientation or on the transport bus. They are given PREA information and the handbook. The caseworker discusses PREA with them and asks if they have any questions. The caseworker then completes the PRA.

The auditor was provided with a copy of the Assessor's Guide to be utilized by staff who are completing the PRA – instructional manual.

#### Standard 115.241(e)

Two staff were interviewed and in summary they indicated the risk screening considers criminal history, age, weight, height, number of times incarcerated, prior victimization, gender identity, vulnerability, their concerns as it relates to medical and

mental health. They described to process as: the facility receives the information on the individuals being transferred before they arrive. This information is reviewed and housing assignments are made, before the residents arrive. On the day the residents arrive, they attend orientation with the contract staff. This covers a variety of subject matter, then the residents are shown to their assigned room. The caseworker calls them out to meet with them. During this time, the resident will be shown the video, if they weren't shown it as part of orientation. They are given PREA information and the handbook. The caseworker discusses PREA with them and asks if they have any questions. The caseworker then completes the PRA.

#### Standard 115.241(f)

The facility reported, via the PAQ, that policy requires the facility to reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. All offenders are required to be rescreened between 21 and 30 calendar days after arrival at the facility.

The PREA Compliance Manager provided additional information, as follows: Follow up risk assessments were completed within the 21-30 day period for 48 (out of 52) offenders, for 92% compliance. One resident escaped before the date of his PREA follow-up, leaving BWTR with 52 possible PREA follow-ups to complete during the audit period. During the facility COVID outbreak, which occurred between about 11/8/20 to 12/11/21, four PREA follow-ups were late. During that time, moves within and outside of the facility were frequent and staffing was limited. In the future, the pandemic plan will include designating the CCO3 to ensure all PREA tasks are completed, to include telephonic follow-up PREA assessments when the residents are offsite.

In the past 12 months, there were 48 residents entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

Both caseworkers interviewed, indicated they complete a follow-up risk assessment with each resident between 21 – 30 days of arrival. To ensure these are completed timely, one of the caseworkers indicated he sets a reminder on his calendar and the OMNI system provides a reminder when it is time to complete the follow-up risk assessment. He indicated the system will not allow them to access the follow-up risk assessment before the 21st day.

The 15 random resident interview protocols completed reflected that the follow-up risk assessments was completed between one week and 4 weeks of arrival. One resident stated that he didn't recall receiving a follow-up and three residents hadn't been at the facility long enough to have a follow-up risk assessment completed.

The auditor was tasked to review records of initial assessment and reassessment for risk of sexual victimization or abusiveness. There were no instances where a reassessment of the resident's risk of victimization or abusiveness due to additional, relevant information being received by the facility.

Ten examples of completed follow-up risk assessments were provided.

The auditor noted on the tracking log, that there were 4 follow-up risk assessments not completed within the required 30 days. This was due to these residents being placed on COVID quarantine status away from BWTR. Upon their return, the follow-up risk assessments were completed.

#### Standard 115.241(g)

The facility reported, via the PAQ, that policy requires a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. During the audit documentation period, there were no "for cause" assessments indicated. It is noted that due to the pandemic, the population was significantly reduced impacting the variety of data, or lack thereof, during this audit period. During the audit period BWTR did not have any substantiated offender-on-offender sexual assault/abuse and staff-on-offender sexual misconduct investigations.

Both caseworkers indicated, during their interview, that they would reassess the resident' risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The auditor was tasked to review records of residents who were reassessed for risk of sexual victimization or abusiveness. There were none. This was confirmed by reviewing the PREA Incident Tracking log and via a memorandum from the Work Release Administrator, certifying there were no "for-cause" risk assessments completed during the audit review period. She was also tasked to review a sample of records of residents who have been victims or perpetrators of sexual abuse for confirmation of reassessment. There were none to review.

#### Standard 115.241(h)

The facility reported, via the PAQ, that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding: 1) whether or not the resident has a mental, physical, or developmental disability; 2) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; 3) whether or not the resident has previously experienced sexual victimization; and 4) the resident's own perception of vulnerability.

Both caseworkers indicated that residents are not disciplined for refusing to answer, or for not disclosing complete information in response to PREA related questions.

Standard 115.241(i)

The PREA Coordinator indicated the agency has outlined who will have access to the information gathered through PREA Risk Screening. They approved classification staff and management staff to have access to the data. If others need the information, the PREA Coordinator reviews and determines if approval should be granted. If approved, the staff will have "view only" access. All staff have access to the risk screening identifier of "potential victim" or "potential predator".

The PREA Compliance Manager indicated, during her interview, that the WADOC has outlined who can have access to a resident's risk assessment within the facility to protect the sensitive information from exploitation. She said that herself and the CCO's have access to the information.

The two caseworkers interviewed indicated that the agency has a policy about who can access a resident's risk assessment within the facility in order to protect sensitive information from exploitation. At BWTR, the CCS, the CCO's and the Senior Secretary have access to this information.

The auditor has determined through review of policies and documentation, interviews, and facility observation, that the facility has demonstrated substantial compliance with this standard.

## 115.242 Use of screening information

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### Standard 115.242, Use of Screening Information.

##### Policy

DOC 490.820, PREA Assessments and Assignments, addresses Job/Programming Assignments. It states that PRA information will be reviewed when making job and programming assignments per DOC 300.380, Classification and Custody Facility Plan Review. In the section on Housing Assignments, policy requires that before placing the offender in a multi-person cell/room, employees responsible for making housing assignments will review the PRA identifier to ensure the compatibility of cell/roommates. Housing compatibility reviews and related PREA Housing chrono entries are not required for offenders being placed in dedicated single-person cells (e.g., Intensive Management Unit, segregation, mental health units) unless more than one offender is placed in the cell. If an offender is transferring between facilities, housing reviews can be completed in advance of the offender's arrival as long as a review is done to ensure the offenders assigned to the designated cell have not changed before the arriving offender is placed in the cell. An offender who scores at potential risk for sexual victimization will not be housed in the same cell/room as an offender who scores at potential risk for sexual predation or as a dual identifier.

DOC 300.380, Classification and Custody Facility Plan Review, addresses the incoming screening committee. It states that committee members will review each offender on the transfer manifest before they arrive at the receiving facility. The screening will include, at a minimum...PREA information per DOC 490.820. In the section on Facility Risk Management Team (FRMT), it states that any concerns regarding work programs, treatment, education, evidence-based programs, or other activities presented after reviewing the individual's PRA will be documented in the Summary/Statement field in the Classification Review section of the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies.

The policy on transgender assignments is in DOC 490.820, PREA Risk Assessments and Assignments. It addresses Transgender and Intersex Offenders. It states that housing and programming will be reviewed, initially and prior to any transfer, by a local review committee for all offenders who identify as transgender or intersex. Reviews will be documented on DOC 02-384 Protocol for the Housing of Transgender and Intersex Offenders, which will be scanned into a secure site in the electronic imaging system accessible only by the PREA Compliance Manager/Specialist and the Correctional Program Manager/CCS or higher rank. Facilities will develop local procedures to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders. This may include individual shower stalls, separate shower times, or other procedures based on facility design.

DOC 490.700, Transgender, Intersex, and/or Gender non-conforming Housing and Supervision, states that the Department has established procedures to ensure equitable treatment of transgender, intersex, and/or gender non-conforming individuals when determining housing, classification, programming, and supervision. It also outlines intake screening and the process to be utilized for screening of transgender, intersex and gender non-conforming offenders.

##### Standard 115.242(a)

The facility reported, via the PAQ, that it uses information from the PRA to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Prior to assigning a resident to a multi-person room, the PRA is reviewed to ensure the resident is not assigned to an area that would place them at risk for victimization. In addition, the PRA information is used in the following manner in classification decisions:

- 1) Prior to an offender transferring from one facility to another, a transfer manifest is prepared by the DOC transportation unit. Designated staff at the receiving facility complete an ITJS for each offender on the manifest prior to his/her arrival. The ITJS includes information of any history of predatory violence or predatory sexual violence, history of medical/mental health needs, safety/security concerns that impact housing or programming and appropriateness of specific work assignments. PREA screening results are also documented and if an offender displays an increased potential for sexual victimization or predation, staff are expected to document this in the summary section and note any necessary instructions for any safety plans/monitoring plans for work or programming assignments. This screening is documented in the electronic OMNI system.
- 2) Classification staff complete a PREA transfer assessment with 72 hours of arrival and an Intake Classification Custody Facility Plan Review within 30 days of arrival. If a monitoring plan is needed due to an increased potential for sexual victimized or predation, a monitoring plan is developed and entered in an OMNI Chrono and included in the comment section of the Custody Facility Plan (located in OMNI).



3) Classification staff update the status of a monitoring plan at each classification review held either every six months or annually based on the offender's sentence structure. Residents housed in WADOC work release facilities are employed by private entities in the community with whom WADOC can share limited information. The offender is responsible for securing their own employment and the community corrections officer approves all jobs taking PREA needs into consideration and can address issues on a case-by-case basis. The same is true for any education and most rehabilitative programming available for the work release offenders. In-house details and any programming activities held at the facility are monitored at all times by staff and are held within areas of the facility in which offenders can be observed.

The auditor was tasked to review documentation of use of screening information for these purposes. The auditor was provided with the 2019 PRA Housing Guide. In this document, it instructs staff on initial assessments, intake assessments, follow-up assessments and for-cause assessments. It addresses navigating the OMNI system, accessing the inmate status screen and the PREA identifier. It guides staff about offender screenings, housing assignments, and monitoring plans. The auditor was provided with ten examples of housing chronos which demonstrate use of their process.

The PREA Coordinator indicated, during her interview, that the information gathered during the PREA Risk Screening is utilized to establish an identifier. These are "potential victim" or "potential predator". Once the identifier is assigned, then that is used to determine appropriate housing. A resident whose identifier is "potential victim" is never housed with a resident whose identifier is "potential predator". If a resident ends up with a dual identifier, they are only housed with someone who has identified as "no risk" or another resident who has a dual identifier.

The PREA Compliance Manager indicated, during her interview, that the information from the risk screening is utilized to make bed assignments within the facility. They do not put residents identified as "Potential Victims" in the same room as residents identified as "Potential Predators". They do not have work assignments at the facility, so the information is not utilized in that way.

The two caseworkers who are responsible to complete the risk screening, indicated the information gathered from the risk screening is utilized to establish safe housing and in identifying potential job opportunities in the community.

The auditor received a memorandum from the Assistant Secretary-Prisons and the Assistant Secretary-Reentry Division, dated February 3, 2020, which describes the process utilized when housing offenders without a PRA.

#### Standard 115.242(b)

The facility reported, via the PAQ, that it makes individualized determinations about how to ensure the safety of each resident. Within WADOC, all classification, programming, job, and housing assignments are made on the risk-based information obtained for each individual resident. BWTR only had one resident whose monitoring plan was started during the audit period. However, there were two other residents whose monitoring plan was started prior to the audit period, but who were on a monitoring plan during the audit period.

The two caseworkers interviewed, indicated the information gathered from the risk screening is utilized to establish safe housing and identify potential job opportunities in the community.

The 3 monitoring plans identified above were provided to the auditor for review.

#### Standard 115.242(c)

The facility reported, via the PAQ, it makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

The PREA Coordinator stated, during her interview, that the agency has developed a process for the housing and program assignments of transgender or intersex offenders, with specific forms. The process occurs while the offender is in prison prior to being assigned to a work release facility. The Special Housing Review forms are completed with the offender and forwarded to central office for review and approval by a Deputy Director. Once approved, the offender is assigned to an appropriate facility. This process considers the resident's health and safety and whether placement would present management or security problems.

There were no transgender or intersex residents at the facility on the day of the on-site visit; therefore, this interview protocol was not used.

Per policy each transgender or intersex offender is reviewed for any threats to their safety. WADOC utilizes form DOC 02-384, Protocol for the Housing of Transgender and Intersex Offenders, to evaluate each transgender and intersex offender prior to housing. The DOC 02-384 is a thorough assessment of the offender's case factors and these reviews take into account the offender's own view of their safety.

The auditor was provided with a copy of the PRA Housing Guide. It is a power point presentation that provides an overview of the process to be used when completing housing assignment for offenders who are identified to be at risk for sexual

victimization.

The auditor was provided with a memorandum authored by the Assistant Secretary, Prisons Division, dated May 19, 2020, in which he informs Superintendents of the requirements of Standard 115.42(g). This appears to be directions that would be superseded when DOC 490.700 was issued.

The auditor was provided with a copy of a blank 02-384, Housing Protocol for Transgender, Intersex, and Gender Non-conforming Individuals and an 02-385, Housing Review for Transgender, Intersex, and Gender Non-conforming Individuals.

Standard 115.242(d)

The PREA Coordinator indicated that a transgender or intersex resident's views of their safety are given serious consideration in determining appropriate housing.

The two caseworkers interviewed, indicated that transgender or intersex residents' views regarding their safety are given serious consideration in placement and programming assignments. One of the caseworkers indicated that all resident's views regarding safety are given serious consideration when determining housing and job placement.

There were no transgender or intersex residents at the facility on the day of the on-site visit; therefore, the interview protocol was not completed.

Standard 115.242(e)

The PREA Coordinator indicated, during her interview, that transgender and intersex residents are given the opportunity to shower separately from other residents, if they request to do so.

The PREA Compliance Manager indicated that all of the bathrooms in the facility are single use, so a transgender or intersex resident would be able to shower separately.

The two caseworkers indicated that a transgender or intersex resident is able to shower separately from other residents because all bathrooms are single occupancy.

Standard 115.242(f)

The PREA Coordinator indicated, in her interview, that the agency is not subject to any consent decrees or other legal settlement which dictates where transgender or intersex residents may be housed. Their policy expressly prohibits housing these offenders in one specific location. The agency staff conduct periodic reviews to ensure offenders/residents are properly housed.

There were no lesbian, gay, bisexual, transgender or intersex residents at the facility on the day of the on-site visit; therefore, the specific interview questions were not asked.

The auditor was tasked to review documentation of housing assignments of residents identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard. There were no records to review as there were no lesbian, gay, bisexual, transgender, or intersex residents assigned at the facility during the on-site portion of the audit.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility is in substantial compliance with this standard.

## 115.251 Resident reporting

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.251, Resident Reporting.**

##### Policy

DOC 490.800, Prevention and Reporting, addresses reporting. It states that individuals, visitors, family members/associates, and other community members can report: 1) allegations of sexual misconduct; 2) retaliation by individuals or staff for reporting sexual misconduct; and/or 3) staff actions or neglect that may have contributed to an incident of sexual misconduct. Individuals may report PREA allegations in a variety of ways. Reporters may remain anonymous by utilizing several of the options for reporting.

DOC 450.110, Mail for Individuals in Work/Training Release, addresses legal mail. It states that residents have the ability to correspond by means of legal mail. Legal mail must meet the specific requirements and is subject to inspection to ensure the contents qualify as legal mail. In the section on legal mail procedures, it states that incoming legal mail will be opened in the resident's presence by the case manager. Contents that do not meet legal mail requirements and/or contain contraband or any material that would threaten facility order/security will be rejected.

DOC 490.850, PREA Response, addresses staff reporting. It states that staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct 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 the Work/Training Release Resident Handbook, it states: Legal Mail is defined as mail from an attorney, court, or judge and specifically identified as "Legal Mail". All incoming identified legal mail will be opened by staff in the presence of the resident. Staff are authorized to inspect the contents to ensure it does not contain contraband or any other material that would threaten facility security or order, and to ensure that it meets the definition of legal mail. This section does not address how to send "legal mail" for a PREA allegation. The PREA section describes seven different ways a resident can make a report of sexual harassment or misconduct.

##### Standard 115.251(a)

The facility reported, via the PAQ, that it has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. WADOC provides offenders with multiple reporting venues, to include a confidential toll-free hotline, verbal reports to any staff, kites, grievances, and legal mail to designated individuals. Use of the hotline does not require the offender to input a personal identifying number (IPIN) and calls are exempt from recording or monitoring by the facility. The state's definition of legal mail includes correspondence to and from the agency's PREA Coordinator. Reporting methods are addressed in the offender orientation video, detailed in offender brochures, and included in offender handbooks.

The auditor was tasked to review relevant documentation on resident reporting policies. To meet this requirement, she reviewed the offender's handbook. It lists seven different options for offenders to report a PREA allegation. These options include: report verbally to a staff member, volunteer or contractor; send a kite, written note or written statement to any staff; send a KIOSK message; call the PREA hotline toll free; write the Department PREA Coordinator, State Attorney General or the Governor's Office; send an offender grievance; or send a report of Prison Rape Elimination Act Allegation to an Outside Authority form (DOC 21-379). Several of these options allow the resident to remain anonymous. Posters and brochures were also provided for the auditors review. All contained multiple ways an offender can report.

The eight random staff interviewed indicated that resident's could make a report via the kiosk, by filing a grievance, by calling the hotline, by telling staff, by sending a note to the Attorney General, by writing a kite, by putting a note under the door, by telling family, or by sending the form to Colorado Department of Corrections.

The fifteen random resident interview protocols completed indicated that resident's can make a report via kiosk, by leaving an anonymous note for staff, calling the hotline, telling staff, telling family, reaching out to someone in the community, writing to Colorado Department of Corrections, via the kiosk, or calling the ombudsman. All of the residents interviewed indicated they feel sexually safe in this facility and staff would assist them if they reported an allegation of sexual abuse.

The auditor noted, during the tour, that there was PREA information on several bulletin boards in both houses. Residents are allowed to have their own cell phone, so could make a call, as needed. There were also kiosk terminals available for residents to use, should they choose to report an allegation via the kiosk.

The auditor was provided with the PREA Allegations log received from CDOC for 2021. It is seven pages in length and there were no entries received from residents at BWTR. The auditor was also provided with the PREA Case Tracking Log. It contained one entry in which the alleged victim reported to staff at the BWTR.

#### Standard 115.251(b)

The facility reported, via the PAQ, that it provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Residents are able to anonymously and confidentially send allegation information to the Colorado Department of Corrections, which serves as the agency's external reporting entity. This is done via DOC 21-379 Report of PREA Allegation form which is available in resident accessible areas of the facility along with pre-addressed envelopes.

The auditor was tasked to review agreements with outside public or private entities responsible for taking reports. The WADOC has an agreement with the Colorado Department of Corrections. The original memorandum of understanding expired in 2019. Amendment #3 has been approved and extends the agreement until March 1, 2022.

The PREA Coordinator stated, during her interview, that the agency has an agreement with the Colorado Department of Corrections. There are special forms and envelopes available to all residents to send information to the outside agency. This is covered in the reporting section of the policy.

The PREA Compliance Manager indicated, during her interview, that residents can report allegations of sexual abuse or sexual harassment to the Colorado Department of Corrections, via an established form.

Fifteen random resident interview protocols were completed. All residents indicated they are able to make a report without leaving their name.

The auditor noted, during the facility tour, that the forms used to report to the Colorado Department of Correction were hanging on the bulletin boards in the entry area of each house. This area is accessible to residents.

#### Standard 115.251(c)

The facility reported, via the PAQ, that it has a policy mandating staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. Employees, contractors, and volunteers are required by policy to immediately report all allegations received, regardless of the manner in which the information was obtained. Staff who fail to report allegations or who knowingly submit incomplete or untruthful information could lead to corrective or disciplinary action. This information is contained in agency policy, addressed in PREA training, and included in a PREA brochure available for staff, contractors and volunteers.

The auditor was tasked to review relevant documentation on resident reporting. There was only one allegation made during the documentation review period. It was reported verbally to staff. This information was contained on the PREA incident tracking log for the facility.

All eight of the staff interviewed indicated they would accept a verbal report from a resident and would document the information as soon as able to do so, but before the end of the shift.

All fifteen of the residents interviewed indicated they could make a report of sexual abuse or sexual harassment either in person or in writing. They could also make a report anonymously or have someone report on their behalf.

#### Standard 115.251(d)

The facility reported, via the PAQ, that it has established procedures for staff to privately report sexual abuse and sexual harassment of residents. WADOC policy allows for staff to report allegations of a highly sensitive nature (e.g., allegations against the Shift Commander or Community Corrections Supervisor or in which that person may have a conflict of interest) directly to the Appointing Authority or Duty Officer. This information is also contained in PREA training provided to all staff.

The auditor was tasked to review relevant documentation on staff reporting. She reviewed the staff training curriculum and noted reporting requirements are addressed in the materials.

A summary of the responses from the eight random staff interviewed included: three indicated they could privately report by calling the hotline, three indicated they could privately report by telling their supervisor, one indicated they could report to outside law enforcement, three indicated they were required to report to the Appointing Authority or Duty Officer, and one did not answer the question.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility is in substantial compliance with this standard.



## 115.252 Exhaustion of administrative remedies

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.252, Exhaustion of Administrative Remedies.**

##### Policy

Policy outlining inmate grievances of sexual abuse is found in DOC 490.800, PREA Prevention and Reporting. It allows incarcerated individuals to report PREA allegations through the resolutions process, including emergency offender complaints. Copies of grievances alleging sexual misconduct are forwarded immediately to the applicable authority per the PREA Reporting Process attached to DOC 490.850 PREA Response. The offender is notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation. The PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct

DOC 550.100, Resolution Program, states that resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 PREA Response and will not be reviewed through the resolution process.

##### Standard 115.252(a)

The facility reported, via the PAQ, that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

The auditor was provided with the Resolution Program Manual in English and Spanish.

##### Standard 115.252(b)

The facility reported, via the PAQ, that policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Residents are not required to use an informal process (grievance or otherwise) to attempt to resolve an alleged incident of sexual abuse or sexual harassment. This information is contained in the Resolution Program Manual available to all offenders.

The resident handbook was reviewed to ensure that relevant information regarding grievances is provided. A copy of the Offender Grievance Program Manual was provided to the auditor in English and Spanish. It describes what will happen to a grievance that contains a PREA allegation.

The Secretary authored a memo regarding grievances on January 22, 2021. It indicated that the WADOC does not process PREA-related allegations through the offender grievance program. Complaints and grievances alleging any form of sexual assault, sexual abuse, sexual harassment and/or employee sexual misconduct are immediately processed in accordance with DOC 490.800, PREA Prevention and Reporting.

##### Standard 115.252(c)

The facility reported, via the PAQ, that policy allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Facilities are required to provide conveniently located resolution request boxes for residents to submit complaints. Resolution staff members maintain the only keys to resolution boxes. When resolution boxes are not available, offenders may request envelopes for their resolution requests. Agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Resolution Requests alleging any form of sexual assault, sexual abuse, and/or staff sexual misconduct are processed in accordance with DOC 490.800 PREA Prevention and Reporting.

The auditor reviewed the offender handbook and determined that relevant information was provided.

##### Standard 115.252(d)

The facility reported, via the PAQ, that policy and procedure do not require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Any allegation of sexual abuse, staff sexual misconduct, or sexual harassment are removed from the grievance process and addressed in accordance with DOC 490.800. In the past 12 months, there were no grievances filed that alleged sexual abuse/harassment.

The auditor was tasked to interview residents who reported sexual abuse. There were no allegation of sexual abuse made during the audit documentation period; therefore, there were no residents to interview utilizing this specialized interview protocol.

The auditor was tasked to review any grievance that alleged sexual abuse and their final decision. There were none during the audit documentation period.

Standard 115.252(e)

The facility reported, via the PAQ, that policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. The agency provides third-party assistance through the Resolution Coordinator. There were no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance.

Standard 115.252(f)

The facility reported, via the PAQ, that there are established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Agency policy for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. There were no emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days.

The auditor was tasked to review documentation of emergency grievances filed per this standard. There were none to review.

Standard 115.252(g)

The facility reported, via the PAQ, that it has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, there were no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

The auditor was tasked to review documentation of any disciplinary actions taken as a result of an inmate filing a grievance in bad faith. No allegations were made via the grievance process during the review period.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility is in substantial compliance with this standard.

## 115.253 Resident access to outside confidential support services

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.253, Resident Access to Outside Confidential Support Services.**

##### Policy

DOC 490.800, PREA Prevention and Reporting, states that the PREA Coordinator will maintain a memorandum of understanding for external victim advocacy services. In the section on community victim advocates, it states that individuals will have toll-free access to the Sexual Assault Support and Information Line operated by the OCVA. Sexual assault support services may also be obtained through legal mail addressed to Just Detention International, 3325 Wilshire Blvd. Suite 340, Los Angeles, CA 90010. Legal mail will be handled per DOC 450.100 Mail for Individuals in Prisons or DOC 450.110 Mail for Work Release Offenders. In-person consultations may be available for individuals. 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.

##### Standard 115.253(a)

The facility reported, via the PAQ, that it provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving them mailing addresses and telephone numbers (including toll-free numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility enables reasonable communication between residents and these organizations in as confidential a manner as possible.

The auditor was tasked to review handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to emotional support services. The auditor was provided with the Pamphlet which identifies agencies available to provide the emotional support services. The In-Person Victim Advocacy Services Guide provides detailed information about the services. Several examples of posters and brochures were provided.

All 15 of the random resident interview protocols completed indicated that emotional support services are available outside of the facility for those dealing with sexual abuse. When asked about the nature of the services provided, seven indicated victim support/assistance, three indicated counseling, one indicated mental health type concerns, one indicated to help people, and two were not sure. Fourteen residents indicated there are posters all over with numbers to call to access these services and 11 indicated the number is free to call. Eleven of the residents indicated they could call between 6 am and 10 pm – they are required to turn their phones in at night. Three indicated they could call anytime and one stated that they could only call during business hours.

The auditor was tasked to interview residents who reported sexual abuse. There were none during the audit review period.

The auditor noted, during the facility tour, that posters and brochures were on the bulletin boards in each of the houses.

The auditor was informed that due to the current COVID restrictions, the emotional support services are currently only being offered via the telephone unless pre-approved at HQ. This was confirmed by the PREA Coordinator, via e-mail.

BWTR has established a partnership with Domestic Violence and Sexual Assault Services with which the facility is partnered. WADOC has entered into a partnership with the OCVA to provide support services to all offenders under the jurisdiction of the department. This is coordinated centrally, with offenders able to call a toll-free phone line to speak with a support specialist who can then transfer the call to a community sexual assault program partnered with the facility as needed to provide continued support to the offender. The community-based advocate can make arrangements for the offender to call the line at designated times to speak with the advocate, or the advocate can make arrangements with the facility, on a case-by-case basis, to provide on-site support to the offender. OCVA sub-grants funds to the local advocacy agency partnered with each facility to support this work. It is noted that during COVID-19 response and related access, restrictions to both the facility and local hospitals, advocacy support was temporarily limited to telephone contact. Offenders/residents were notified of this temporary process.

##### Standard 115.253(b)

The facility reported, via the PAQ, that it informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. Residents are informed via noted mechanisms that calls to advocates do not require an IPIN and are not recorded or monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosure of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Offenders are informed of the limits to confidentiality via brochures and handbooks provided on intake.



Twelve of the residents interviewed indicated the information shared with people from these services would keep it private. Three residents didn't answer the question or were unsure. Twelve indicated the information could be shared if it was about specific things. Three were unsure or didn't answer the question.

The auditor was tasked to interview residents who reported sexual abuse. There were none during the audit review period.

An advocate confidentiality summary was also provided along with an explanatory memo from the PREA Coordinator.

Standard 115.253(c)

The facility reported, via the PAQ, that the Agency maintains MOUs or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency maintains copies of those agreements.

The auditor was provided with and reviewed the MOU, which is in effect until June 30, 2023.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility is in substantial compliance with this standard.

## 115.254 Third party reporting

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.254, Third-Party Reporting.**

##### Policy

DOC 490.800, PREA Prevention and Reporting, states that the PREA Coordinator will maintain PREA content for the Department website, including publication of required information and documents. It directs that the Work Release Administrator will identify and assign a PREA Compliance Manager for each Work/Training Release facility. The PREA Compliance Manager will be an employee outside of any Intelligence and Investigation Unit, and will coordinate local PREA compliance to include coordinating monthly checks to verify that the PREA hotline telephone number is posted on or near all telephones used by residents, and posters and brochures provided by the PREA Coordinator are posted in areas accessible to residents and the public, including Health Services areas and case manager offices.

##### Standard 115.254(a)

The facility reported, via the PAQ, that it provides a method to receive third-party reports of resident sexual abuse or sexual harassment. A description of the method provided was that visitors, resident 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. This information is posted in the lobby of the 1125 building and in the dining room (visitor area) of the 1127 building on the PREA boards.

The agency and facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents by providing residents with information regarding reporting, the investigative process, and frequently asked questions. This information is available on the agency's public website at <http://www.doc.wa.gov/corrections/prea/resources.htm#reports>.

The auditor was tasked to review publicly distributed information. To accomplish this task, the auditor reviewed a copy of the friends and family brochure (English and Spanish) that is available to visitors at the facility. She also reviewed the DOC website and noted PREA information including FAQs about the process.

The auditor has determined through review of policies and documentation and observation of facility operations, that the facility is in substantial compliance with this standard.

## 115.261 Staff and agency reporting duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.261, Staff and Agency Reporting Duties.**

##### Policy

DOC 490.850, PREA Response, states that information related to allegations/incidents of sexual misconduct are confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action. In the section on staff reporting, it requires staff to immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Residents will be informed of the requirements of mandatory reporting at Reception, and information will be posted in Health Services areas where it can be seen by incarcerated individuals. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process.

DOC 350.550, Reporting Abuse and Neglect-Mandatory Reporting, states that the Department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitation, or neglect involving vulnerable adults to the appropriate authority.

##### Standard 115.261(a)

The facility reported, via the PAQ, that policy requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All eight random staff interviewed, indicated that they are required 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The auditor was provided with an explanatory memo from the PREA Coordinator outlining the process for addressing mandatory reporting requirements for vulnerable adults in custody.

##### Standard 115.261(b)

The facility reported, via the PAQ, that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Agency policy prohibits revealing any information related to a sexual misconduct report or incident other than as necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective / disciplinary action. In lieu of reporting allegations to designated investigators, agency policy requires all staff to immediately report information about an allegation or incident of sexual misconduct directly and confidentially per the PREA Reporting Process.

There were no incarcerated individuals classified as vulnerable adults or juveniles housed at BWTR during the audit period. This was confirmed by a memorandum authored by the Work Release Administrator.

All of the random staff interviewed indicated they are required to immediately report all allegations, suspicions, or knowledge directly to the Appointing Authority or the Duty Officer, if it is after regular business hours.

The auditor was provided with a copy of the agreement with the Adult Protective Services agency in Washington. She also received a copy of the RCW 74.34.020 which addresses vulnerable adults.

##### Standard 115.261(c)

The auditor was tasked to interview medical and mental health staff. There are no medical or mental health staff assigned at BWTR. If residents require these types of services, they access them through the community.

##### Standard 115.261(d)

The Director's designee indicated, during her interview, that the facility does not house residents under the age of 18. If an allegation was made by a vulnerable adult, she would notify the appointing authority and follow instructions given to here.

The PREA Coordinator indicated, during her interview, that they do not house minors at the work release facilities. If an allegation was made by a vulnerable adult, the WADOC staff would notify the Adult Protective Services agency. WADOC has an agreement with Adult Protective Services to complete the investigation and share the information when complete. In addition, the notification of the allegation is made to the shift commander, PCM and Appointing Authority.

The auditor was tasked to review documentation of any such reports. There were none during the audit documentation period. This was confirmed by a memorandum from the Work Release Administrator.

Standard 115.261(e)

The Director's designee reported that all allegations of sexual abuse and sexual harassment are reported to the Appointing Authority. The Appointing Authority will assign the investigator, once an allegation is returned from the PREA Triage Unit.

The auditor reviewed the incident tracking log for the documentation review period. There were no incidents that involved a person identified as a vulnerable adult.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.262 Agency protection duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### Standard 115.262, Agency Protection Duties.

##### Policy

DOC 490.820, PREA Risk Assessments and Assignments, addresses monitoring plans for incarcerated individuals. It states that classification counselors and CCOs will develop a monitoring plan for: 1) offenders at increased risk for sexual victimization or predation; 2) an offender who scores as a dual identifier; and 3) transgender and intersex offenders. 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. It establishes the elements to consider in the monitoring plan. The monitoring plan will be reviewed during routine Facility Risk Management Team (FRMT) meetings and documented in a PREA Monitoring chrono entry.

DOC 490.850, PREA Response, addresses the Appointing Authority response. It addresses allegations of Individual-on-Individual Sexual Misconduct, and Staff Sexual Misconduct. It states the Appointing Authority/designee will attempt to minimize any disturbance to the alleged victim's housing location, program activities, and/or supervision during the investigation.

##### Standard 115.262(a)

The facility reported, via the PAQ, that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the resident. In the past 12 months, there were no situations when the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse.

The Agency Secretary stated that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, notification will be made to the appropriate facility. Facility staff will be directed to speak with the resident, evaluate safe housing needs, review the potential aggressor and develop a monitoring plan which will include counselor contact and will look for changes in behavior.

The Director's designee indicated, during her interview, that she would notify the facility of the information. She would ask the supervisor to meet privately with the person and make a referral to mental health, if needed. She would ask they pull the camera feeds to see if additional information can be obtained. She would request that the CCO increase their check-ins with this specific resident. She would also ask that the security staff on the shift check on the resident multiple times during the shift.

A summary of the responses from the eight random staff that were interviewed included: remove the threat, ensure the victim is safe, maintain evidence, notify the duty officer, and offer victim services. All but one of the staff interviewed indicated they would take these actions immediately, one stated she would address the situation as soon as possible.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

**115.263 Reporting to other confinement facilities**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Standard 115.263, Reporting to Other Confinement Facilities.**

Policy

DOC 490.850, PREA Response, states that the Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident occurred in another Department location or another jurisdiction or involved a staff who reports through another Appointing Authority.

DOC 490.860, PREA Investigation, states that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department. Investigations will be completed even if the individual is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. Allegations may be referred to law enforcement agencies for criminal investigation.

The auditor has a concern with the language in 490.860, PREA Investigations. In pertinent part, it states: Allegations may be referred to law enforcement agencies for criminal investigation. The language "may be" appears to be discretionary.

Elsewhere in the policy, it states that allegations will be referred. The auditor has brought this to the attention of the PREA Coordinator and is recommending the text be consistent and not discretionary.

Standard 115.263(a)

The facility reported, via the PAQ, that it has a policy requiring, upon receiving an allegation that a resident was sexually abused while confined to another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the past 12 months, the facility received no allegations that a resident was abused while confined at another facility.

The auditor was tasked to review documentation of allegations that a resident was abused while confined at another facility. There were none during the documentation review period. This was confirmed by reviewing the PREA Incident Tracking log.

Standard 115.263(b)

The facility reported, via the PAQ, that policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Standard 115.263(c)

The facility reported, via the PAQ, that it documents it has provided such notification within 72 hours of receiving the allegation.

The auditor was tasked to review documentation of such notifications. There were none during the audit documentation period.

Standard 115.263(d)

The facility reported, via the PAQ, that policy requires allegations received from other facilities/agencies are investigated in accordance with the PREA standards. In the past 12 months, there were no allegations of sexual abuse the facility received from other facilities.

The Agency Secretary stated, during the interview, that the designated point of contact for WADOC is the Headquarters PREA Unit. Once received there, it is reviewed by the Triage Unit and, if appropriate, forwarded to the appropriate facility for investigation.

The Director's designee indicated, during her interview, that if the facility receives an allegation from another facility that an incident of sexual abuse or sexual harassment occurred at the facility, the allegation would be forwarded to the PREA Triage Unit and investigated, if appropriate. She stated the process would be the same as with any other allegation they received. She indicated there had been no allegations received from other facilities during the documentation review period.

The auditor was tasked to review documentation of allegations from other facilities and documentation of responses. There were none, which was verified by reviewing the allegation tracking log. It was confirmed via a memorandum authored by the Work Release Administrator.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.264 Staff first responder duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.264, Staff First Responder Duties.**

##### Policy

DOC 490.850, PREA Response, outlines the agency's response plan. It addresses the response strategy, the medical response, and who is to be involved in the response. It provides checklists for staff to follow when responding to allegations of sexual abuse.

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

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

##### Standard 115.264(a)

The facility reported, via the PAQ, that it has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: separate the victim & abuser; preserve and protect the crime scene; request victim not destroy evidence by showering; ensure the abuser does not destroy evidence by showering. In the past 12 months, there were no allegations that a resident was sexually abused. The two first responders interviewed, indicated that they would separate the victim and aggressor, contain the area, call 911 or notify the Appointing Authority/Duty Officer, follow the steps on the checklist in the PREA Kit. They would talk with the victim about not losing evidence. The only person they would share the information with is the police officer and the appointing authority or duty officer.

The auditor was tasked to interview residents who reported sexual abuse. After reviewing the PREA Incident Tracking log, it was noted there were no allegations of sexual abuse reported at the facility during the audit documentation period.

##### Standard 115.264(b)

The facility reported, via the PAQ, that policy requires if the first staff responder is not a security staff member, that responder shall be required to request the victim not take any actions that would destroy evidence and notify security staff. There were no allegations that an inmate was sexually abused made in the past 12 months.

The two first responders interviewed, indicated that they would separate the victim and aggressor, contain the area, call 911 or notify the Appointing Authority/Duty Officer, follow the steps on the checklist in the PREA Kit. They would talk with the victim about not losing evidence. The only person they would share the information with is the police officer and the appointing authority or duty officer.

In summary, the random staff interviewed indicated that they would separate the victim and aggressor, contain the area, call 911 or notify the Appointing Authority/Duty Officer, follow the steps on the checklist in the PREA Kit. They would request the victim not take any action that could destroy evidence.

The auditor reviewed the PREA Incident Tracking log and noted there were no allegations of sexual abuse made during the documentation review period.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.



## 115.265 Coordinated response

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.265, Coordinated Response.**

##### Policy

DOC 490.850, PREA Response, addresses the PREA Response Plan. It states that each Prison, Work Release, and Field Office will maintain a PREA Response Plan providing detailed instructions for responding to allegations of sexual misconduct. The PREA Response Plan will consist of four sections composed of the documents listed in PREA Response Plan Contents. The plan will be maintained by the PREA Compliance Manager/Specialist:

##### Standard 115.265(a)

The facility reported, via the PAQ, that it has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The auditor reviewed the facility's institutional plan. She was provided with the PREA Response checklist and a breakdown of the items contained in the response kit. They refer to this as the PREA kit and the auditor reviewed the kit while on-site.

The Director's designee indicated, during her interview, that the facility has a plan in place to coordinate actions among first responders, investigators, and facility leadership. Medical and mental health services would be provided in the community. She indicated that if it was a sexual assault, 911 would be called and the process would be turned over to the local police department for investigation.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

**115.266 Preservation of ability to protect residents from contact with abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Standard 115.266, Preservation of Ability to Protect Residents from Contact with Abusers.**

Standard 115.266(a)

The facility reported, via the PAQ, that the agency has entered into or renewed collective bargaining agreements or other agreements since the last PREA audit.

The auditor was provided with the Collective Bargaining Agreement between the State of Washington and Washington Federation of State Employees. It expires on June 30, 2023.

The Secretary reported that collective bargaining agreements are updated every two years and there is standard PREA language included in all of them during each renewal process.

Per a memo from the facility, 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.

Standard 115.266(b)

The auditor is not required to audit this provision.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.267 Agency protection against retaliation

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.267, Agency Protection Against Retaliation.**

##### Policy

DOC 490.860, PREA Investigations, addresses retaliation. It states that retaliation against anyone for reporting sexual misconduct or participating in an investigation of such misconduct is prohibited, and may result in disciplinary actions if found to have engaged in retaliation, failed to report such activities, or failed to take immediate steps to prevent retaliation. Anyone who cooperates with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority/designee will take appropriate measures to address the concerns. When an investigation of individual-on-individual sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters. If another Appointing Authority is assigned to investigate, they will notify the applicable Appointing Authority to initiate monitoring.

Indicators of retaliation may include, but are not limited to: 1) disciplinary reports; 2) changes in grievance trends; 3) housing/program changes and assignments; or 4) negative performance reviews.

For allegations of sexual harassment, retaliation monitoring for reporters and alleged victims may occur at the discretion of the Appointing Authority.

##### Standard 115.267(a)

The facility reported, via the PAQ, that it has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member with monitoring for possible retaliation.

##### Standard 115.267(b)

The Agency Secretary reported that retaliation is addressed in policy and there is a structured process that is followed when an allegation of retaliation is received. Each allegation is taken through the structured process which includes monitoring for 90 days.

The Director's designee indicated that for allegations of sexual abuse or sexual harassment, they would assign a staff member to monitor the resident. They have a standardized form that is utilized to document the efforts made to monitor the resident. They would consider moving the potential aggressor and referring the victim to mental health, if they suspected retaliation.

The PREA Compliance Manager was interviewed and she indicated that generally the CCO's monitor for retaliation, she occasionally monitors residents for retaliation. She indicated that she would meet with the resident at least once a month. She would assess their safety and desires for housing. Monthly reports are generated and sent to the Work Release Administrator. The Work Release Administrator determines if a monitoring plan is needed.

The auditor was tasked to interview residents who reported sexual abuse. There were no residents at BWTR who made reported sexual abuse, so the interview protocol was not utilized.

There was one allegation of sexual harassment, monitoring was not required. There were no protective measures taken.

##### Standard 115.67(c)

The facility reported, via the PAQ, that it monitors the conduct and treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The length of time that the agency/facility monitors the conduct or treatment is at least 90 days. The facility acts promptly to remedy any such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. There were no incidents of retaliation that have occurred in the past 12 months.

The Director's designee indicated that if they suspect retaliation, they initiate an investigation. If a resident is determined to have participated in retaliation, they will be removed from the program. If the retaliation is done by a staff member, they have a process through human resources that would be initiated.

The PREA Compliance Manager indicated that in trying to determine if retaliation was occurring, she would look for increased write-ups, the resident being assigned extra duty or additional chores, and changes to their baseline behavior.

She stated the minimum time the resident would be monitored would be for 90 days and that there is no maximum time. The Work Release Administrator would determine if there was a need to continue beyond the 90 days.

The auditor was tasked with reviewing documentation of monitoring efforts. There were no allegations that would have required monitoring efforts during the documentation review period.

Standard 115.267(d)

The PREA Compliance Manager indicated, during her interview, that the staff assigned to conduct the retaliation monitoring would meet with the resident at least monthly, and in many cases, it would be twice monthly.

The auditor was tasked with reviewing documentation of monitoring of residents. There were no allegations that would have required monitoring efforts during the documentation review period.

Standard 115.267(e)

The Secretary reported that the person who expressed a fear of retaliation would be monitored for a minimum of 90 days. They would consider moving to a different environment, if needed. The allegation would be investigated and an action plan would be developed to address any concerns that were identified.

The Director's designee indicated that for allegations of sexual abuse or sexual harassment, they would assign a staff member to monitor the resident. They have a standardized form that is utilized to document the efforts made to monitor the resident. They would consider moving the potential aggressor and referring the victim to mental health. She indicated that if they suspect retaliation, they initiate an investigation. If a resident is determined to have participated in retaliation, they will be removed from the program. If the retaliation is done by a staff member, they have a process through human resources that would be initiated.

The auditor was tasked to review documentation of any protective measures taken. There were none during the audit review period.

Standard 115.267(f)

The agency's obligation to monitor for retaliation is terminated when the appointing authority determines that the allegation is unfounded. This substandard is addressed in the agency's policy.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility is in substantial compliance with this standard.

## 115.271 Criminal and administrative agency investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.271, Criminal and Administrative Agency Investigations.**

##### Policy

DOC 490.800, PREA Prevention and Reporting, states that PREA investigators will be trained in: 1) crime scene management/investigation, including evidence collection in Prisons and Work Releases; 2) confidentiality of all investigation information; 3) Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process; 4) crisis intervention; 5) investigating sexual misconduct; 6) techniques for interviewing sexual misconduct victim; and 7) criteria and evidence required to substantiate administrative action or prosecution referral.

DOC 490.860, PREA Investigation, states that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department. Investigations will be completed even if the individual is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. Allegations *may be* referred to law enforcement agencies for criminal investigation.

The Department may discipline and refer for prosecution, when appropriate, persons determined to be perpetrators of sexual misconduct. Investigations involving represented employees will be conducted per the provisions of the applicable collective bargaining agreement.

Information related to investigations of sexual misconduct are confidential and will only be disclosed when necessary for related treatment, security, and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action. This provision is not intended to affect the Department's obligation to gather, review, and potentially gather, review, and potentially produce records of allegations or incidents of sexual misconduct as required per RCW 42.56.

Under the investigations section, it states that 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. Investigators will: 1) interview alleged victims, accused individuals/staff, and witnesses; 2) refer the individual for mental health assessment using DOC 13-509 PREA Mental Health Notification if the investigation uncovers new information that the individual was the victim of any physical and/or emotional trauma of a sexual nature, whether in an institutional setting or in the community; and 3) collect any additional evidence per DOC 420.375 Contraband and Evidence Handling, DOC 420.365 Evidence Management for Work Release, or DOC 420.395 Evidence/Property Procedures for Field, as applicable.

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

The PREA Coordinator/designee will review all allegations, determine which allegations fall within the definition of sexual misconduct, and forward those allegations to the appropriate Appointing Authority for investigation. The Appointing Authority will develop local procedures to ensure the alleged victim is notified of formal review decisions. The Work Release Administrator will make notifications if the alleged victim is housed in a Work Release. If notification cannot be made in person, the United States Postal Service will be used to make notification. All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation. Investigation reports received from law enforcement will be an attachment to the final PREA investigation report submitted.

When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify: 1) law enforcement, unless such referral was made previously during the course of the investigation, and 2) relevant licensing bodies.

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

DOC 420.365, Evidence Management for Work Release, states that the CCS will assign an Evidence Officer to ensure all evidence seized during searches has been properly secured and DOC 05-131 Evidence/Property Record - Work Release has been completed.

DOC 400.360, Polygraph Testing, states that individuals who are alleged victims, reporters, or witnesses in a PREA

investigation will not be asked or required to submit to a polygraph test regarding the alleged misconduct under investigation.

The auditor has a concern with the language in 490.860, PREA Investigations. Its pertinent part, it states: Allegations may be referred to law enforcement agencies for criminal investigation. The language "may be" appears to be discretionary. Elsewhere in the policy, it states that allegations will be referred. The auditor has brought this to the attention of the PREA Coordinator and is recommending the text be consistent and not discretionary. She was told this will be addressed during the next policy revision.

#### Standard 115.271(a)

The facility reported, via the PAQ, that it has a policy related to criminal and administrative agency investigations. There were no cases referred to law enforcement during the audit review period.

The investigator indicated, during her interview, that on average it takes about one week to initiate an investigation following an allegation of sexual abuse or sexual harassment. She indicated that if she were assigned to investigate a report from an anonymous source or a third party, it might require more work up front, trying to identify who she should speak with and what evidence she might want to collect. Once she had done those things, the remainder of the investigative process would be basically the same.

The auditor was tasked to review a sample of investigative reports for allegations of sexual abuse or sexual harassment. She noted there was one investigation completed during the audit documentation period. It was for sexual harassment and was reviewed by the auditor.

The auditor was provided with the Appointing Authority Curriculum that is required training for all Appointing Authorities. It addresses the investigation process.

#### Standard 115.271(b)

The auditor was tasked to review training records. She was provided with a list of all Departmental Investigators and the dates they completed their specialized investigations training. The investigator who completed the investigation at BWTR was on the list and had completed the required training.

The investigator who was interviewed, indicated she completed training specific to conducting sexual abuse investigations in confinement settings in approximately 2017. The things she remembered most about this training were the need to ensure confidentiality is maintained, her role is to gather evidence and document what she found, develop a rapport with the individuals she is interviewing, and follow any leads she receives regardless of where they take her.

#### Standard 115.271(c)

The investigator indicated, during her interview, that the first steps to initiate an investigation following an allegation of sexual abuse or sexual harassment would include putting together the packet of information received and collected including the IMRS report and sending it to the PREA Triage Unit. Once the appointing authority assigns her as the investigator, she would review the entire packet of information that she received, identify the victim, potential witnesses, and potential aggressor. She would develop the questions for the interviews and the schedule the interviews. If she received additional information during the interviews, she would follow-up on that information. Once all information has been gathered, she would write her report and put all documentation together in the packet that is forwarded to the appointing authority. When asked about collecting direct or circumstantial evidence, she indicated that if the incident had just happened, she would preserve the crime scene until outside law enforcement arrived on scene.

The auditor was tasked to review a sample of Investigative Reports, the Record Retention Schedule, and copies of Case Records Detailing Allegations of Abuse. She reviewed the one sexual harassment investigation that was completed during the audit review period, and the record retention schedule. There were no allegations of abuse.

The appointing authority addresses review of prior complaints and reports of sexual abuse involving the suspected perpetrator on the DOC 02-378, Investigative Finding Sheet. This function is not the responsibility of the investigator.

#### Standard 115.271(d)

During the interview with the investigator, she indicated that if she discovered evidence that a prosecutable crime may have taken place, she would consult with prosecutors before conducting any compelled interviews.

There were no circumstances during the review period which required compelled interviews to be conducted by outside law enforcement agencies.

#### Standard 115.271(e)

The investigator indicated, during her interview, that it is not her responsibility to judge the credibility of an alleged victim,

suspect, or witness. That responsibility is assigned to the Appointing Authority. She stated policy does not allow her to require a resident who has alleged sexual abuse to submit to a polygraph examination.

There were no residents who reported sexual abuse during the audit documentation period. This interview protocol was not utilized.

Standard 115.271(f)

The investigator indicated, during her interview, that when completing an administrative investigation, she works to thoroughly investigate all allegations and clearly document all of the information and evidence that she discovered. The decision about whether staff actions or failure to act contributed to the sexual abuse is made by the Appointing Authority.

The auditor reviewed the only Administrative Investigation Report generated during the audit documentation period. She was tasked to review a sample of cases involving substantiated allegations to ensure that they were referred for prosecution. There were no cases meeting this criteria.

The effort to address whether staff actions or failures to act contributed to the abuse are addressed by the hiring authority on the DOC 02-378, Investigative Findings Sheet.

Standard 115.271(g)

The investigator indicated, during her interview, that criminal investigations are documented by the outside law enforcement agency.

The auditor was tasked to review a sample of criminal investigation reports. There were no cases that would have met the requirements for criminal prosecution during the documentation review period.

Standard 115.271(h)

The facility reported, via the PAQ, that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Any PREA allegation that appears to be criminal in nature is referred to local law enforcement or the Washington State Patrol for criminal investigation. Subsequent referrals for prosecution are made by the responding law enforcement agency. Prosecutors are consulted prior to the conduct of any compelled interviews associated with these investigations. Referrals are noted in the administrative investigation report and associated documentation is included in the report packet. Criminal investigations are documented in written reports that are included with applicable administrative investigation reports. There were no substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit.

The investigator indicated, during her interview, that she would not be the person making the decision about referring a case for prosecution. The Appointing Authority would make that decision. If she learned information that could be criminal, she would notify the Appointing Authority and then complete the tasks assigned to her by the Appointing Authority.

The auditor was tasked to review a sample of cases referred for prosecution. There were none during the audit documentation period.

The auditor was provided with the WSP MOU (K8487). It is in effect through 6/30/2025.

Standard 115.271(i)

The policy that addresses record retention is DOC 490.860, PREA Investigation. In the section on Record Retention, it states that records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule. The Appointing Authority/designee will maintain original PREA case records as general investigation reports per the Records Retention Schedule. The PREA Coordinator/designee will maintain electronic PREA case records per the Records Retention Schedule. 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 five years. If a review of the investigation records reveals that the accused individual does not meet this five year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule.

The facility reported, via the PAQ, that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Records retention systems were established as follows: 1) the Appointing Authority/designee maintains all hard copy investigation reports for a period of five years; and 2) the PREA Coordinator/designee maintains electronic versions of all investigations for a period of 50 years.

Record retention schedule indicates all required documents are retained for 50 years after the close of the investigation.

Standard 115.271(j)

The investigator indicated, during her interview, that the departure of the alleged abuser or victim from the employment or control of the facility or agency would not cause them to terminate the investigation. It would be finished up.

Standard 115.271(l)

The Director's designee stated, during her interview, that the outside law enforcement agency keeps them informed of the progress of the investigation.

The PREA Coordinator stated, during her interview, that on a monthly basis, the PREA Triage Unit generates and send reports to the Appointing Authority. These reports highlight areas of concern and those investigations that have been open for more than 90 days. The Appointing Authority is expected to follow-up on the status. These same reports are shared with the Deputy Directors.

The PREA Compliance Manager indicated that when a police officer responds to an allegation of sexual abuse, they leave her a business card with the case number written on it. She is informed when a detective is assigned and she interacts with the detective to remain informed of the progress of the investigation.

The investigator indicated, during her interview, that when an outside agency is conducting the investigation, she facilitates access to the facility and cooperates with and assists them to obtain all information that they need.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.



## 115.272 Evidentiary standard for administrative investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.272, Evidentiary Standard for Administrative Investigations.**

##### Policy

DOC 490.860, PREA Investigation, states that for each allegation in the report, the Appointing Authority will determine whether the allegation is: 1) Substantiated: the allegation was determined to have occurred by a preponderance of the evidence; 2) Unsubstantiated: evidence was insufficient to make a final determination that the allegation was true or false; or 3) Unfounded: the allegation was determined not to have occurred.

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

##### Standard 115.272(a)

The facility reported, via the PAQ, that the agency imposes a standard of a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.

The investigator indicated, during her interview, that the standard of evidence required to substantiate an allegation of sexual abuse or sexual harassment is a preponderance of evidence.

The auditor was tasked with reviewing documentation of administrative findings for proper standard of proof. Training curriculum for appointing authorities was provided; it addresses the preponderance of evidence standard and explains it. In addition, the auditor reviewed the only investigation and found it to have had the preponderance of evidence standard applied.

The auditor was provided with an explanatory memo authored by the PREA Coordinator which explains how the investigatory process works within the WADOC.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.273 Reporting to residents

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### Standard 115.273, Reporting to Residents.

##### Policy

DOC 490.860, PREA Investigation, states that the PREA Coordinator/designee will review all allegations, determine which allegations fall within the definition of sexual misconduct, and forward those allegations to the appropriate Appointing Authority for investigation. All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. The Appointing Authority will make the determination based on all information collected during the investigation and will ensure the alleged victim is notified of the findings. This notification is done in person in a confidential manner unless certain circumstances apply. The policy also addresses Ongoing Notifications to Alleged Victims. It addresses all of the requirements found in the standards.

##### Standard 115.273(a)

The facility reported, via the PAQ, that it has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Agency policy requires the victim be notified in person, in a confidential manner, or in writing if the offender is in restricted housing or released. How the offender was notified and by whom is noted on DOC 02-378 Investigative Finding Sheet that is included in final investigation report packets. During the audit period, there were no substantiated cases, cases referred to Law Enforcement, or cases that necessitated a forensic exam. There were no criminal and/or administrative investigations of alleged sexual abuse that were completed by the agency/facility in the past 12 months.

The Director's designee was interviewed and she indicated that notifications are done by WADOC staff. The Appointing Authority typically meets with the resident, in person, and notifies them of the outcome of the investigation. If the resident is gone, then a letter is sent to their last known residence.

The investigator indicated, during her interview, that the appointing authority is tasked in policy with informing the resident that the investigation has been completed and the outcome of the investigation.

The auditor was tasked to interview any residents who reported sexual abuse; however, there were no residents at the facility who had made such a report.

The auditor was tasked to review a sample of alleged sexual abuse investigations completed by the agency and responses to residents. There were no allegations of sexual abuse during the documentation review period, so no documents were available to be reviewed.

##### Standard 115.273(b)

The facility reported, via the PAQ, that when an outside entity conducts investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. Upon completion of a criminal investigation, a copy of the law enforcement investigation is requested and attached to the final administrative PREA investigation. Referrals are noted in the administrative investigation report and associated documentation is included in the report packet. Administrative findings are documented on the investigative finding sheet along with documentation of notification to the victim. In the past 12 months, there were no investigations of alleged resident sexual abuse in the facility that were completed by an outside agency.

The auditor was tasked to review a sample of alleged sexual abuse investigations completed by an outside agencies. The facility reported that there were none during the audit documentation period. This was confirmed by reviewing the agency PREA incident tracking log.

##### Standard 115.273(c)

The facility reported, via the PAQ, that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: 1) the staff member is no longer posted within the resident's unit; 2) the staff member is no longer employed at the facility; 3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. WADOC policy requires that the named offender victim be notified in writing until the individual is no longer under DOC jurisdiction. There have been no substantiated or unsubstantiated complaints of sexual abuse committed

by a staff member against a resident in this facility in the past 12 months.

The auditor was tasked to review a sample of documentation of founded complaints and documentation of notifications. There were none during the audit documentation period.

The auditor was tasked to interview any residents who reported sexual abuse. There were no residents at BWTR who had reported an incident of sexual abuse.

Standard 115.273(d)

The facility reported, via the PAQ, that following a resident's allegation that he or she has been sexually abused by another resident in an agency/facility, the agency subsequently informs the alleged victim whenever: 1) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Due to the movement of individuals between facilities and to community release, the master tracking document regarding applicable inmate-on-inmate on-going notifications is maintained by the HQ PREA Unit. Copies of notifications made are maintained in agency electronic case records and are provided to the applicable Appointing Authority for inclusion in the local hardcopy investigation folder. During the audit period, there were no cases of alleged sexual abuse.

The auditor was tasked to review a sample of documentation of notifications. There were no sexual abuse or sexual misconduct allegations made during the audit documentation period, so there was no documentation to be reviewed.

The auditor was tasked to interview any residents who reported sexual abuse. There were no residents at the facility who reported an incident of sexual abuse or sexual misconduct.

The auditor was provided with a copy of the tracking log for resident notifications. There were no entries on the log for BWTR because they did not have any allegations of resident sexual abuse or staff sexual misconduct during the audit review period.

Standard 115.273(e)

The facility reported, via the PAQ, it has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there were no notifications to residents that were provided pursuant to this standard.

The auditor was tasked to review documentation of notifications. There were none during this documentation review period.

The auditor was tasked to review logs or other documentation of notifications to confirm the number provided above. There were none and this was confirmed by reviewing the incident tracking log which is maintained by WADOC PREA Unit.

Standard 115.273(f)

This substandard states that an agency's obligation to report shall terminate if the resident is released from the agency's custody. Per WADOC policy, the facility sends a letter to the alleged victim notifying them that the investigation has been completed. It is sent to the last known address.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.276 Disciplinary sanctions for staff

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### Standard 115.276, Disciplinary Sanctions for Staff.

##### Policy

DOC 490.800, PREA Prevention and Reporting, states that the Department recognizes the right of individuals to be free from sexual misconduct. The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate.

DOC 490.860, PREA Investigation, states that 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, and relevant licensing bodies.

In the section on staff discipline, it states that employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies.

##### Standard 115.276(a)

The facility reported, via the PAQ, that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. RCW Section 72.09.225 details state law regarding custodial sexual misconduct. WAC Section 357.40.010 details disciplinary actions Appointing Authorities may take for just cause. Collective bargaining agreements detail disciplinary processes for represented employees.

The auditor was also provided with the text from WAC 235-40-010, which states: An appointing authority may dismiss, suspend without pay, demote, or reduce the base salary of a permanent employee under his/her jurisdiction for just cause. She also received RCW 72-09-225, which addresses sexual misconduct by state employees and contractors. She received a copy of the Collective Bargaining Agreement for represented employees.

##### Standard 115.276(b)

The facility reported, via the PAQ, that in the past 12 months, there have been no staff from the facility who have violated agency sexual abuse or sexual harassment policies.

The auditor was tasked to review a sample of records for terminations, resignation, or other sanctions for violations of sexual abuse or sexual harassment policy. There were none during the documentation review period.

During the audit documentation period, there have been no substantiated investigations involving agency employees.

However, had a substantiated investigation occurred, the Appointing Authority would have followed agency policies and disciplinary sanctions, up to and including dismissal would be imposed. This was verified by reviewing the PREA incident tracking log maintained by the PREA Unit at Headquarters.

##### Standard 115.276(c)

The facility reported, via the PAQ, that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are 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. In the past 12 months, there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

The auditor was tasked to review records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. There were none.

The auditor was provided with a memorandum authored by the WADOC Secretary, dated January 22, 2021, which notifies the auditor that the agency human resource policies do not specify termination as a presumptive discipline in instances of sexual abuse. However, RCW 72-09-225, "Sexual misconduct by state employees, contractors" states in relevant part: "The Secretary shall immediately institute proceedings to terminate the employment of any person: (a) who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the inmate; or (b) upon a guilty plea or conviction for any crime specified in chapter 9A.44 RCW when the victim was an inmate."

Washington Department of Corrections employees must adhere to all applicable state and federal laws. In relation to a PREA allegation, the Department shall conduct proceedings for staff who have engaged in sexual misconduct in accordance

with RCW 79-02-225. Sanctions for violations of agency policies related to sexual misconduct (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, by staff member's employment history and the sanctions imposed for comparable offenses by other staff with similar histories. DOC policy 490.800, PREA Prevention and Reporting, states in relevant part: "The Department has a zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff."

Standard 115.276(d)

The facility reported, via the PAQ, that 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there were no staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The auditor was tasked to review reports to law enforcement for violations of agency sexual abuse or sexual harassment policies. There were none.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.277 Corrective action for contractors and volunteers

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.277, Corrective Action for Contractors and Volunteers.**

##### Policy

DOC 490.860, PREA Investigation, states that 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, and relevant licensing bodies.

In the section on staff discipline, it states that employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies. Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with individuals. For any other violations of Department PREA policies, appropriate actions will be taken.

DOC 490.800, PREA Prevention and Reporting, defines the term "Staff" as utilized in this policy. Staff includes Department employees, contract staff, volunteers, and any other person providing services in Department facilities or offices.

##### Standard 115.277(a)

The facility reported, via the PAQ, that policy requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. RCW 72.09.225 details state law regarding custodial sexual misconduct. In the past 12 months, there were no contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

The auditor was tasked to review reports of sexual abuse of residents by contractors or volunteers, and the associated referrals to outside law enforcement agencies and licensing bodies. There were none.

The auditor was provided with the text for RCW 72-09-225. She was also provided with a memo from the Assistant Secretary, Prisons Division, Assistant Secretary, Community Corrections Division, and Assistant Secretary, Reentry Division, dated May 4, 2017. The subject is "Volunteers with Criminal Backgrounds". The memo was issued as a reminder to Superintendents and Work Release Supervisors that there may be volunteers with criminal backgrounds and provides the specific process that must be followed to be fully compliant with PREA.

##### Standard 115.277(b)

The facility reported, via the PAQ, that it takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. No violations have occurred during the audit documentation period. However, had there been allegations, the facility may provide additional training to the contractor or volunteer based on the severity and frequency of the violation(s) of the sexual abuse or sexual harassment policies, and consider prohibiting further contact.

The Director's designee reported that the contractor would be placed on leave through the completion of the investigation. The volunteer would not be allowed to return until the investigation was complete. They do not use remedial measures in these circumstances.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.278 Disciplinary sanctions for residents

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.278, Disciplinary Sanctions for Residents.**

##### Policy

DOC 490.860, PREA Investigation, addresses discipline for incarcerated individuals under the Department's jurisdiction. It states that incarcerated individuals in Work/Training Release may be subject to disciplinary action per DOC 460.135 Disciplinary Procedures for Work Release for violating Department PREA policies. For substantiated allegations against an incarcerated individual, a 635, 637, or 659 infraction must be written against the perpetrator, as applicable.

DOC 460.135, Disciplinary Procedures for Work Release, addresses the major infraction hearing process. It states that the Hearing Officer will conduct the Work Release major infraction hearing, assess the evidence, and render decisions in a fair and impartial manner in accordance with statute, case law, Washington Administrative Code, and Department policy. In the section on Major Infraction Hearing Decision, it states the Hearing Officer will consider only the evidence presented when making a decision, decide if the offender willfully committed the conduct and whether the conduct constitutes a major infraction, reduce the written major infraction to a lesser included minor, if applicable, consider factors such as the offender's overall adjustment to the facility, prior infractions, prior conduct, and mental status, and upon a guilty finding, impose appropriate sanctions per disciplinary Sanction Table for Prison and Work Release. In the section on PREA Violations, it states that an offender who is found guilty of a 611, 613, 635, or 637 violation may be sanctioned to a multidisciplinary FRMT review for consideration of available interventions.

##### Standard 115.278(a)

The facility reported, via the PAQ, that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, there were no administrative findings of resident-on-resident sexual abuse that have occurred at the facility and there were no criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility.

The auditor was provided with copies of the text associated with WAC 137-25-020, Definitions; WAC 137-28-310, Decision of Hearing Officer; WAC 137-28-260, Sanctions and Mental Status; and WAC 137-28 Discipline-Prisons.

##### Standard 115.278(b)

The Director's designee stated, during her interview, that resident sanctions for major infractions are found in the Washington Administrative Code. They could include return to confinement, loss of credits. The sanctions are proportionate with the severity of the infraction.

The auditor was tasked to review investigative reports and documentation of sanctions imposed. There were no investigations completed that included sanctions being imposed.

##### Standard 115.278(c)

The Director's designee reported, during her interview, that when determining sanctions, the resident's mental health is considered.

The auditor was tasked to review investigative reports and documentation of sanctions imposed. There were no investigations completed that included sanctions being imposed.

##### Standard 115.278(d)

The facility reported, via the PAQ, that it offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. WADOC policy allows for offenders found guilty of infractions 611 (committing sexual assault against a staff member), 613 (committing an act of sexual contact against a staff member), 635 (committing a sexual assault against another offender), or 637 (committing sexual abuse against another offender) violations 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, etc.). If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

The auditor was tasked to interview medical and mental health staff. There are no medical or mental health staff assigned at BWTR. The facility does not offer these services, if the resident needed these services, they would be provided in the community.

Standard 115.278(e)

The facility reported, via the PAQ, that it disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. During the audit documentation period, no residents were disciplined for sexual conduct with a staff member.

The auditor was tasked to review a sample of records of disciplinary actions against residents for sexual conduct with staff. There were none during the audit documentation period.

Standard 115.278(f)

The facility reported, via the PAQ, that it prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Standard 115.278(g)

The facility reported, via the PAQ, that it prohibits all sexual activity between residents. WADOC policy clearly defines PREA-related prohibited behaviors. Consensual sexual activity between offenders is not included in these definitions. If the agency prohibits all sexual activity between residents and disciplines residents for such activity; the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

The auditor was provided with a copy of the Statewide Offender Handbook and the WTR Resident Handbook, which addresses sexual activity between residents.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.



## 115.282 Access to emergency medical and mental health services

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.282, Access to Emergency Medical and Mental Health Services.**

##### Policy

DOC 490.850, PREA Response, addresses response to allegations of sexual misconduct. It directs that all allegations except aggravated sexual assault, will be immediately reported to the Shift Commander/CCS/designee, who will implement appropriate security procedures and initiate the DOC 02-011, PREA Response and Containment Checklist. It further requires that for allegations of aggravated sexual assault, the Shift Commander/CCS/designee will initiate DOC 02-007, Aggravated Sexual Assault Checklist, and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation. It describes what the response should entail. It requires that all medical and mental health services for victims of sexual misconduct to be provided at no cost to the individual.

DOC 610.300, Health Services for Work Release Offenders identifies the policy as offenders who are on Work Release status will have unimpeded access to health care. Under the section for Health Care Treatment, it states that facilities will ensure all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate.

##### Standard 115.282(a)

The facility reported, via the PAQ, that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

The auditor was tasked to review a sample of medical/mental health secondary materials regarding access to services. Medical and mental health services are not provided at the facility. Based on this, there were no materials to review.

The auditor was tasked to interview Medical and Mental Health Staff and Residents who Reported a Sexual Abuse. There are no medical or mental health staff assigned to this facility. There were no residents at the facility who reported sexual abuse during the documentation review period. Based on this, these interview protocols were not utilized.

During the tour, the auditor noted there were no facilities identified to provide medical or mental health treatment on-site. The auditor was told that residents go to community health care providers, if services are needed.

##### Standard 115.282(b)

The two first responders interviewed, indicated that they would separate the victim and aggressor, contain the area, call 911 or notify the Appointing Authority/Duty Officer, follow the steps on the checklist in the PREA Kit. They would talk with the victim about not losing evidence. The only person they would share the information with is the police officer and the appointing authority or duty officer.

The auditor was tasked to review documentation demonstrating immediate notification of the appropriate medical and mental health practitioners. There were no incidents during the documentation review period which required notification to medical or mental health for services; therefore, no documentation was reviewed.

##### Standard 115.282(c)

The facility reported, via the PAQ, that resident victims of sexual abuse while incarcerated are 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. If a resident in a work release facility alleges aggravated sexual assault, he/she is transported to the designated community health care facility. Residents are provided with information regarding emergency contraception and sexually transmitted infection prophylaxis. As no health care personnel work at this facility, the resident would be referred to community health care resources for follow-up care, as needed.

The auditor was tasked to interview Medical and Mental Health Staff and Residents who Reported a Sexual Abuse. There are no medical or mental health staff assigned to this facility. There were no residents at the facility who reported sexual

abuse during the documentation review period. Based on this, these interview protocols were not utilized.

Standard 115.282(d)

The facility reported, via the PAQ, that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility is in substantial compliance with this standard.

## 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.283, On-going Medical and Mental Health Care for Sexual Abuse Victims and Abusers.**

##### Policy

Operations Memorandum 490.850, PREA Response, addresses medical and mental health services. It states that all medical and mental health services for victims of sexual misconduct will be provided at no cost to the resident. Medical and mental health services for all other residents will be coordinated by the Work Release Administrator or applicable Field Administrator or their designees.

DOC 630.500, Mental Health Services, addresses mental health services provided under the offender health plan. In the section on Crisis Services, it states that crisis services are provided for offenders with symptoms of an acute mental disorder that impair the offender's ability to function in areas such as self-care, social functioning, communication, and/or judgment. The offender may pose a safety risk to themselves and/or others. In the Routine Mental Health Services section, it states that a mental health provider will assess the need for mental health services in cases where the offender reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services. In the section on Release Planning for Offenders with Serious Mental Illness, it states that six months prior to the offender's Earned Release Date (ERD), the mental health employee/contract staff designated to facilitate care coordination will review seriously mentally ill offenders, along with supporting information, to determine which offenders will need community mental health aftercare.

DOC 610.300, Health Services for Work Release Offenders, states that offenders who are on Work Release status will have unimpeded access to Health Care. When health services are not provided by the Department, offenders will need to secure funding for their health care through appropriate means, such as basic health plans, the Veteran's Administration, their employer, or personal resources. In the case of sexual misconduct, the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment. A victim of sexual misconduct will not have debt added to his/her account for any medical or mental health treatment received as a result of reported sexual misconduct, whether or not s/he names the abuser or cooperates with any related investigation.

In the section on Health Education, it states that offenders who are victims of sexual misconduct which took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections (STIs) and emergency contraception as medically appropriate.

##### Standard 115.283(a)

The facility reported, via the PAQ, that it offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. There were no reports of sexual abuse during the audit period, therefore, there were no referrals to medical or mental health services in the community.

The auditor noted during the tour of the facility that there were no spaces designated for medical or mental health services. This was discussed with the PREA Compliance Manager, who informed her that medical and mental health services are provided in the community.

The PREA Coordinator provided an explanatory memorandum, which states: If an individual housed in a work/training release facility alleges sexual misconduct, the individual is referred to community health care resources for follow up care as needed. No health services staff are maintained within the facility.

##### Standard 115.283(b)

The auditor was tasked to interview medical and mental health staff. There are no medical or mental health staff assigned at the BWTR. In addition, the auditor was tasked to interview residents who reported sexual abuse. There were no allegation of sexual abuse made during the documentation review period, so this interview protocol was not utilized.

The auditor was tasked to review medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody. There are no medical services provided at the facility, so there was no documentation to review.

##### Standard 115.283(c)

The auditor was tasked to interview medical and mental health staff. There are no medical or mental health staff assigned at the BWTR.

The auditor was tasked to review medical records and secondary documentation that demonstrate victims received medical and mental health services consistent with community level of care. There are no medical services provided at the facility, so there is no documentation to review.

#### Standard 115.283(d)

The facility reported, via the PAQ, that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. There were no allegations of sexual misconduct involving penetration or any allegations which would necessitate pregnancy related care and information during the audit period.

The auditor was tasked to interview residents who reported sexual abuse. There were no allegations of sexual abuse during the audit documentation period.

The auditor was tasked to review medical records and secondary documentation that demonstrates that female victims were offered pregnancy tests. There are no medical services provided at the facility, so there was no documentation to review.

#### Standard 115.283(e)

The facility reported, via the PAQ, that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

The auditor was tasked to interview medical and mental health staff. There are no medical or mental health staff assigned at the BWTR. In addition, the auditor was tasked to interview residents who reported sexual abuse. There were no allegation of sexual abuse made during the documentation review period, so these interview protocols were not used.

The auditor was provided with a copy of the Planned Parenthood Brochure that is provided to residents who utilize the agency's services. In addition, the Offender Health Plan informational book was provided. It is 55 pages in length and covers Access to Care, Covered Services, Financial Responsibility, Levels of Care, Authorization for Medically Necessary Care, and other topics. It does not specifically address PREA in the Health Care Plan book.

#### Standard 115.283(f)

The facility reported, via the PAQ, that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Any individual alleging sexual assault, sexual abuse and/or staff sexual misconduct is referred to a health care provider to evaluate any injury and provide treatment and follow-up care. The individual is provided medical and mental health treatment services that are clinically indicated based upon the evaluation.

The auditor was tasked to interview residents who reported sexual abuse. There were no allegations of sexual abuse made during the audit documentation period.

The auditor was tasked to review medical records and secondary documentation that demonstrate that victims were offered tests for sexually transmitted infections as medically appropriate. Medical and mental health services are not offered at the facility, so there were no documents to review. In addition, there were no allegations made that would have required testing for sexually transmitted infections.

#### Standard 115.283(g)

The facility reported, via the PAQ, that treatment services are 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.

The auditor was tasked to interview residents who reported sexual abuse. There were no allegations of sexual abuse made during the audit documentation period, so this protocol was not used.

#### Standard 115.283(h)

The facility reported, via the PAQ, that it attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners. Agency policy prohibits charging offenders for co-pays for any medical and/or mental health care services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 PREA Prevention and Response.

BWTR did not have any cases necessitating medical or mental health care in the community during the audit period.

The auditor was tasked to review mental health records or secondary documentation that demonstrates evaluations of resident-on-resident abusers. Mental health services are not provided at the facility, so there were no records to review.

The auditor was provided with the PREA Response Operations Manual.

The auditor has determined through review of policies and documentation, interviews, and observation of facility operations, that the facility is in substantial compliance with this standard.

## 115.286 Sexual abuse incident reviews

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.286, Sexual Abuse Incident Reviews.**

##### Policy

DOC 490.860, PREA Investigations, addresses multidisciplinary PREA review. It states that the Appointing Authority/designee will convene a local PREA Review Committee to examine the case for all substantiated or unsubstantiated investigations of individual-on-individual sexual assault/abuse and staff sexual misconduct. The committee will meet every 30 days, or as needed. The committee will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383, Local PREA Investigation Review Checklist.

##### Standard 115.286(a)

The facility reported, via the PAQ, that it conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The HQ PREA Unit maintains a spreadsheet of all Local Review Committees conducted, including any identified corrective action. In the past 12 months, there were no criminal and/or administrative investigations of alleged sexual abuse completed at the facility.

The auditor was tasked to review documentation of completed incident reviews. There were no cases during the audit documentation period that would have required a sexual assault incident review. She was also tasked to review sample documentation of completed criminal or administrative investigations of sexual abuse, if incident review documents are contained therein. There was one allegation during the audit documentation period, it was a sexual harassment case. A sexual assault incident review was not conducted on this case.

##### Standard 115.286(b)

The facility reported, via the PAQ, that it ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. As needed, the Local PREA Review Committee is scheduled within 30 days of findings by the Appointing Authority. In the past 12 months, there were no criminal and/or administrative investigations of alleged sexual abuse completed at the facility.

The auditor was tasked to review sample documentation of completed criminal or administrative investigations of sexual abuse, if incident review documents are contained therein. The auditor noted, after reviewing the PREA Allegation Tracking Log and found no sexual abuse allegations during the document review period.

##### Standard 115.286(c)

The facility reported, via the PAQ, that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The Committee is generally made up of the Work Release Administrator Work Release Oversight and Compliance Manager, and Work Release CCS's.

The Director's designee indicated, during her interview, that the sexual abuse incident review is conducted by the division, not locally because of the small size of the facilities. The reviews include upper-level management, supervisors, investigators, and medical/mental health staff (as needed).

##### Standard 115.286(d)

The facility reported, via the PAQ, that it prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) – (d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator. Elements required by the standard are documented in DOC form 02-383, Local PREA Investigation Review Checklist. The form also includes an action plan section that identifies the action needed, the person responsible, the planned completion date and the date completed. This form is reviewed and signed off on by the Appointing Authority and forwarded to the agency PREA Coordinator/designee for inclusion with the electronic investigation report file.

The auditor was tasked to review documentation of incident reviews and reports of findings from sexual abuse incident reviews. There were no cases during the documentation review period that would have required a sexual abuse incident review to be completed.

The Director's designee indicated, during her interview, that the incident review team uses the information from the review to make decisions about policy changes, increased walk-throughs, staffing modifications, or adjustment or relocation of mirrors

or monitoring technology. She stated the review team addresses all of the required components for this standard.

The PREA Coordinator indicated, during her interview, that the WADOC division who supervises the work release facilities conducts the incident reviews and prepares a written report. It is reviewed by the Appointing Authority for the work release facilities, she does not review it.

The PREA Compliance Manager indicated, during her interview, that sexual assault incident reviews are completed by the Work Release Administrator and the CCS's from the various work release facilities. At the completion of a review, the information is documented utilizing a standardized form.

Standard 115.286(e)

The facility reported, via the PAQ, that it implements the recommendations for improvement or documents its reasons for not doing so. The DOC form 02-383 Local PREA Investigation Review Checklist includes an Action Plan section that identifies the action needed, the person responsible, the planned completion date and the date completed.

The auditor was tasked to review documentation supporting implementation of recommendations and documentation of reasons for not implementing recommendations. There were no incidents of sexual abuse during the audit documentation period; therefore, no sexual abuse incident reviews were conducted.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.287 Data collection

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### Standard 115.287, Data Collection.

##### Policy

DOC 490.860, PREA Investigation, addresses the requirement for investigators to submit the investigation report and DOC 02-382 PREA Data Collection Checklist to the Appointing Authority/designee. It also addresses data collection and reporting and record retention requirements. All of the requirements of this standard are addressed in the agency policy.

DOC 490.800, PREA Prevention and Reporting, establishes the standardized definitions to be utilized while addressing PREA allegations and collecting PREA data.

##### Standard 115.287(a)

The facility reported, via the PAQ, that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The auditor reviewed the PREA definitions which were found in DOC 490.800, which was provided with the PAQ.

The auditor was tasked to review the data collection instrument. The DOC 02-382, PREA Data Collection checklist is maintained as part of the investigatory file. It is also included as an attachment to the policy.

The auditor was provided with an explanatory memo from the PREA Coordinator. It indicates that the WADOC has established a PREA allegation and case database within the OMNI system. This system allows for the standardized collection of 16 data elements including case outcomes, information on the accused, investigation participants, source of allegation date allegation was received, type of allegation, etc.

##### Standard 115.287(b)

The facility reported, via the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually. Data is aggregated in the agency's annual PREA report. All reports, beginning with 2013, are available at: <https://doc.wa.gov/corrections/prea/resources.htm#publications>.

The auditor was tasked to review a sample of aggregated data. The auditor reviewed annual reports beginning with 2017 on the agency website. The reports contain a large amount of information related to each facility and the efforts the agency is taking to reduce/eliminate allegations of sexual assault.

While reviewing the annual reports, the auditor noted that there was one substantiated allegation of resident-on-resident sexual abuse in 2017. There was one allegation of sexual harassment by a staff member in the audit reporting period included with this audit.

##### Standard 115.287(d)

The facility reported, via the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigations files, and sexual abuse incident reviews. This information is stored in an electronic system and used to complete the agency's annual report.

##### Standard 115.287(e)

The facility reported, via the PAQ, that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. WADOC contracts with American Behavioral Health Systems for the residential substance abuse treatment of offenders on community supervision and includes incident-based and aggregated data in the Annual Agency PREA report. Annual reports are available at <https://www.doc.wa.gov/corrections/prea/resources.htm>. The data from private facilities complies with SSV reporting regarding content.

The auditor was tasked to review a sample of incident-based and aggregated data from private facility. In the annual reports that were reviewed, the auditor noted that data from all agencies was included.

##### Standard 115.287(f)

The facility reported, via the PAQ, that the agency provided the Department of Justice with data from the previous calendar year upon request. The agency submits data annually in response to the Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization (SSV). Data submitted is for the previous calendar year.



The auditor was provided with the completed SSV reports for 2018, 2019, and 2020.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.288 Data review for corrective action

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.288, Data Review for Corrective Action.**

##### Policy

DOC 490.860, PREA Investigations, states: The PREA Coordinator will generate an annual report of findings. The report will include an analysis of PREA prevention and response for the Department and for each facility, including high level summary information and detailed facility data analysis; findings and corrective actions at facility and Department levels; and an assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years. The report requires Secretary approval. Approved reports will be made available to the public through the Department website. Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.

##### Standard 115.288(a)

The facility reported, via the PAQ, that the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The annual agency PREA report from previous calendar years including identified agency and facility level issues and corresponding action/strategic plans are accessible at: <https://www.doc.wa.gov/corrections/prea/resources.htm#reports> Reports beginning with calendar year 2013 are posted to this site.

The auditor reviewed WADOC Annual Reports for 2017 – 2020 on the website. The auditor noted that in the annual reports it stated that there have been so few allegations received from BWTR that no trends have been identified.

The Agency Secretary indicated that the agency creates the annual report from the data collected from all of their facilities. The plan identified areas of concern and areas that could use improvement. They evaluate all of the information and create a plan to correct any identified deficiencies. This is done on both the facility and agency level.

The PREA Coordinator indicated, during her interview, that all data from the work release facilities is incorporated in the annual report. The division who supervises the work release facilities is responsible to provide the information to the PREA Triage unit for inclusion in the annual report. If trends are identified, the issue is presented to the PREA Advisory Council for discussion and potential action.

The PREA Compliance Manager indicated, during her interview, that the role the facility plays in the annual review process is to gather data and provide it to the Work Release Administrator. The Work Release Administrator collects information from all of the facilities and submits it to the PREA Coordinator.

The auditor noted, while reviewing the 2020 Annual Report that during 2020, a total of 99 local review committees were held across the agency. Of these, 15 resulted in some form of action plan. Elements in action plans include, but are not limited to, provision of additional training for staff, completion of updated PREA risk assessments based on investigation results, and implementation of a formal separation between identified incarcerated individuals.

##### Standard 115.288(b)

The facility reported, via the PAQ, that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Annual Agency PREA report from previous calendar years, including identified agency and facility level issues and corresponding action/strategic plans, are accessible at <https://www.doc.wa.gov/corrections/prea/resources.htm#reports> Reports beginning with calendar year 2013 are posted to this site. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed the annual report of findings from data reviews/corrective actions. There were none noted for this facility.

##### Standard 115.288(c)

The facility reported, via the PAQ, that the agency makes its annual report readily available to the public at least annually through its website. All annual reports are available at: <https://www.doc.wa.gov/corrections/prea/resources.htm#reports> Reports are reviewed and approved by the agency Secretary.

The auditor was tasked to review the website where the annual report is available. The auditor went to website to review

data directly from website. All pertinent data was available there.

The Agency Secretary indicated that she approves the annual report and once approved, it is posted on the agency website.

Standard 115.288(d)

The facility reported, via the PAQ, that when the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Aggregate data did not include any personal identifying information, only statistical data regarding investigations and demographics. Data is included in annual reports in its entirety. The agency indicates the nature of material redacted.

The auditor was tasked to review annual report of findings from data reviews/corrective actions. She found that reports do not contain any personal identifying information, so no redaction is needed.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## 115.289 Data storage, publication, and destruction

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### **Standard 115.289, Data Storage, Publication, and Destruction.**

##### Policy

DOC 280.310, Information Technology Security, states that the Department Information Technology (IT) resources are Department property, and the Department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, IT Security Standards located on the Department's internal website, and Departmental policies.

DOC 490.860, PREA Investigation, addresses data collection and reporting and requires all PREA data containing personal identifying information be maintained as Category 4 data per DOC 280.515 Data Classification and Sharing. on reports and incident review committees, as well as from each private facility contracted to confine or house individuals under the Department's jurisdiction. It also requires that data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct. This policy also addresses record retention and requires records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule. The policy states that 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 five years. If a review of the investigation records reveals that the accused individual does not meet this five year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule.

DOC 280.515, Data Classification and Sharing, addressed data classification and handling. It establishes that data will be classified into 4 categories per the Data Classification Standards and Office of the Chief Information Officer (OCIO) 141.10 Securing Information Technology Assets. Category 4 data is described as confidential information requiring special handling, is specifically protected from release by law and has especially strict handling requirements by statute, regulation, or agreement. It outlines an employee's obligation to report and the consequences for failure or refusal to perform assigned responsibilities or willful violation of data classification policy.

##### Standard 115.289(a)

The facility reported, via the PAQ, that the agency ensures that incident-based and aggregate data are securely retained. The auditor was provided with a table that identifies OMNI PREA Access – outlining level of access and the classifications which are automatically approved.

The PREA Coordinator stated, during her interview, that the agency reviews data collected in order to assess and improve the effectiveness of the PREA policies and training curriculum.

Per an explanatory memo from the PREA Coordinator, the following systems are in place to ensure restricted access to all PREA allegations, investigations, and related data within the WADOC:

- All allegations are reported via the IMRS within the OMNI system. Access to any IMRS regarding PREA is restricted and confidential and limited to only those staff with a need to know. Access to this system is reviewed by the agency's Emergency Operations Administrator to ensure access is essential to PREA-related responsibilities.
- The PREA database within OMNI is the primary source of information regarding allegations and investigations. Access is restricted to specifically identified people. All access is reviewed and approved at the Headquarters level to ensure compliance with established restricted access parameters. All investigation reports, hotline call recordings, and related allegation information is maintained within an access-restricted drive. Access to that drive is limited to the agency PREA Unit that is responsible for managing all allegations and maintaining related information.

##### Standard 115.289(b)

Policy outlining PREA data availability is found in DOC 280.310, Information Technology Security, which addresses access rights and privileges. It states that mandatory criminal history background checks, as required in DOC 810.015 Criminal Record Disclosure and Fingerprinting, must be completed and cleared prior to granting access to IT resources. Access rights and privileges to IT resources will require prior authorization.

The facility reported, via the PAQ, that policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

The auditor reviewed the website for publicly available aggregated sexual abuse data. She found annual reports from 2013 through 2020 available there for review.

Standard 115.289(c)

The facility reported, via the PAQ, that before the agency makes aggregated sexual abuse data publicly available, all personal identifiers would be removed. 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. Data is included in annual reports in its entirety. The agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

The auditor was tasked to sample publicly available sexual abuse data to check that personal identifiers have been removed. Annual reports on the WADOC website were reviewed. No personal identifiers were present in the documents.

The agency Records Retention Schedule from 4/2018 was provided to the Auditor. Page 115 discusses retention of PREA records.

Standard 115.289(d)

The facility reported there is no federal, state, or local law that addresses retention requirements on sexual abuse data collected pursuant to Standard 115.287.

The auditor reviewed historical data available on the website.

The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.

## **115.401 Frequency and scope of audits**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Standard 115.401, Frequency and Scope of Audits.**

During the pervious three-year audit period, the agency ensured each facility it operates was audited, at least one time. This is the third year of the current audit cycle. The agency has ensured that 67% of its facilities haven been audited. It should be noted, that some of the original audit dates were adjusted due to restrictions related to COVID-19.

The auditor had access to and the ability to observe all areas of the facility. The auditor requested and received copies of all relevant documentation, including records maintained in electronic databases. The auditor conducted private interviews with residents. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

**115.403 Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Standard 115.403, Audit Contents and Finding.**

The agency has published on its website, all final audit reports. When reviewing the audit website, the auditor noted that most facilities have more than one final audit reports available for review.

**Appendix: Provision Findings**

<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	yes
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</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 residents.)	yes
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes



<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
		In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
		In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
		In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
		Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
		Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
		Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
		Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

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

Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? yes

If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? yes

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

Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

**115.216 (a)****Residents with disabilities and residents who are limited English proficient**

Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? yes

Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? yes

Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? yes

Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? yes

Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? yes

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) yes

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

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

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? yes

**115.216 (b)****Residents with disabilities and residents who are limited English proficient**

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? yes

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

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
		Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
		Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents 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.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</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 residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
		Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	no
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	no

<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes



<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, 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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
		Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
		Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
		Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
		Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
		When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

**115.242 (f)****Use of screening information**

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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)

yes

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

yes

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

yes

**115.251 (a)****Resident reporting**

Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?

yes

Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?

yes

Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?

yes

**115.251 (b)****Resident reporting**

Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?

yes

Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?

yes

Does that private entity or office allow the resident to remain anonymous upon request?

yes

**115.251 (c)****Resident reporting**

Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?

yes

Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?

yes

**115.251 (d)****Resident reporting**

Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?

yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	Does the agency permit residents 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.)  Does the agency always refrain from requiring a resident 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  yes
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	Does the agency ensure that: a resident 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.)  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  yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident 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.)  At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na  na  na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, 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.)  If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes  na  na

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	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.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
		Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
		Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
		Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.262 (a)</b>	<b>Agency protection duties</b>	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes



<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

**115.267 (c)****Agency protection against retaliation**

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff? yes

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

**115.267 (d)****Agency protection against retaliation**

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

**115.267 (e)****Agency protection against retaliation**

If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? yes

**115.271 (a)****Criminal and administrative agency investigations**

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). ) yes

Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). ) yes

**115.271 (b)****Criminal and administrative agency investigations**

Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	no
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.273 (c)</b>	<b>Reporting to residents</b>	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
		Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
		Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
		Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
		Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (e)</b>	<b>Reporting to residents</b>	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
		Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
		Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
		Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
		Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are resident 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 residents 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

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	If pregnancy results from the conduct described in paragraph § 115.283(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 residents 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
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
		Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
		Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
		Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
		Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
		Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.287 (a)</b>	<b>Data collection</b>	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.287 (f)</b>	<b>Data collection</b>	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
		Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
		Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes



<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
		If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
		If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes