

PREA Facility Audit Report: Final

Name of Facility: Stafford Creek Corrections Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 12/07/2022

Date Final Report Submitted: 05/16/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 05/16/ 2023

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	11/08/2022
End Date of On-Site Audit:	11/10/2022

FACILITY INFORMATION	
Facility name:	Stafford Creek Corrections Center
Facility physical address:	191 Constantine Way, Aberdeen, Washington - 98520
Facility mailing address:	191 Constantine Way, Aberdeen, Washington - 98520

Primary Contact	
Name:	Silvia Washington
Email Address:	swashington1@doc1.wa.gov
Telephone Number:	(360) 537-2127

Warden/Jail Administrator/Sheriff/Director	
Name:	Jason Bennett
Email Address:	jmbennett@doc1.wa.gov
Telephone Number:	(360) 537-1810

Facility PREA Compliance Manager	
Name:	Jason Bennett
Email Address:	jmbennett@doc1.wa.gov
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Telephone Number:	O: (360) 537-2127
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Facility Health Service Administrator On-site	
Name:	Shane Evans

Email Address:	slevans@doc1.wa.gov
Telephone Number:	(360) 427-4592

Facility Characteristics	
Designed facility capacity:	1936
Current population of facility:	1793
Average daily population for the past 12 months:	1792
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	19-87
Facility security levels/inmate custody levels:	Minimum, Medium, Max
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	588
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	45
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	78

AGENCY INFORMATION	
Name of agency:	Washington Department of Corrections
Governing authority or parent agency (if applicable):	State of Washington
Physical Address:	7345 Linderson Way Southwest, Tumwater, Washington - 98501

Mailing Address:	
Telephone number:	3607258213

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

Agency-Wide PREA Coordinator Information			
Name:	Michelle Duncan	Email Address:	miduncan@doc1.wa.gov

Facility AUDIT FINDINGS	
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>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-11-08
2. End date of the onsite portion of the audit:	2022-11-10

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
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:

The auditor contacted the Office of Crime Victims Advocacy related to victim advocacy services at Stafford Creek Correctional Center. The staff member confirmed that they have an MOU with the facility that was last signed in 2021. She stated they have had an MOU since 2013 and they typically renew every two years. The staff member indicated that they provide a statewide sexual assault support and information line and they provide crisis intervention, emotional support, information and referrals. She stated she also coordinates for on-going services and advocacy at investigatory interview with community based sexual assault advocates. She confirmed the organization has provided services to the facility in the past, however Beyond Survival is the organization that provides accompaniment during forensic medical examinations. The staff member voiced no concerns related to the facility's compliance with PREA, however she did provide information to the auditor about concerns that have been voiced by inmates related to fear of retaliation for reporting and isolation from reporting.

The auditor also contacted Beyond Survival related to victim advocacy services. The staff indicated that they have an old MOU from 2018 with the facility but that they annually renew the PREA contract with the State of Washington OCVA team to provide services at SCCC. The staff confirmed that they provide advocacy, either in-person or by phone and they also provide resources such as worksheets. The staff further confirmed that they have provided services to inmates at SCCC in the past and indicated that they responded to the hospital for one inmate in the last year and a half and was told upon arrival that the inmate reused the advocate during the forensic medical examination. While the staff member stated they did not have any concerns for inmates at SCCC, she did indicate that there has not been much communication since COVID-19 and that prior

to there was outreach to participate in events at SCCC and assisting with connecting inmates who needed services.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1936
15. Average daily population for the past 12 months:	1792
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

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:	1804
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:	2
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:	3

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	6
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:	4
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:	29
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:	6
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:	100
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

<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>588</p>
<p>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:</p>	<p>78</p>
<p>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:</p>	<p>45</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample among interviewees. The following inmates were selected from the housing units: two from F, four from G, seven from H1, five from H2, five from H3, seven from H4, six from H5, four from H6 and one from the infirmary. FS unit was closed and as such there were no interviews conducted for this unit.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>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):</p>	<p>Based on the population on the first day of the audit (1809) the PREA auditor handbook indicated that at least 40 inmates[1] were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. The facility houses adult male inmates and transgender female inmates. Inmates for the random interviews varied across gender, race/ethnicity, age, time at the facility and housing assignment. The auditor ensured a geographically diverse sample among interviewees. The following inmates were selected from the housing units: two from F, four from G, seven from H1, five from H2, five from H3, seven from H4, six from H5, four from H6 and one from the infirmary. FS unit was closed and as such there were no interviews conducted for this unit. 37 of the inmates interviewed were male and four were transgender female. Seven of the inmates interviewed were black, seventeen were white, three were Hispanic, eight were Native American and six were another race/ethnicity. With regard to age, three were between eighteen and 25, nine were 26-35, ten were 36-45, five were 46-55 and fourteen were 56 or older. Sixteen of the inmates interviewed were at the facility less than a year, fourteen were there between a year and five years, ten were there six to ten years and one was at the facility longer than ten years.</p> <p>[1] Inmate, offender and incarcerated individual are used interchangeably within this document.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>22</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:</p>	<p>1</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>4</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>4</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor also confirmed through a review of housing documentation for inmates at high risk of victimization and inmates who reported sexual abuse that zero were currently involuntarily segregated for those reasons.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>16</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input checked="" 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 checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>Race, gender and ethnicity.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>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):</p>	<p>Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the random interviews. Staff for the random interviews varied across gender, race, rank, post assignments and shift. Security staff mainly make up three shifts, first shift works from 10:50pm-6:20am, second shift works from 6:10am-2:10pm and third shift works from 2:00pm-11:00pm. Four staff were interviewed from first shift, five were from second shift and seven were from third shift. With regard to the demographics of the random staff interviewed; twelve were male and four were female. Fourteen were white, one was black and one was Native American. Ten were Correctional Officers, three were Sergeants and two were Lieutenants.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>28</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mail Room
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

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

The on-site portion of the audit was conducted on November 8-10, 2022. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing the auditor conducted a tour of the common areas, including: laundry, warehouse (outside the secure perimeter), intake, visitation, chapel, education, maintenance/vocation, food service, health services, recreation, industries, programs, the recycling center, garage (outside the secure perimeter) and administration. After the tour the auditor selected staff and inmates for interview and also selected documentation to review. The remainder of the facility tour was conducted on November 9, 2022. The auditor toured the housing units and conducted inmate interviews in those units after the tour. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. Each housing unit had one very large poster in English as well as regular paper size posters in English and Spanish. The larger posters were observed on the wall above the housing unit entrance doors and the regular size poster were observed on the wall or bulletin board. The larger poster contained information on zero tolerance, the PREA hotline number and the victim advocacy (OCVA) number. The regular size posters included information on zero tolerance and reporting via the PREA hotline number. A few of the units also had regular size posters that provided information on OCVA, including the phone number. While each housing unit had information posted, the auditor observed that the regular size posters were not the current posters the agency was utilizing and did not include information on the other methods to report including, the

external reporting mechanism (DOC form 21-379), verbally to staff and reporting in writing via a kite or grievance. Additionally, the auditor observed that none of the information posted had the mailing address for the victim advocacy service (Just Detention International). The facility added stickers with the mailing address to the reporting poster rather than the poster with the OCVA information and as such the information appeared to elude that inmates could report through the JDI mailing address. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English. During the on-site portion of the audit, the facility began to replace all the old PREA posters with the newer agency wide PREA posters. The newer agency wide PREA posters included information on zero tolerance and the numerous reporting mechanisms, including: the PREA hotline, external reporting mechanism, verbally to staff and in writing through a grievance or kite. The poster also includes the phone number (1-855-210-2087) for outside victim advocacy services and indicates that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. In addition to the large posters, the auditor observed that PREA brochures were available in each of housing unit dayrooms. Each dayroom had a literature/form area and PREA brochures were observed to be available in English and Spanish. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that they do well with the PREA information.

Third party reporting information was not observed in the visitation areas (main visitation and segregated housing visitation)

or the front lobby, however the older PREA poster (the "Help" written in the sand poster) was observed in these areas.

During the tour the auditor confirmed the facility follows the staffing plan. There were at least three security staff and numerous non-security staff assigned to each housing building. The segregated housing unit had adequate staff based on size with at least six assigned security staff. Program, work and education areas included non-security staff and a roving security staff. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor confirmed that the physical plant of the housing units provided an adequate line of sight. The auditor did identify two areas in the housing units (side stairwell and holding cells/storage area) that were only accessible to staff and inmates when master control opened the door and/or staff utilized an assigned key. While the areas were restricted, the auditor determined that these spaces create potential problem areas and recommended that the facility install cameras in these areas. The auditor identified two blind spots during the tour, a section of the warehouse and the tool crib in maintenance. The facility indicated that they would install mirrors in these areas to alleviate the blind spots. Conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds at least every hour and supervisors (Sergeants) make rounds daily. Informal conversation with inmates also confirmed that there is at least one staff member in the unit, that staff make rounds every 30 minutes to an hour and that they have seen the Superintendent weekly in the past few months. Inmates did express however that they rarely saw a Lieutenant or a Captain

making rounds.

During the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras are monitored in central control, medical and remotely by administrative and investigative staff.

With regard to cross gender viewing, the auditor confirmed that inmates have adequate privacy when showering and using the restroom in the general population housing units. All showers were single person and had walls, doors and/or raised barriers. Toilets were either in a common area and were enclosed with a door or were in cell and were obstructed by a solid door with a small window. The segregated housing unit toilets were in cell and had adequate privacy through a solid door with a small security window. The segregated housing unit shower however did not afford adequate privacy. The auditor observed that the showers were in the rear with open bar stock and clear plexiglass and/or lattice type material. The showers can be observed from the front of the housing unit as well as from the officer's station. The lack of a barrier allows for all staff, including female staff working in the unit, to observe inmates in the shower. Informal conversation with staff and inmates confirmed that inmates have privacy when showering, using the restroom and changing clothes, except in segregation. A few inmates voiced concerns related to the height of the shower walls/ doors, however the auditor confirmed that the height was adequate for privacy. During the tour the auditor viewed the strip search areas in intake, visitation and the two "HUBS". All areas had walls with curtains and provided adequate privacy during strip searches. The auditor also observed a restroom in the reception area in health services that did not provide adequate privacy. The restroom had a

door with a large window. The medical cells in health services also did not provide adequate privacy for inmates when using the restroom and changing their clothes. While one half of the cell had a "frosted" film, the other half did not, which allowed for viewing of the toilet. During the on-site portion of the audit, the facility added the frosted film to the remaining windows of the health service cells. The auditor toured the area after the modifications and confirmed that the cross gender viewing issue was alleviated. A review of the cameras auditor revealed that cells in the observation area as well as a cell in medical were equipped with Additionally, central control, administrative staff and investigative staff have access to these cameras, however the auditor determined that they do not actively monitor the cameras. A review of the cameras confirmed that they do not allow for adequate privacy for the inmate in the cell to use the restroom or change his/her clothes. With regard to the opposite gender announcement, the facility has a doorbell system that is utilized for the female announcement. The staff press the doorbell prior to entry. A music tone is played and a green light flashes above the housing unit door entrance. While the facility has a system in place, the auditor did not observe the use of the doorbell on the first day of the tour. On the second day of the tour the auditor witnessed staff utilize the doorbell in a few of the housing units, however the music was delayed and in some units it was not audible. The auditor observed that if female staff did not wait prior to entry, they were already in the unit when the music sounded. Informal conversation with staff and inmates indicated that the doorbell is utilized for female staff. Most inmates indicated that the doorbell is consistently utilized, however a few indicated that only certain staff press the doorbell. The inmates stated that security staff do not use the button but medical and mental health staff typically do.

Inmate risk assessments are electronic while medical and mental health files are paper. During the tour the auditor spoke with health services records staff and confirmed medical and mental health records are paper and maintained in medical records. This area is locked and requires a key to access. Access to this area is limited to medical and mental health care staff and administrative staff. The records staff member stated that medical records is staffed from 7:00am-4:30pm on weekdays and that the door is secured when staffed and when not staffed. The records staff stated that only medical, mental health and administrative staff can view inmate medical and mental health records. The staff confirmed that security staff do not have access to these records. The staff also stated that there is a process in order for non-medical and mental health staff to request access to the records (administrative level staff). Risk assessments are electronic with limited access. During the tour security staff (a Correctional Officer) illustrated that security staff access to PRA information is limited to only the PRA designation (i.e. potential victim or potential perpetrator). The security staff pulled up the electronic system and confirmed that he was unable to view the results of the risk assessment. Information related to sexual abuse allegations is maintained in investigative files located in the PRA Compliance Specialist's office. The office has very limited access with a locked door and a locked file cabinet. Additionally, information is entered into the electronic system and access to details related to investigations is very limited.

During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked. Security staff empty the contents of the box daily and take it to the mailroom for staff there to handle. None of the drop boxes were specific to sexual abuse

or sexual harassment allegations or information. Inmates are provided a packet upon arrival with a pencil, paper and envelopes. They also have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. The auditor observed that each unit had numerous forms for the inmates to utilize and fill out (kite, resolution request, etc.). Inmates in segregated housing are provided out of cell time five days a week via recreation and/or showers. Drop boxes are located outside of the unit and inmates are required to hand documents to staff to place in the box. The interview with the mailroom staff indicated that outgoing mail that is PREA and mailed to the Colorado Department of Corrections is treated confidential and not examined or opened. She stated that the mail room has the address posted on the wall so that staff know the address in case a pre-stamped envelope is not utilized. The mail room staff stated that there are locked mail boxes where inmates can put general correspondence and that legal mail is required to be provided to a staff member so that it can be logged. The staff member confirmed that mail sent to Just Detention International would be confidential and not scanned. The mail room staff also discussed the incoming mail process which involves all mail being scanned through the x-ray machine. Mail is then taken to a sorting table and broken down by housing unit. The staff member stated that all incoming correspondence is reviewed except for legal mail and mail coming from the Ombudsman. Additionally, anything stamped PREA/confidential is given to the PCM and treated as confidential mail. The staff member confirmed that any correspondence from the local rape crisis center would be confidential and would be given to the PCM to handle.

The auditor observed the intake process through a demonstration. Inmates are provided PREA information at intake via two

brochures. One brochure has information on PREA, to include zero tolerance and reporting mechanism and the second brochure has information on OCVA and victim advocacy. The intake staff member stated that in addition to providing the brochures, he also goes over the basic PREA information found on the posters and directs inmates that all the information is accessible on the posters throughout the facility.

The auditor was provided a demonstration of the initial risk assessment. The staff indicated that the initial risk screening is completed privately in the staff member's office in the housing unit. She indicated she advises them that she is completing the intake PREA and why it is done. The staff member then displayed the electronic PRA and advised that she asks the questions on the screen which include: age, height, weight, prior sexual victimization in a confinement setting, LGBTI identity/status, feelings of risk of sexual abuse, disabilities and prior sexual abuse in the community. She stated they also review the inmate's criminal history and infraction history. The staff indicated that if there is information on the screen that differs from what they indicate, she discusses it with them and advises why she is changing the information (i.e. the screen says no disability but the inmate is in a wheelchair). She stated if there is any history of sexual victimization or abusiveness she completes the electronic mental health referral. She further stated that after the PRA is complete a score is tabulated based on the responses and if the individual is identified as dual, potential victim or potential predator she creates a PREA monitoring plan. The staff member also displayed a facility form that is utilized to confirm that risk assessment are completed (SCCC 12-005). Both the staff member and the inmate sign and date the form confirming a risk assessment was completed. The auditor inquired about 30 day reassessments and the staff stated that the inmate is again brought

to the office in the housing unit and they ask if anything has changed related to the PRA questions. She indicated she will ensure she against asks about any sexual abuse in a confinement setting, even if the inmate states there has been no change. She confirmed a new PRA is completed in the electronic system and a SCCC 12-005 form is completed too.

The auditor called the internal PREA hotline and left a message to test functionality. Inmates are advised to select English or Spanish initially. Based on the language chosen, inmates are provided direction related to the PREA hotline. The auditor pressed both “one” for English and “two” for Spanish when testing the PREA hotline and confirmed that the message with direction was in both English and Spanish, depending on the language option selected. The auditor received confirmation from the PC five days after the call was placed (Monday, November 14, 2022) that the call was received. It should be noted that the call was placed on a Wednesday and the Friday during the audit week was a holiday (Veteran’s Day). Inmates have access to the phones most of the day. The internal PREA hotline is accessible on all phones and does not require a pin number (thus allowing inmates to remain anonymous). During the audit the auditor asked an inmate to submit a request to a staff member on the kiosk to confirm functionality of this reporting mechanism. The inmate illustrated the process and submitted the test to the facility’s PCM (submitted November 9, 2022). The auditor received confirmation via a printed copy of the request from the PCM the following day confirming that the information was received and the reporting method is functionable. The auditor also submitted a written kite (on November 9, 2022) via the resolution drop box in a housing unit. The auditor received confirmation on November 10, 2022 that the kite was received and processed. Inmates have access to tablets

and during the tour the auditor asked an inmate to demonstrate what is available on the tablet. The auditor verified that inmates are unable to report through the tablet system and are unable to make or receive calls on the tablets. Inmates are able to correspond with their family and friends via email. Inmates in segregated housing have access to telephones when they are out of their cell for dayroom/recreation time and/or shower time. Telephone access is typically five days a week. All dayrooms and outdoor recreation areas are equipped with a telephone. A drop box for kites/resolutions is available in the segregated housing outside of the officer's station. Inmates are able to provide the paperwork to any staff member who can drop it in the box for them.

The auditor previously tested the outside reporting mechanism via the DOC 21-379 form. The forms and pre-addressed envelopes are located in the housing units. The forms allow the individual to opt out of providing their name and DOC number. The form specifically states "this information may be submitted anonymously". The auditor filled out the form at a prior WADOC audit on October 20, 2022 and placed it in the outgoing mail box located in the housing unit. The mail process related to the DOC 21-379 is the same across all WADOC facilities and as such the auditor did not send a second test form. On October 28, 2022 the PC provided confirmation that the information was provided to her office from the Colorado Department of Corrections, confirming the functionality of the outside reporting entity. The mailroom staff confirmed that letters to CDOC are not screened. During the tour the auditor did not observe the DOC 21-379 form in the housing units. The auditor reviewed all documents in the dayroom literature/forms area and was unable to locate the forms. Additionally, there were no pre-addressed envelopes observed in the housing units either. One inmate indicated that they can ask

for the forms from staff, however the auditor confirmed that this process is not appropriate and does not allow for inmates to remain anonymous. The auditor did confirm that inmates in segregated housing are provided a bag upon entry. The bag includes a few of the outside reporting mechanism forms and envelopes. While the inmates have access to the forms and envelopes, they do not have access to the drop boxes to send the letters. Inmates are required to hand the envelopes to staff to place in the drop box for them. In addition, the auditor interviewed an inmate who was completely blind and he indicated that he was unable to utilize this method. The auditor determined that while the facility only had one completely blind inmate, it is recommended that they develop accommodations for blind inmates and inmates who are unable to read and write to have equal benefits from the outside reporting mechanism.

Additionally during the tour, the auditor asked staff to advise how they submit a written report. Staff indicated they would document the information via an incident report. The staff member demonstrated how to complete an incident report on the computer at the officer's desk. The demonstration indicated that staff pull up the appropriate form from the list of WADOC forms and complete the required fields. The staff indicated that he would print out the form and hand it in to a supervisor. The staff further stated that if it was a confidential report he would print it and walk it to the Lieutenant. Informal conversation with inmates indicate they can report verbally and in writing to staff. A few indicated that no matter how they report it is an "us against them" mentality.

The auditor tested the victim advocacy hotline during the tour. The auditor called the OCVA number five times across four separate units and was unsuccessful during each attempt. The line had a voicemail that

indicated that a staff member was busy helping another individual and that the line was not a reporting line for the Department of Correction. The voicemail further advised that the line was not recorded. It should be noted that the auditor did test the OCVA line during a previous WADOC audit. The first attempt was unsuccessful but the second was successful. The OCVA staff member confirmed that a live person is available to provide services to inmates when calls are received. The victim advocate stated that they are available to provide services Monday through Friday 8:00am to 5:00pm. She further confirmed that the line is not recorded and the information provided to the organization is confidential. The victim advocate further stated that they utilize a language service to assist with anyone who is LEP and/or disabled.

The auditor tested the third party reporting mechanism by sending an email to the provided email address on August 11, 2022. The auditor received confirmation on the same date that the test was received by the DOC PREA Triage Unit. Additionally, on August 12, 2022 the PC forwarded the information that the test email was received and advised that had the email contained an allegation of sexual abuse or sexual harassment it would have been returned to the appropriate facility for investigation. It should be noted that on October 10, 2022 the auditor sent an email to the PC related to the discrepancies of the two email addresses (one had doc.wa.gov while the other had doc1.wa.gov). She advised the DOCPREA@doc1.wa.gov is the correct email and the other email in policy and provided on the PAQ was incorrect. She indicated the policy would be revised to include the correct email address.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that comprehensive PREA education is completed

one-on-one with a counselor during the initial risk assessment. Staff go over basic information verbally including zero tolerance and how to report. It should be noted that all inmates that enter WADOC are provided comprehensive PREA education at Washington Correctional Center in Shelton. All inmates at SCCC are received at WCC prior to transfer to SCCC. All inmates go through an orientation at WCC where they are provided PREA information through the PREA video and literatures. Because the policies and procedures are the same across all WADOC facilities, subsequent comprehensive PREA education is not required at SCCC. Informal conversation with inmates indicated many have seen the video numerous times and that they show the video on the transfer bus to the facility as well. The staff who complete the comprehensive PREA education stated she asks the inmates if they have received the handbook, if they have seen the PREA video and has them complete the orientation form. She stated she tells them about PREA, how to report and advises them how they can contact her if they have any questions or concerns.

During inmate interviews the auditor utilized LanguageLink for the LEP inmate interviews. The auditor was provided the call in number as well as the client ID and password. LanguageLink is accessible through staff only. However, the hotline and the victim advocacy number have English and Spanish options and documents are available in English and Spanish. It should be noted the auditor utilized LanguageLink for Spanish and Vietnamese translation.

The auditor conducted the majority of the specialized staff interviews via phone two weeks prior to the audit. Random staff interviews, the remaining specialized staff interviews and inmate interviews were conducted on all three days of the on-site portion of the audit. All staff and inmate

interviews were conducted in a private office setting.

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?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. Most documents were uploaded to the OAS during the on-site portion of the audit and after the on-site portion of the audit. The auditor reviewed the majority of the documentation via the OAS after the on-site portion of the audit. A more detailed description of the documentation reviewed is as follows:

Personnel and Training Files. The facility has 588 staff assigned. The auditor reviewed a random sample of 30 personnel and/or training files that included six individuals hired within the past twelve months and four staff with five year backgrounds. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for six contractor, six volunteers and seven medical and mental health care staff were reviewed.

Inmate Files. A total of 54 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing and some files fell into more than one category of the review. 22 inmate files were of those that arrived within the previous twelve months (three of those were special request documents only), six were LEP inmates, eight were disabled inmates, four were transgender or intersex inmates and seven were identified with prior sexual victimization and/or a history of prior abusiveness.

Medical and Mental Health Records. The auditor reviewed medical and mental health documentation for sixteen victims of sexual abuse and/or sexual harassment as well as mental health documents for the seven inmates who disclosed victimization during the risk screening and/or were identified with

prior sexual abusiveness.

Grievances. The facility does not utilize the grievance process for sexual abuse allegation. All allegations are immediately forwarded for investigation through the PREA triage unit. The facility indicated they had 31 allegations reported via a grievance. The auditor reviewed the triage log, which includes information on how allegations are reported as well as the grievance log and a sample of fifteen grievances.

Hotline Calls. The facility has an internal hotline. There were seventeen calls to the hotline during the previous twelve months related to sexual abuse. The auditor confirmed that seventeen calls were initially documented as sexual abuse or sexual harassment, however after a review of the triage unit only six met the definition of sexual abuse and sexual harassment and resulted in an investigation. The auditor tested the hotline while on-site to confirm functionality.

Incident Reports. The auditor reviewed the incident report log (triage log) for all sexual abuse and sexual harassment allegations as well as sixteen incident reports associated with the sixteen investigations reviewed.

Investigation Files. There were 152 allegations reported at the facility during the previous twelve months. 76 did not rise to the level of PREA (did not meet the definition of sexual abuse or sexual harassment) and six were in regard to retaliation or other misconduct. The remaining 70 allegations were referred for administrative investigation. Seven of the 70 allegations were forwarded to local law enforcement for a criminal investigation, however in all seven instances they declined to pursue an investigation. Of the 70 allegations, ten had a completed administrative investigation on the first day of the on-site portion of the audit. The auditor

reviewed seventeen investigations, including seven that were prior to the previous twelve months (due to the limited number of investigation initiated in the previous twelve months that were closed) to ensure all elements were included as required under the standards.

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
Inmate-on-inmate sexual abuse	13	0	13	0
Staff-on-inmate sexual abuse	22	0	22	0
Total	35	0	35	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
Inmate-on-inmate sexual harassment	29	0	39	0
Staff-on-inmate sexual harassment	6	0	6	0
Total	35	0	35	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
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	12	0	0	1
Staff-on-inmate sexual abuse	19	3	0	0
Total	31	3	0	1

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	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	25	0	4	0
Staff-on-inmate sexual harassment	4	1	1	0
Total	29	1	5	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:	9
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There were zero criminal investigations completed and as such none were reviewed. The auditor also reviewed an investigation that was related to retaliation.

The auditor contacted the Grays Harbor Sheriff's Office related to investigations. The Detective stated that SCCC would email any information related to a sexual abuse or sexual harassment to the Detective Sergeant who would review the information to determine if there were any criminal charges that needed filed. The Detective stated if there was not a criminal element they would send a letter back to SCCC indicating there was no criminal action needed. The Detective confirmed that if a sexual assault occurred recently and there was evidence to be collected, the facility would contact dispatch who would have a Deputy respond to the facility. He stated they would then conduct a criminal investigation. The Detective stated that the GHSO does have a jail and as such they are required to follow PREA standards. He stated all investigations follow PREA standards, including standard 115.21.

The auditor contacted the Washington State Patrol (WSP) related to investigations. Staff at WSP indicated that the Sheriff's Office have first right of refusal due to an agreement. The facility would reach out to the Sheriff's Office for first right of refusal and if they refuse, the facility would then reach out to WSP to see if they can assist. The staff stated WSP would investigate any violent felony, but they do not have the manpower to investigate anything other than that. He further stated WSP would investigate any violent sexual assault. Further, the staff stated that WSP does have an evidence protocol and they do have SAFE/ SANE at the hospital.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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.

- Yes
 No

Non-certified Support Staff

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.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. SCCC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 4. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments 5. DOC 490.850 - Prison Rape Elimination Act (PREA) Response 6. SCCC 490.850 - Prison Rape Elimination Act (PREA) Response 7. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 8. DOC 400.210 - Custody Roster Management

9. DOC 320.500 – Youthful Offender Program
10. DOC 420.310 – Searches of Offenders
11. DOC 420.312 – Body Cavity Search
12. DOC 490.700 – Transgender, Intersex and/or Non-Binary Housing and Supervision
13. DOC 320.265 – Close Observation Areas
14. DOC 310.000 – Orientation
15. DOC 690.400 – Individuals with Disabilities
16. DOC 450.500 – Language Services for Limited English Proficient Individuals
17. DOC 810.800 – Recruitment, Selection and Promotion
18. DOC 810.015 – Criminal Record Disclosure and Fingerprinting
19. DOC 400.320 – Terrorism/Extremism Activity
20. DOC 600.000 – Health Services Management
21. DOC 600.026 – Health Care Co-Payment Program
22. DOC 530.100 – Volunteer Program
23. DOC 300.380 – Classification and Custody Facility Plan Review
24. DOC 320.255 – Restrictive Housing
25. DOC 450.100 – Mail for Individuals in Prison
26. DOC 550.100 – Resolution Program
27. DOC 350.550 – Reporting Abuse and Neglect/Mandatory Reporting
28. DOC 400.360 – Polygraph Testing
29. DOC 460.050 – Disciplinary Sanctions
30. DOC 630.500 – Mental Health Services
31. DOC 610.025 – Health Services Management of Alleged Sexual Misconduct Cases
32. DOC 280.310 – Information Technology Security
33. DOC 280.515 – Data Classification and Sharing
34. Agency Organizational Chart

35. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassments and the policies outline how the agency/facility will implement the agency/facility's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The PAQ further indicated that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The agency has numerous policies that address components of sexual abuse and sexual harassment prevention, detection and response. DOC 490.850, DOC 490.800, DOC 490.820 and DOC 490.860 are the main agency PREA policies and SCCC 490.800 and SCCC 490.850 are the facility's main PREA policies. DOC 490.800 page 2 states the Department has zero tolerance for all forms of sexual misconduct. Page 1 and Attachment 1 note the definitions of prohibited behaviors regarding sexual abuse and sexual harassment and page 2 states the Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. In addition to the agency and facility PREA policies, the following policies contain strategies and procedures for sexual abuse and sexual harassment prevention, detection and response: DOC 400.210, DOC 320.500, DOC 420.310, DOC 420.312, DOC 490.700, DOC 320.265, DOC 310.000, DOC 690.400, DOC 450.500, DOC 810.800, DOC 810.015, DOC 400.320, DOC 600.000, DOC 600.026, DOC 530.100, DOC 300.380, DOC 320.255, DOC 450.100, DOC 550.100, DOC 350.550, DOC 400.360, DOC 460.050, DOC 630.500, DOC 610.025, DOC 280.310 and DOC 280.515. The policies outline the strategies on preventing, detecting and responding to such sexual abuse and sexual harassment. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC and PCM, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policy is consistent with the PREA standards and outlines the agency/

facility's approach to sexual safety.

115.11 (b): The PAQ stated the agency employs or designates an upper-level, agency wide PREA Coordinator that has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ indicated that the PREA Coordinator reports to the Correctional Programs and Services Administrator. DOC 490.800, pages 3-4 outline the Department PREA Coordinator's responsibilities and duties. A review of the agency organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the Director of PREA Services and reports directly to the Deputy Secretary. Additionally, the agency has an eleven page document (Position Description) that outlines the duties and responsibilities of the PC, including; providing leadership, management and subject matter expertise to assigned policies, procedure, forms, reporting requirements, grants and grant management, and external stakeholders for all operational aspects of the Prison Rape Elimination Act federal legislation. The interview with the PC indicated that she has enough time to manage all of his PREA related responsibilities. She stated there are 24 PREA Compliance Managers, twelve at the prison facilities and twelve at the reentry facilities. She also indicated that the twelve prisons also have a PREA Compliance Specialists that assists the PREA Compliance Manager. The PC stated she speaks with the PCM and PREA Compliance Specialists regularly to discuss any institutional related issues. She also stated that the agency has a PREA Advisory Council that meets regularly to discuss updates to policy and procedure. The PC indicated that if she identifies an issue complying with a PREA standard she would initiate a PREA Advisory Council meeting (which includes medical, policy staff, PCMs, PREA Compliance Specialists and other staff) to review any issues and determine recommendations for corrective action and an implementation process. She stated she would speak to her supervisor and the Agency Head to develop an action plan and develop a tracking mechanism to ensure that the process is completed.

115.11 (c): The PAQ stated that the facility has a PREA Compliance Manager and the PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standard. The PAQ indicated that the PCM reports to the Appointing Authority (Superintendent). DOC 490.800, page 4 states A PREA Compliance Manager will be identified by the Superintendent for each Prison and will be an employee outside of any Intelligence and Investigation Unit. Pages 4-5 outline the responsibilities of the PCM. A review of the facility's organizational chart confirmed that the PCM position at the facility is the Associate Superintendent of Programs and this position reports directly to the Superintendent. The interview with the PCM indicated that she felt she normally has enough time to manage all of her PREA related responsibilities. She stated that she verbally goes over PREA information in meetings and she ensures facility compliance through walking around and talk to staff about the process. She further stated that she ensures that staff properly report PREA allegations and that she has an open line of communication with investigators.

She indicated that she coordinates the facility’s PREA compliance efforts through communication, such as sending emails out when needed to direct staff on policies and procedures. The PCM stated that if she identifies an issue complying with a PREA standard she would work with whatever group is responsible for that area/issue and communicate with the supervisor over that program. She indicated that she would work with them to determine the issue and if it is something such as being understaffed she would help get them the assistance they need.

Based on a review of the PAQ, DOC 490.850, DOC 490.800, DOC 490.820, DOC 490.860, SCCC 490.850, SCCC 490.800, DOC 400.210, DOC 320.500, DOC 420.310, DOC 420.312, DOC 490.700, DOC 320.265, DOC 310.000, DOC 690.400, DOC 450.500, DOC 810.800, DOC 810.015, DOC 400.320, DOC 600.000, DOC 600.026, DOC 530.100, DOC 300.380, DOC 320.255, DOC 450.100, DOC 550.100, DOC 350.550, DOC 400.360, DOC 460.050, DOC 630.500, DOC 610.025, DOC 280.310 and DOC 280.515, the organization charts and information from the interviews with the PC and PCM, this standard appears to be compliant.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. Contract with American Behavioral Health Systems 4. Contract with the State of Iowa 5. Contract with the State of Minnesota <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Contract Administrator <p>Findings (By Provision):</p>

115.12 (a): The PAQ indicated that that agency has entered into or renewed a contract for confinement of inmates since the last PREA audit and that all contracts require contractors to adopt and comply with PREA standards. The PAQ further stated that the agency currently contracts with American Behavioral Health Services for housing individuals and also has updated interstate compact agreements with Iowa and Minnesota. The PAQ indicated that two contracts have been entered into or renewed since the last PREA audit. Further clarification indicated that this number was incorrect and there were three contracts entered into or renewed since the last PREA audit. DOC 490.800, page 9 states any new or renewed contract for the confinement of individuals will include the requirements that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance. The Department will not enter into contracts with facilities that fail to comply with PREA standards, except in emergent situations. A review of three contracts (Iowa, Minnesota and American Behavioral Health Services) indicated that all three had language related to compliance with the Prison Rape Elimination Act as well as language that indicated that the state would conduct compliance monitoring and PREA standards require an outside independent audit.

115.12 (b): The PAQ indicated that all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. It further stated that zero of the contracts did not require the agency to monitor contractor's compliance with PREA standards. DOC 490.800, page 9 states any new or renewed contract for the confinement of individuals will include the requirements that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance. The Department will not enter into contracts with facilities that fail to comply with PREA standards, except in emergent situations. A review of three contracts indicated that all three had language related to compliance with the Prison Rape Elimination Act as well as language that indicated that the state would conduct compliance monitoring and PREA standards require an outside independent audit. The interview with the Agency Contract Administrator indicated that his office does not monitor that contracts rather that is the responsibility of the contract manager. He stated that if the contract manager notices an issue they would report it to his office and they would take action. He stated that they would then contact the contractor and either terminate the contract or take other measures to remedy the issue. He stated all contracts have elements that require contract monitoring and that contracts require compliance with all terms and conditions of the contract, include PREA compliance. He indicated he has not received PREA compliance results personally, but that the contract monitors would have this information. Further communication with the PC confirmed that the two states have submitted PREA audit results as well as American Behavioral Health Systems. She indicated that all reports are available on each agency's website.

Based on the review of the PAQ, DOC 490.800, contracts with other agencies and the interview with the Agency Contract Administrator, this standard appears to be compliant.

115.13 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting
3. DOC 400.210 - Custody Roster Management
4. DOC 110.100 - Prison Management Expectations
5. Staffing Models
6. The Staffing Plan
7. Incident Reports of Deviations
8. Prison Rape Elimination Act (PREA) Annual Staffing Plan Review
9. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Devices

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a

staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. DOC 490.800, page 7 states each Superintendent and Reentry Center CCS will use 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. DOC 400.210, page 2 states the Department has established custody staffing guidelines to ensure the safe and efficient operations of all prisons. 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. Page 2 further states that each facility will identify posts that may be temporarily vacated, absent any uncommitted authorized leave, training or sick leave relief. Non-Relievable Posts identifies the minimum standard for non-relievable posts. Page 4 states that the Prisons Staffing Manager will complete an annual quality assurance audit on custody staffing for each facility. The PAQ indicated that current staffing is based on 1959 inmates, which is just over the facility's capacity. The facility employs 588 staff. Custody (security) staff mainly make up three shifts, first shift works from 10:50pm-6:20am, second shift works from 6:10am-2:10pm and third shift works from 2:00pm-11:00pm. Administrative and support staff typically work from 8:00am-4:30pm. A review of the 2022 staffing plan indicates that the required components under this provision were reviewed. Each shift has a Shift Supervisor (Lieutenant) and Sergeants. Numerous Correctional Officers are assigned across the three shifts and at least two Correctional Officer are required per separated living unit. Correctional Officer are assigned across the facility in numerous posts including: perimeter, control, movement, food service, religious activity, recreation, education, programs, medical and visitation. The facility also has a non-security staffing plan that further illustrates that non-security staff are assigned to administration, programs, investigations, safety and security, religious services, unit operations, clothing, recreation, food service, plant and mailroom. A review of the staffing plan confirms that it considers the elements under this provision. The staffing plan includes a facility overview to include housing units, population, custody level and other demographics. The staffing plan includes information on supervisory staff and program occurring on each shift. Additionally, it includes a breakdown of substantiated and unsubstantiated sexual abuse. During the tour the auditor confirmed the facility follows the staffing plan. There were at least three security staff and numerous non-security staff assigned to each housing building. The segregated housing unit had adequate staff based on size with at least six assigned security staff. Program, work and education areas included non-security staff and a roving security staff. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor confirmed that the physical plant of the housing units provided an adequate line of sight. The auditor did identify two areas in the housing units (side stairwell and holding cells/storage area) that were only accessible to staff and inmates when master control opened the door and/or staff utilized an assigned key. While the areas were restricted, the auditor determined that these spaces create potential problem areas and recommended that the facility install cameras in these areas. The auditor identified two blind spots during the tour, a section of the warehouse and the tool crib

in maintenance. The facility indicated that they would install mirrors in these areas to alleviate the blind spots. Conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds at least every hour and supervisors (Sergeants) make rounds daily. Informal conversation with inmates also confirmed that there is at least one staff member in the unit, that staff make rounds every 30 minutes to an hour and that they have seen the Superintendent weekly in the past few months. Inmates did express however that they rarely saw a Lieutenant or a Captain making rounds. During the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras are monitored in central control, medical and remotely by administrative and investigative staff. The interview with the Warden indicated that the facility has a staffing plan and it is adequate to protect inmates from sexual abuse. He stated the staffing plan is developed much like the other facilities staffing plans and that it has been reviewed numerous times. He stated it was modified in 2011 due to a death. He stated the agency had the National Institute of Corrections (NIC) come in and evaluate the staffing plan and as such it meets the national standards. The Warden confirmed that video monitoring is included in the staffing plan, however it is to augment staffing and is never utilized in place of a staff member. The Warden confirmed that the staffing plan is documented and the annual review of the staffing plan is also documented. The Warden further confirmed that all required components under this provision are included in the development and modification of the staffing plan. He indicated that the staffing plan spells out how each of the components are addressed. The Warden confirmed there have been no findings of inadequacies and that staffing models are approved by the legislature and are based on national standards. He indicated staffing is based on custody level of the inmates at the facility and type of inmate at the facility. The Warden confirmed that they check for compliance with the staffing plan a number of different ways. He stated that he checks through visual observation when he is out walking the living units as well as through a review of reports and emails that are generated based on any low staffing levels. The interview with the PCM confirmed that the facility staffing plan takes into consideration the required components under this provision. She stated that she and the PREA Compliance Specialist tour the facility utilizing a PREA eye. She stated that they make sure staffing is sufficient and that there are not any blind spots. The PCM indicated that anytime there are modifications to the facility (i.e. physical plant, addition of a program, movements, etc.) they ensure that there is a visual from custody and support staff. She confirmed there are more staff on shifts with increased inmate movement and there are more staff in areas with inmates with higher custody levels.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The most common reasons documented for deviations include; facility lockdown during COVID-19, extreme weather and staffing shortages. A review of supplemental documentation in the OAS indicated that staff participate in voluntary and mandatory

overtime. Additionally, the supplemental documentation indicated that closed program areas and other closed areas are documented on the operations log. The facility provided seven examples confirming that deviations from the staffing plan are documented via an incident report and the operations log. Documentation noted the posts/positions that were not filled, the reason why the posts/positions were not filled and the programs/locations that were closed due to the deviation. The interview with the Warden confirmed that all deviations would be documented through the Incident Management Report System (IRMS). He stated all deviations are documented in the system, such as when post are vacant.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. DOC 490.800, page 7 states each Superintendent and Reentry Center CCS will use 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. Reviews will document consultation with the PREA Coordinator, who will be provided a copy of the completed PREA Compliant Staffing Plan. The staffing plan was most recently reviewed on April 12, 2022 by the leadership committee which includes the Superintendent, Associate Superintendent of Programs, Associate Superintendent of Operations, Correctional Program Manager, Human Resource Manager, Local Business Advisor, Plant Manager and Food Manager. The plan was sent to the Assistant Deputy Secretary, Prison Command C, through the PREA Coordinator, who signed that she reviewed the staffing plan review. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence. The 135 page document included information a facility overview, bullets of all components under provision (a), a copy of the Custody Staffing Model, a copy of the Offender Movement Schedule, a map of the facility, the PREA Vulnerability Assessment, shift rosters and a copy of the Custody Post Audit. The prior staffing plan review was completed on April 6, 2021. The interview with the PREA Coordinator confirmed the staffing plan is reviewed annually and that she is consulted regarding any necessary adjustments.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further stated that the unannounced rounds are documented and cover all shifts. The PAQ also stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. DOC 110.100, pages 5-6 state Superintendents will ensure that each member of the facility management team make unannounced tours of selected areas of the facility at least weekly. Facility management team members will document visits in the logbook for each area toured. Each housing unit will be toured during second and third shifts and unannounced

rounds of each housing unit will occur on first shift at least monthly. Policy further states that employees may only alert others that these tours are occurring when necessary for the legitimate operational functions of the facility. DOC 420.370, page 3 states the Superintendent will develop a rotation schedule to ensure weekly visits are conducted of all living units and activity areas to encourage informal contact with personnel and offenders and to informally observe living and working conditions. A memo dated March 4, 2020 from the Assistant Secretary, Prisons Division to all Superintendents stated that unannounced rounds are required weekly for second and third shift and monthly for first shift. A review of the PAQ supplemental documentation showed over 50 examples of unannounced rounds. The rounds were made across dates in 2021 and 2022 and included examples from all three shifts across five housing units. An additional review of documentation for six days (specific random dates requested by the auditor) of unannounced rounds in the housing units indicated that unannounced rounds were not being made consistently in each housing unit across all three shifts. The auditor requested unannounced rounds for the following dates; September 17, 2022, August 22, 2022, July 6, 2022, June 28, 2022, May 8, 2022 and April 20, 2022. If unannounced rounds were not conducted on that day the auditor asked that documentation be provided for any day within that same week. For September 17, 2022 the facility did not have documentation of ten unannounced rounds; for August 22, 2022 the facility did not have documentation for thirteen unannounced rounds; for July 6, 2022 the facility did not have documentation for fourteen unannounced rounds; for June 28, 2022 the facility did not have documentation for ten unannounced rounds; for May 8, 2022 the facility did not have documentation for 20 unannounced rounds and for April 20, 2022 the facility did not have documentation for nineteen unannounced rounds. Informal conversation with staff stated they make rounds at least every hour and supervisors (Sergeants) make rounds daily. Informal conversation with inmates confirmed that they have seen the Superintendent weekly in the past few months. Inmates did express however that they rarely saw a Lieutenant or a Captain making rounds. Interviews with intermediate-level or higher-level supervisors indicated that they make unannounced rounds and that they document the rounds in the log books and the duty officer log books. One supervisor stated that higher level supervisors have duty weeks and they are required to make rounds and spend time on shifts, including the graveyard shift. The other supervisor stated that he tries to make rounds at least every few days. Both staff stated they try to prevent staff from notifying other that they are making rounds by conducting rounds randomly and picking different locations and times for the rounds. One supervisor stated he divides his rounds and does not do them all at once. He further stated they are not documented on his calendar. The second supervisor stated he does not have a pattern and he goes where he can based on his work load and work schedule.

Based on a review of the PAQ, DOC 490.800, DOC 400.210, DOC 110.100, the Staffing Models, the Staffing Plan, Incident Reports of Deviations, the Prison Rape Elimination Act (PREA) Annual Staffing Plan Review, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and

intermediate-level or higher-level staff, this standard appears to require corrective action. During the tour the auditor identified two blind spots, a section of the warehouse and the tool crib in maintenance. An additional review of documentation for six days (specific random dates requested by the auditor) of unannounced rounds in the housing units indicated that unannounced rounds were not being made consistently in each housing unit across all three shifts. While the standard does not have a timeframe for unannounced rounds to be completed, they need to be completed at least weekly on each shift in each housing unit to ensure proper deterrence.

Corrective Action

The facility will need to alleviate the blind spots through mirrors or repositioning of materials. Photos of the modifications will need to be provided to the auditor as confirmation. Additionally, the facility will need to ensure that unannounced rounds are conducted in each housing unit across all three shift to deter sexual abuse and sexual harassment. The facility will need to provide confirmation that rounds are being conducted appropriately.

Recommendation

During the tour the auditor identified two areas in the housing units (side stairwell and holding cells/storage area) that were only accessible to staff and inmates when master control opened the door and/or staff utilized an assigned key. While the areas were restricted, the auditor determined that these spaces create potential problem areas and recommends that the facility install cameras in these areas.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of Mirrors in the Warehouse

	<p>2. Photos of Mirrors in the Tool Crib</p> <p>3. Unannounced Rounds Documentation</p> <p>On February 13, 2023 the facility provided photos of the Warehouse and Tool Crib, confirming that mirrors were installed to eliminate the identified blind spots.</p> <p>On February 10, 2023 the facility provided over 175 examples of unannounced rounds between December 2022 and January 2023. The documentation confirmed that unannounced rounds are conducted in each housing unit across all shifts.</p> <p>Based on the documentation provided, this standard has been corrected and as such is compliant.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 320.500 - Youthful Offender Program 3. Interagency Agreement with the Department of Social and Health Services 4. Population Age Report <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ stated that the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound or physical contact with any adult inmate through the use of shared dayrooms or other common space, shower area or sleeping quarters. The PAQ further stated that WADOC manages state adult prisons and the facility houses adult offender only. The PAQ stated that if a youthful offender arrived at the facility, it would be based on exigent circumstances and the offender would be placed in a safe area until transfer. The PAQ confirmed there have been zero youthful inmates over the previous twelve months. DOC 320.500 indicates that any youthful offender sentenced to the Department will be</p>

receive at Washington Corrections Center or Washington Corrections Center for Women Reception and Diagnostic Center. This placement would only be temporary and pending a transfer to a Juvenile Rehabilitation Administration facility, the youthful offender will be assigned a cell separate from adult offenders within an intensive management or segregation unit or infirmary. Policy further states that the youthful offender will not be housed or participate in program activity with any adult offender and will be under direct supervision by two custody employees whenever s/he leave his/her cell. The agency has an Interagency Agreement with the Department of Social and Health Services for the purpose of exchanging juvenile offenders and juveniles at the various facilities and institutions. The population age report further confirmed the facility does not house anyone under the age of eighteen.

115.14 (b): The PAQ indicated that the facility maintains sight, sound and physical separation between youthful inmates and adult inmates in areas outside housing units and the agency always provides direct staff supervision in areas outside housing units where youthful inmates have sight, sound or physical contact with adults. The PAQ stated that WADOC manages state adult prisons and the facility houses adult offender only. The PAQ stated that if a youthful offender arrived at the facility, it would be based on exigent circumstances and the offender would be placed in a safe area until transfer. The PAQ stated there have been zero inmates who were placed in the same housing unit as an adult over the previous twelve months. DOC 320.500 indicates that any youthful offender sentenced to the Department will be receive at Washington Corrections Center or Washington Corrections Center for Women Reception and Diagnostic Center. This placement would only be temporary and pending a transfer to a Juvenile Rehabilitation Administration facility, the youthful offender will be assigned a cell separate from adult offenders within an intensive management or segregation unit or infirmary. Policy further states that the youthful offender will not be housed or participate in program activity with any adult offender and will be under direct supervision by two custody employees whenever s/he leave his/her cell. The agency has an Interagency Agreement with the Department of Social and Health Services for the purpose of exchanging juvenile offenders and juveniles at the various facilities and institutions. The population age report further confirmed the facility does not house anyone under the age of eighteen.

115.14 (c): The PAQ indicated that the facility documents the exigent circumstances for each instance in which youthful inmates' access to large muscle exercise, legally required education services and other programs and work opportunities are denied. The PAQ noted there were zero youthful inmates placed in isolation in order to separate them from adults in the previous twelve months. The PAQ stated that WADOC manages state adult prisons and the facility houses adult offender only. The PAQ stated that if a youthful offender arrived at the facility, it would be based on exigent circumstances and the offender would be placed in a safe area until transfer. DOC 320.500 indicates that any youthful offender sentenced to the Department will be receive at Washington Corrections Center or Washington Corrections Center for

	<p>Women Reception and Diagnostic Center. This placement would only be temporary and pending a transfer to a Juvenile Rehabilitation Administration facility, the youthful offender will be assigned a cell separate from adult offenders within an intensive management or segregation unit or infirmary. Policy further states that the youthful offender will not be housed or participate in program activity with any adult offender and will be under direct supervision by two custody employees whenever s/he leave his/her cell. The agency has an Interagency Agreement with the Department of Social and Health Services for the purpose of exchanging juvenile offenders and juveniles at the various facilities and institutions. The population age report further confirmed the facility does not house anyone under the age of eighteen.</p> <p>Based on a review of the PAQ, DOC 320.500, the Interagency Agreement and the population age report, this standard appears to be not applicable and as such compliant.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. DOC 420.310 - Searches of Offenders 4. DOC 420.312 - Body Cavity Search 5. DOC 490.700 - Transgender, Intersex and/or Non-Binary Housing and Supervision 6. DOC 320.265 - Close Observation Areas 7. Pat Search Training Curriculum 8. Strip Searches of Transwomen Training Curriculum 9. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff

2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observations of Privacy in Bathrooms and Showers
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. DOC 420.312, page 2 states unless a health care practitioner determines a body cavity search is emergent as a lifesaving procedure, body cavity searches will occur at a local community healthcare facility. Page 4 states body cavity searches will be conducted by medical personnel at the local community healthcare facility. Page 3 further states if conducted onsite for emergent purposes, all participants in a body cavity search procedure will be the same gender as the individual being searched. If the same gender is not available, a chaperone will be present. DOC 420.310, page 5 states strip searches of female offenders will be conducted by female employees. Strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she will position herself to observe the employee doing the strip search, but will not be in direct line of sight with the offender. Additionally, DOC 490.700, page 9 states transgender, intersex and non-binary offenders search preferences will be documented on the individual's DOC 02-420 Preferences Request and searches will be conducted in accordance with state preference unless circumstances do not allow for the preference to be implemented during a pat or strip search. A review of the PAQ supplemental documentation indicated that searches of male offenders were documented with male staff members. A review of PAQ supplemental documentation indicated all documented strip searches were completed by male staff.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. It further indicated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ indicated the facility houses adult male inmates. DOC 420.310, page 2 states pat searches of female offenders will only be conducted by female employees/contract staff, except in emergent situations. Additionally, DOC 490.700, page 9

states transgender, intersex and non-binary offenders search preferences will be documented on the individual's DOC 02-420 Preferences Request and searches will be conducted in accordance with state preference unless circumstances do not allow for the preference to be implemented during a pat or strip search. The PAQ indicated there were zero pat-down searches of female inmates that were conducted by male staff. Interviews with sixteen random staff confirmed all sixteen were unaware of a time that a transgender female inmate was restricted from going somewhere because there was not a female staff member available to conduct a search. Interviews with four transgender female inmates indicated that none had been restricted from access to regularly available programming in order to comply with this provision. One inmate did state that she was searched by a male staff when a female staff was not available. A review of documentation indicated the facility documents instances where transgender inmates are searched by staff of the opposite gender of their preference.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. It also confirms that all cross gender pat searches of female inmates are required to be documented. DOC 420.312, page 4 states incident documents will be completed and forwarded to the Superintendent through the chain of command and a report will be completed in the Incident Report Management System. DOC 420.310, page 5 states if a strip search is conducted that does not meet the gender requirements for staffing, a confidential report will be completed in the Incident Management Reporting System before the end of shift. DOC 420.310, page 3 states when a male employee/contract staff pat searches a female offender, a report will be completed in the Incident Management Reporting System before the end of the shift. Additionally, DOC 490.700, page 9 states when a pat/strip search is not conducted according to the DOC 02-420 Preferences Request, an Incident Management Reporting System report will be completed. A review of documentation indicated the facility documents instances where transgender inmates are searched by staff of the opposite gender of their preference.

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable inmates 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. The PAQ also stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. DOC 490.800, page 8 states individuals will be provided the opportunity to shower, perform bodily functions, and change clothes 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. Pages 8-9 further state that an announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often

enough to reasonably be heard by the occupants of the housing unit, including the living areas, or any common area designated for individuals to disrobe or change their clothing. At minimum, announcements will be made when anyone who does not identify with the facility's gender designation, enters the living units. Policy further indicates a doorbell system will be utilized and when not operation, a verbal announcement will be made. DOC 320.265, page 5 states that observation assignments will be conducted by an officer of the same gender as the individual, except in emergent situations. The PAQ supplemental documentation included photos of signs posted outside the entrance to housing units which read "Attention Offenders: Be advised that personnel of both gender may be present in this Living Unit/Area". Additionally supplemental documents indicate that offenders were provided information via a memo related to "knock and announce - what is the doorbell". The document outlines the standard requirement and then notes that the doorbell will signify that a staff member who does not identify with the gender of the facility is entering the housing unit. The document also states that a unique light will also alert deaf and hard of hearing individuals to the entry of the staff member. During the tour the auditor confirmed that inmates have adequate privacy when showering and using the restroom in the general population housing units. All showers were single person and had walls, doors and/or raised barriers. Toilets were either in a common area and were enclosed with a door or were in cell and were obstructed by a solid door with a small window. The segregated housing unit toilets were in cell and had adequate privacy through a solid door with a small security window. The segregated housing unit shower however did not afford adequate privacy. The auditor observed that the showers were in the rear with open bar stock and clear plexiglass and/or lattice type material. The showers can be observed from the front of the housing unit as well as from the officer's station. The lack of a barrier allows for all staff, including female staff working in the unit, to observe inmates in the shower. Informal conversation with staff and inmates confirmed that inmates have privacy when showering, using the restroom and changing clothes, except in segregation. A few inmates voiced concerns related to the height of the shower walls/doors, however the auditor confirmed that the height was adequate for privacy. During the tour the auditor viewed the strip search areas in intake, visitation and the two "HUBS". All areas had walls with curtains and provided adequate privacy during stirp searches. The auditor also observed a restroom in the reception area in health services that did not provide adequate privacy. The restroom had a door with a large window. The medical cells in health services also did not provide adequate privacy for inmates when using the restroom and changing their clothes. While one half of the cell had a "frosted" film, the other half did not, which allowed for viewing of the toilet. During the on-site portion of the audit, the facility added the frosted film to the remaining windows of the health service cells. The auditor toured the area after the modifications and confirmed that the cross gender viewing issue was alleviated. A review of the cameras auditor revealed that cells in the observation area as well as a cell in medical were equipped with Additionally, central control, administrative staff and investigative staff have access to these cameras, however the auditor determined that they do not actively monitor the cameras. A review of the cameras confirmed that they do not allow for adequate privacy for the inmate in the cell to use the restroom or change his/her clothes. With regard to the opposite gender

announcement, the facility has a doorbell system that is utilized for the female announcement. The staff press the doorbell prior to entry. A music tone is played and a green light flashes above the housing unit door entrance. While the facility has a system in place, the auditor did not observe the use of the doorbell on the first day of the tour. On the second day of the tour the auditor witnessed staff utilize the doorbell in a few of the housing units, however the music was delayed and in some units it was not very audible. The auditor observed that if female staff did not wait prior to entry, they were already in the unit when the music sounded. Informal conversation with staff and inmates indicated that the doorbell is utilized for female staff. Most inmates indicated that the doorbell is consistently utilized, however a few indicated that only certain staff press the doorbell. The inmates stated that security staff do not use the button but medical and mental health staff typically do. All sixteen staff interviewed confirmed that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all sixteen staff indicated that opposite gender staff announce prior to entering a housing unit. Staff indicated there is a bell and light system. Interviews with 40 inmates indicated that 35 felt they had privacy when showering, using the restroom and changing their clothes. A few inmates stated that the doors/walls were not high enough and that on occasion female staff have come into the bathroom during count. Most inmates stated however they have privacy with the doors and that females do not come into the bathroom area. 29 of the 40 inmates stated that opposite gender staff announce prior to entering the housing areas. Most stated that the beeper and flashing light is utilized for the announcement. However, the LEP inmates were not aware of the method and a few inmates stated that only medical and mental health staff use the system and that Correctional Officers and Sergeant do not.

115.15 (e): The PAQ indicated that the facility 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 and that no searches of this nature have occurred within the previous twelve months. DOC 490.700, pages 9-10 state employees/contract staff will not search or physically examine a transgender, intersex or non-binary individual for the sole purpose of determining the individual's genital status. If the individual's genital status is unknown, it will be determined by health care providers during conversations with the individual, reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner. Interviews with sixteen staff indicated that eleven were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. The interviews with the transgender inmates indicated that three were never searched for the sole purpose of determining her genital status. One inmate stated she was searched for that purpose by a specific staff member, however the inmate voiced many complaints about that specific staff member and was unable to express why she felt that was the reason for the search. She indicate that the staff member was consistently harassing her because she was transgender.

115.15 (f): The PAQ did not indicate the percent of staff with training but further communication with the PCM indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates DOC 490.800, page 11 states employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex individuals. DOC 490.700, page 9 states employees/contract staff will conduct searches in a sensitive and respectful manner, and in the least intrusive manner possible. A review of the Pat Search training curriculum confirms that it includes a lesson on how to perform the following pat searches: male, female, cross gender, intersex and transgender, offenders with disabilities and use of body scanners. The training outlines that male staff will only conduct a pat search on a female offender in emergency situations. Additionally, the training discusses considerations for transgender and intersex searches to include the use of the back of the hand. The Pat Search training curriculum also includes a video on cross gender searches. The training facilitators guide further directs the trainer to advise staff that in the case of transgender offenders, the offender may request to be searched by an officer of the gender of their choice. The guide also instructs the trainer to ask the staff questions on common situations that may arise related to transgender and intersex searches and allows the trainer to provide education and information on appropriate procedures. The agency also provides training titled "Strip Searches of Transwomen" for female officers who volunteer to conduct these searches. The training discusses that transwomen can request individual search preferences and how to conduct a search, challenges that may present themselves, safety and other considerations. The auditor requested training documents for sixteen staff, however at the time of the interim report only ten records were provided. All sixteen staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender inmates. The staff indicated they received the training either in CORE (the academy) or recently during an annual training.

Based on a review of the PAQ, DOC 490.800, DOC 420.310, DOC 420.312, DOC 490.700, DOC 320.265, Pat Search Training Curriculum, Strip Searches of Transwomen Training Curriculum, staff training records, observations made during the tour as well as information from interviews with random staff, random inmates and the transgender inmates indicates this standard appears to require corrective action. During the tour the auditor observed that the segregated housing unit showers did not afford adequate privacy. The auditor observed that the showers were in the rear with open bar stock and clear plexiglass and/or lattice type material. The showers can be observed from the front of the housing unit as well as from the officer's station. The lack of a barrier allows for all staff, including female staff working in the unit, to observe inmates in the shower. The auditor also observed a restroom in the reception area in health services that did not provide adequate privacy. Additionally, a review of the cameras auditor revealed that cells in the observation area as well as a cell in medical were equipped with cameras. Additionally, central control, administrative staff and investigative staff have access to these cameras, however the auditor determined that they do not actively monitor the cameras. A review of the cameras confirmed

that they do not allow for adequate privacy for the inmate in the cell to use the restroom or change his/her clothes. The auditor also observed during the tour that while the facility has a system in place for the opposite gender announcement, the auditor did not observe the use of the doorbell and flashing light on the first day of the tour. On the second day of the tour the auditor witnessed staff utilize the doorbell in a few of the housing units, however the music/tone was delayed and in some units it was not very audible. The auditor observed that if female staff did not wait prior to entry, they were already in the unit when the music sounded. Further 29 of the 40 inmates stated that opposite gender staff announce prior to entering the housing areas. Most stated that the beeper and flashing light is utilized for the announcement. However, the LEP inmates were not aware of the method and a few inmates stated that only medical and mental health staff use the system and that Correctional Officers and Sergeant do not. Additionally, the auditor requested training documents for sixteen staff related to cross gender searches and searches of transgender inmates, however at the time of the interim report the auditor had only received ten records.

Corrective Action

The facility will need to make appropriate modifications to the segregated housing unit showers, the medical reception restroom door, as well as to the cameras in the observation cells in health services. Once modifications are made, the facility will need to provide photos of the segregated housing unit showers and the camera views in health services. Additionally, the facility will need to provide training to the staff on the use of the doorbell, to include use and waiting for the sound/light to initiate prior to entry. The facility will also need to education the LEP inmates on the opposite gender method. Further the facility will need to ensure that all doorbells are audible and provide information from maintenance confirming that all were repaired and are at adequate sound level. Additionally, the facility will need to provide the remaining six requested training documents on cross gender searches and searches of transgender inmates.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of Modifications to the Observations Cells in Medical
2. Photos of the Medical Reception Restroom Door
3. Photos of Showers in the Segregated Housing Unit
4. Photos of the Video Monitoring Technology in the Medical Observation Rooms
5. Email From Maintenance Staff Related to the Doorbell System
6. Staff Search Training Documents
7. Memorandum Related to Cross Gender Announcement via Doorbells
8. LEP Inmate Education Documents

On December 20, 2022 the facility provided photos of the modifications made to the medical observation cells in health services. The lower portion of the windows were frosted to allow adequate privacy for the incarcerated individuals when using the restroom and changing their clothes. Additionally, on January 11, 2023 the facility provided photos confirming that the video monitoring technology monitors were modified to obstruct the view when individuals were using the restroom. A large black box was digitally placed over each cell's toilet area on the video monitoring system.

On December 27, 2022 the facility provided the auditor with a photo of the modification for the segregated housing unit showers. Black privacy barrier material was placed in the center of the showers, over the open bar stock. This modification provides privacy for incarcerated individuals when showering by obstructing the breast, buttock and genital areas. The Appointing Authority confirmed that all segregated housing unit showers have had the modification completed. On January 9, 2023 the facility provided a photo confirming that the medical reception restroom door was frosted halfway to provide privacy for those using the restroom.

On January 23, 2023 the facility provided documentation confirming that staff checked all doorbell systems at the facility to ensure all were operational and had adequate sound. The documentation indicated that one housing unit required modifications to the doorbell system due to inadequate volume. The email indicated that one housing unit doorbell system battery was malfunctioning and that was why the sound was not adequate. The email confirmed that the issue was resolved and the doorbell was turned up.

The facility provided the auditor the six staff training documents confirming that they had received training on cross gender searches and searches of transgender inmates

	<p>prior to the on-site portion of the audit.</p> <p>On March 6, 2023 the facility provided a memo from the Warden to all staff related to the doorbell system. The memo indicated that all staff who do not identify with the facility's gender designation will be required to make the announcement via the doorbell. The memo instructs staff to press the doorbell, wait for the sound off and the light flash in the pod prior to entering the pod. It further advises if the doorbell does not work to make a loud verbal announcement. The memo was distributed to all staff on March 1, 2023. Additionally, the facility provided confirmation that twelve LEP inmates were provided documentation in Spanish on the use of the doorbell system as the cross gender announcement.</p> <p>Based on the documentation provided the facility has corrected this standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 310.000 - Orientation 3. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 4. DOC 690.400 - Individuals with Disabilities 5. DOC 450.500 - Language Services for Limited English Proficient Individuals 6. Sign Language Contract List 7. End the Silence Youth Speaking Up About Sexual Abuse In Custody Facilitators Guide 8. Americans with Disabilities Act Training Curriculum 9. Contracts for Interpreter Services 10. List of Interpreters 11. PREA Poster

12. PREA Brochure
13. PREA Orientation Video Transcript
14. Statewide Orientation Handbook
15. Staff Training Records

Interviews:

1. Interview with the Agency Head Designee
2. Interview with LEP Inmates
3. Interview with Disabled Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. DOC 490.800, page 5 states professional interpreter or translation services, including sign language, are available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigation of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient Individuals. DOC 310.000, page 4 states incarcerated individuals attending Spanish orientation will receive the orientation handbook/handouts translated into Spanish by the Department certified Spanish translator. In addition to information in English handouts, Spanish versions of the handouts must include information on requesting translation services and enrolling in English as a Second Language (ESL) classes, if available. Page 5 also states that information will be provided, both orally and in writing, in a manner that is clearly understood. When a literacy, language or other cognitive/comprehension concern exists, employees will assist the individual in understanding the materials per DOC 450.500 Language Services for Limited English Proficient Individuals. Each facility will develop a process for non-Spanish speaking LEP individuals, including those requiring sign language interpretation, to receive orientation in a language that they understand. 690.400, page 2 states individuals

with disabilities will be provided reasonable accommodations that allows participating in services, programs and activities, which may include: modifying policies, practices or procedures when reasonable, removing barriers to access and/or providing auxiliary aids and services. Pages 4-8 of the policy outline the process for requesting and providing accommodations. A review of documentation indicates the agency has sixteen contracts for sign language interpreters. The agency also has two trainings for accommodations, one is the Americans with Disabilities Act training which staff are educated on the different disabilities and accommodations. The second is a training for staff related to the End the Silence Youth Speaking Up About Sexual Abuse in Custody which they utilize for individuals with cognitive disabilities. A review of the Statewide Orientation Handbook, PREA Poster and PREA Brochure confirmed that PREA information is available in adequate size font and colors. The interview with the Agency Head Designee confirmed that the agency has established procedures to provide disabled and LEP inmates an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He stated that the PREA orientation video is available in Spanish and closed captioning and they also have the PREA brochure in Spanish. He stated they have materials for those individuals who are low functioning and/or have a low level of comprehension. The Agency Head Designee further stated they have a contract with certified interpreters and a language line that is available to provide assistance. He stated they have a video for individuals with disabilities and that they work one on one with those individuals. He confirmed that they follow the Americans with Disabilities Act (ADA) and they have numerous resources, to include sign language. Interviews with three LEP inmates and five disabled inmates indicated that four had received information in a format that they could understand. None of the LEP inmates stated that they received information in a format that they could understand. Some of the inmates advised they have never received any information on PREA. A few stated they only know about PREA through the posters. A review of staff training records confirmed that all staff had received the PREA training. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had one very large poster in English as well as regular paper size posters in English and Spanish. The larger posters were observed on the wall above the housing unit entrance doors and the regular size poster were observed on the wall or bulletin board. The larger poster contained information on zero tolerance, the PREA hotline number and the victim advocacy (OCVA) number. The regular size posters included information on zero tolerance and reporting via the PREA hotline number. A few of the units also had regular size posters that provided information on OCVA, including the phone number. While each housing unit had information posted, the auditor observed that the regular size posters were not the current posters the agency was utilizing and did not include information on the other methods to report including, the external reporting mechanism (DOC form 21-379), verbally to staff and reporting in writing via a kite or grievance. Additionally, the auditor observed that none of the information posted had the mailing address for the victim advocacy service (Just Detention International). The facility added stickers with the mailing address to the reporting poster rather than the poster with the OCVA information and as such the information appeared to elude that inmates could report through the JDI mailing address. The auditor also observed that the regular size posters in English

and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English. During the on-site portion of the audit, the facility began to replace all the old PREA posters with the newer agency wide PREA posters. The newer agency wide PREA posters included information on zero tolerance and the numerous reporting mechanisms, including: the PREA hotline, external reporting mechanism, verbally to staff and in writing through a grievance or kite. The poster also includes the phone number (1-855-210-2087) for outside victim advocacy services and indicates that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. In addition to the large posters, the auditor observed that PREA brochures were available in each of housing unit dayrooms. Each dayroom had a literature/form area and PREA brochures were observed to be available in English and Spanish. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that they do well with the PREA information. Further, during the tour the auditor observed that the opposite gender announcement was made via a button that produced a unique tone and a flashing light. While this method is appropriate for disabled and LEP inmates, the LEP inmates were unaware of what the tone and light actually meant.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates 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. DOC 490.800, page 5 states professional interpreter or translation services, including sign language, are available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigation of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient Individuals. Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Individuals with Disabilities. DOC 310.000, page 4 states incarcerated individuals attending Spanish orientation will receive the orientation handbook/handouts translated into Spanish by the Department certified Spanish translator. In addition to information in English handouts, Spanish versions of the handouts must include information on requesting translation services and enrolling in English as a Second Language (ESL) classes, if available. Page 5 also states that information will be provided, both orally and in writing, in a manner that is clearly understood. When a literacy, language or other cognitive/comprehension concern exists, employees will assist the individual in understanding the materials per DOC 450.500 Language Services for Limited English Proficient Individuals. Each facility will develop a process for non-Spanish speaking LEP individuals, including those requiring sign language interpretation, to receive orientation in a language that they understand. DOC 450.500, page 2 states the Department will provide oral interpretation and written translation services through Department and/or contract services at all facilities. Page 3 states information on how to access language services will be provided to individuals during orientation and is contained in the Statewide Orientation Handbook. Page 4 further states that all PREA related interpretation

services will be documented by LEP Coordinators on DOC 16-340 Prison Rape Elimination Act Language Log. The agency utilizes an Interpretation Vendors Portal which provides staff an online database of vendors who can provide interpretation services. Additionally, a review of documentation confirms that the agency has over 80 contractors who can provide translation services in over 20 languages. The agency utilizes the Prison Rape Elimination Act (PREA) Language Log to document the utilization of contract interpreters. A review of the PREA Poster, PREA Brochure, PREA Orientation Video Transcript and the Statewide Orientation Handbook confirmed that information is available in English and Spanish. Interviews with three LEP inmates and five disabled inmates indicated that four had received information in a format that they could understand. None of the LEP inmates stated that they received information in a format that they could understand. Some of the inmates advised they have never received any information on PREA. A few stated they only know about PREA through the posters. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had one very large poster in English as well as regular paper size posters in English and Spanish. The larger posters were observed on the wall above the housing unit entrance doors and the regular size posters were observed on the wall or bulletin board. The larger poster contained information on zero tolerance, the PREA hotline number and the victim advocacy (OCVA) number. The regular size posters included information on zero tolerance and reporting via the PREA hotline number. A few of the units also had regular size posters that provided information on OCVA, including the phone number. While each housing unit had information posted, the auditor observed that the regular size posters were not the current posters the agency was utilizing and did not include information on the other methods to report including, the external reporting mechanism (DOC form 21-379), verbally to staff and reporting in writing via a kite or grievance. Additionally, the auditor observed that none of the information posted had the mailing address for the victim advocacy service (Just Detention International). The facility added stickers with the mailing address to the reporting poster rather than the poster with the OCVA information and as such the information appeared to elude that inmates could report through the JDI mailing address. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English. During the on-site portion of the audit, the facility began to replace all the old PREA posters with the newer agency wide PREA posters. The newer agency wide PREA posters included information on zero tolerance and the numerous reporting mechanisms, including: the PREA hotline, external reporting mechanism, verbally to staff and in writing through a grievance or kite. The poster also includes the phone number (1-855-210-2087) for outside victim advocacy services and indicates that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. In addition to the large posters, the auditor observed that PREA brochures were available in each of housing unit dayrooms. Each dayroom had a literature/form area and PREA brochures were observed to be available in English and Spanish. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that they do well with the PREA information. Further, during the tour the auditor observed that the opposite gender

announcement was made via a button that produced a unique tone and a flashing light. While this method is appropriate for disabled and LEP inmates, the LEP inmates were unaware of what the tone and light actually meant. During inmate interviews the auditor utilized Languagelink for the LEP inmate interviews. The auditor was provided the call in number as well as the client ID and password. Languagelink is accessible through staff only. However, the hotline and the victim advocacy number have English and Spanish options and documents are available in English and Spanish. It should be noted the auditor utilized Languagelink for Spanish and Vietnamese translation.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. The PAQ stated that the facility documents the limited circumstances where inmate interpreters, readers or other types of inmate assistants are used. DOC 490.800, page 5 states individuals are not authorized to use interpretation/translation services from other individuals, family members, or friends for these purposes. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with sixteen staff indicated that seven were aware of a policy that prohibits the use of inmate interpreters, translator, readers or other types of inmate assistants for sexual abuse allegations. None of the sixteen were aware of a time that an inmate was utilized to assist another inmate for a sexual abuse allegation. Interviews with three LEP inmates and five disabled inmates indicated that four had received information in a format that they could understand. None of the LEP inmates stated that they received information in a format that they could understand. Some of the inmates advised they have never received any information on PREA. A few stated they only know about PREA through the posters. One disabled inmate stated that he has an aid that assist him and that the aid refreshes him on information and also assist him with placing calls and writing requests. None of the inmates interviewed advised that an inmate interpreter, translator or assistant was utilized for sexual abuse allegations.

Based on a review of the PAQ, DOC 310.000, DOC 490.800, DOC 690.400, DOC 450.500, Sign Language Contract List, the End the Silence Youth Speaking Up About Sexual Abuse In Custody Facilitators Guide, Americans with Disabilities Act Training Curriculum, Contracts for Interpreter Services (Languagelink), the List of Interpreters, PREA Poster, PREA Brochure, PREA Orientation Video Transcript, Statewide Orientation Handbook, Staff Training Records, observations made during the tour as well as interviews with the Agency Head Designee, random staff, disabled inmates and LEP inmates indicates that this standard appears to require corrective action. Interviews with three LEP inmates and five disabled inmates indicated that four had received information in a format that they could understand. None of the LEP inmates stated that they received information in a format that they could understand. Some of the inmates advised they have never received any information on PREA. A few stated they only know about PREA through the posters. During the tour the auditor observed

PREA information posted throughout the facility. While each housing unit had information posted, the auditor observed that the regular size posters were not the current posters the agency was utilizing and did not include information on the other methods to report including, the external reporting mechanism (DOC form 21-379), verbally to staff and reporting in writing via a kite or grievance. Additionally, the auditor observed that none of the information posted had the mailing address for the victim advocacy service (Just Detention International). The facility added stickers with the mailing address to the reporting poster rather than the poster with the OCVA information and as such the information appeared to elude that inmates could report through the JDI mailing address. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English. During the on-site portion of the audit, the facility began to replace all the old PREA posters with the newer agency wide PREA posters. The newer agency wide PREA posters included information on zero tolerance and the numerous reporting mechanisms, including: the PREA hotline, external reporting mechanism, verbally to staff and in writing through a grievance or kite. The poster also includes the phone number (1-855-210-2087) for outside victim advocacy services and indicates that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. Further, during the tour the auditor observed that the opposite gender announcement was made via a button that produced a unique tone and a flashing light. While this method is appropriate for disabled and LEP inmates, the LEP inmates were unaware of what the tone and light actually meant. Additionally, interviews with sixteen staff indicated that seven were aware of a policy that prohibits the use of inmate interpreters, translator, readers or other types of inmate assistants for sexual abuse allegations.

Corrective Action

The facility will need to ensure the updated PREA posters are in English and Spanish and are in adequate size and font for LEP and disabled inmates. The facility will need to provide PREA information to all current LEP and disabled inmates in a format that they can understand. Photos will need to be provided to the auditor of the posted information. Additionally, documentation confirming that all current LEP and disabled inmates were provided PREA information in a format that they could understand will need to be provided to the auditor. The facility will also need to educate staff on the prohibition of utilizing inmate interpreters, readers and assistants for sexual abuse and sexual harassment. A copy of the training will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training on Prohibition of Inmate Interpreter, Readers and Assistants
2. Photos of Updated PREA Posters in English and Spanish
3. LEP/Disabled Incarcerated Individual PREA Education Documents

On February 6, 2023 the facility provided a copy of a memo from the Warden sent to all staff on February 3, 2023. The memo outlined that incarcerated individuals are not authorized to be used for interpretation/translation services from other incarcerated individuals, family member or friends. Additionally, it states that with the exception of the Deaf Services Coordinator, staff will only be used as interpreters/translator in exigent circumstances. Further it states that DOC has a contract with interpretive services for these purposes. Staff were provided a copy of the contract with the memo. Additionally, the memo outlines that related interpretation for LEP individuals is required to be documented on DOC 16-340 Prison Rape Elimination Act (PREA) Language Log.

On February 17, 2023 the facility provided photos of the updated/newer PREA Posters in each housing unit. The posters were in English and Spanish and had larger font (printed on paper larger than eight by ten). Additionally, on the same date the facility provided a list of all current LEP/disabled inmates and their corresponding updated PREA education training records. All LEP/disabled inmates were re-educated to ensure that the information was provided in a format they understood. Notes on the training records indicated that videos were show in Spanish for LEP inmates. For blind inmates the notes indicated the individuals listened to the video.

Based on the documentation provided, the facility has corrected this standard and as such it compliant.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
3. DOC 810.800 – Recruitment, Selection and Promotion
4. DOC 810.015 – Criminal Record Disclosure and Fingerprinting
5. DOC 400.320 – Terrorism/Extremism Activity
6. Sexual Misconduct and Institutional Employment/Service Disclosure
7. PREA 101 Training Curriculum
8. PREA 102 Training Curriculum
9. Personnel Files of Staff
10. Contractor Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency 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: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. DOC 490.800, page 6 states the Department has established staffing practices as follows: to the extent permitted by law, the Department will not knowingly hire, promote or enlist the services of anyone who: has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility or other institution, has engaged in sexual misconduct with an individual on supervision, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt threat or implied threats or force, or coercion, or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in the activities described above. A review of the Sexual Misconduct and Institutional Employment/Service Disclosure

confirms that employees are asked to answer yes or no to the following questions; “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?”, “Have you even been civilly or administratively adjudicated (there was a formal finding and a judgment or decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting?”, “Have you ever been 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 when the victim did not consent or was unable to consent or refuse?”, “Have you ever been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment?” and “Have you ever engaged in any other incident of sexual harassment or sexual misconduct not already addressed above?”. The auditor requested documentation for six newly hired staff and three newer contractors. All six new hires were documented with completing the Sexual Misconduct and Institutional Employment/Service Disclosure form and all six had a criminal background records check completed prior to hire. Additionally, all three contractors had a criminal background record check prior to enlisting their services.

115.17 (b): The PAQ indicated that agency 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 inmates. DOC 490.800, page 7 states the Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with individuals under its jurisdiction. The interview with the Human Resource Staff member confirmed that sexual harassment is considered in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with inmates. The staff member stated that everything is vetted through the Appointing Authority and they check the PREA database for any previous situations.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. DOC 490.800, page 7 states the Department will obtain information through one or more of the following: Washington Crime Information Center (WACIC)/National Crime Information Center (NCIC) record checks; employment/volunteer applications; reference checks; personnel file review and contract disclosure statements. DOC 810.800, page 5 states the Appointing Authority will ensure the completion of the DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure on the preferred candidate before appointment as well as a completion of a criminal background check, if applicable per DOC 810.015 Criminal Record Disclosure and Fingerprinting. To the extent possible for external

candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contacted for information on substantiated allegations of sexual misconduct or any resignations pending investigation of alleged sexual misconduct. The PAQ indicated that 54 people had a criminal background records check which is equivalent to 100% of those hired in the previous twelve months. The auditor requested documentation for six newly hired staff. One staff member had a prior institutional employer and documentation confirmed the employer was contacted and all six had a criminal background records check completed prior to hire. The Human Resource staff member confirmed that a criminal background records check is completed for all newly hired employees who may have contact with inmates and that all prior institutional employers are contacted related to incidents of sexual abuse. She stated that they conduct their regular criminal background checks, which include national and state queries (NCIC and WACIC). She stated they also conduct a warrants or wants check. The staff member further stated that the agency requires staff to disclose any prior institutional employers via a questionnaire/application so that agency staff can contact the prior employer related to resignations under investigations and if they engaged in any sexual abuse while employed.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. DOC 490.800, page 7 states the Department will obtain information through one or more of the following: Washington Crime Information Center (WACIC)/National Crime Information Center (NCIC) record checks; employment/volunteer applications; reference checks; personnel file review and contract disclosure statements. The PAQ stated that there were three contracts for services where criminal background checks were completed on all staff covered under the contract. A review of three contractor background record checks confirmed that all three had one completed prior to enlisting their services. The Human Resource staff member confirmed that contractors have a criminal background records check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. DOC 810.015, page 3 states the designated unit/employee will establish a process to ensure that criminal background checks are run for all current volunteers, contract staff and unarmed employees at least every five years. Annual criminal background checks are required as part of weapons qualifications for all armed employees. The auditor requested five year criminal background record checks for five staff employed longer than five years and two contractors employed over five years. Three of the four staff had a criminal background record check completed at least every five years. One staff had a criminal background record check completed in 2016 and the next criminal background record check was not completed until 2022. Additionally, both of the

contractors who were employed longer than five years had a criminal background record check completed after the five year timeframe. Both were completed during the interim report period. The interview with Human Resources indicated that criminal background records checks are completed through NCIC and WACIC, which are federal and state criminal records queries. She stated that criminal background records checks are completed annually for any armed post and that they are completed every five years for all additional staff and contractors. She stated there is a running list that is kept in order to track these backgrounds.

115.17 (f): DOC 810.800, page 5 states the Appointing Authority will ensure the completion of the DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure on the preferred candidate before appointment. A review of the Sexual Misconduct and Institutional Employment/Service Disclosure confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you even been civilly or administratively adjudicated (there was a formal finding and a judgment or decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting?", "Have you ever been 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 when the victim did not consent or was unable to consent or refuse?", "Have you ever been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment?" and "Have you ever engaged in any other incident of sexual harassment or sexual misconduct not already addressed above?". Additionally, a review of the PREA 101 and PREA 102 training curriculums confirm that all staff answer the previously stated questions annually during their PREA training. They are required to electronically click yes or no to each questions prior to the submission and completion of the training. A review of six newly hired employees confirmed that they completed the Sexual Misconduct and Institutional Employment/Service Disclosure form. A review of three staff who were recently promoted indicated that two completed the form prior to the promotion. Additionally documentation is needed related to this part of the provision to determine compliance. The interview with the Human Resource staff confirmed that individuals are asked these via two forms that they utilized. She stated the sexual misconduct and institutional employment disclosure form has these questions and individuals will self-disclose and provide any details. The staff member further confirmed that staff have a continuing affirmative duty to disclose any previous misconduct. She stated that during annual training they are given that directive and they must report any previous or current misconduct.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. DOC 810.800, page 5 states the Appointing Authority will

ensure the completion of DOC 03-506 Sexual Misconduct and Institutional Employment/Services Disclosure. A review of the DOC 03-506 indicates that it states "I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or serving as a contract staff or volunteer".

115.17 (h): The interview with the Human Resource staff member confirmed that information is provided to employers related to a former employee and any substantiated sexual abuse or sexual harassment allegations.

Based on a review of the PAQ, DOC 490.800, DOC 810.800, DOC 810.015, DOC 400.320, the Sexual Misconduct and Institutional Employment/Service Disclosure Form, the PREA 101 Training Curriculum Disclosure Pages, the PREA 102 Training Curriculum Disclosure Pages, Personnel Files of Staff, Contractor Background Files, Criminal Background Records Check Tracking Form and information obtained from the Human Resource staff interview indicates that this standard required appears to require corrective action. The auditor requested five year criminal background record checks for five staff employed longer than five years and two contractors employed over five years. Three of the four staff had a criminal background record check completed at least every five years. One staff had a criminal background record check completed in 2016 and the next criminal background record check was not completed until 2022. Additionally, both of the contractors who were employed longer than five years had a criminal background record check completed after the five year timeframe. Both were completed during the interim report period. A review of three staff who were recently promoted indicated that two completed the form prior to the promotion. Additionally documentation is needed related to this part of the provision to determine compliance. The auditor requested five year criminal background record checks for five staff employed longer than five years and two contractors employed over five years. Three of the four staff had a criminal background record check completed at least every five years. One staff had a criminal background record check completed in 2016 and the next criminal background record check was not completed until 2022. Additionally, both of the contractors who were employed longer than five years had a criminal background record check completed after the five year timeframe. Both were completed during the interim report period.

Corrective Action

The facility will need to provide a few more examples related to PREA questions prior to promotion. Once documentation is received the auditor can determine if additional corrective action is needed. The facility will also need to ensure appropriate Human Resource staff review policy related to the requirement of five year background

checks on staff and contractors. The facility will need to provide a memo describing the process for tracking and ensuring these are completed at least every five years. The facility will need to go back through all staff and contractors and ensure all have a completed five year criminal background record check. An assurance memo from the Warden will need to be provided to the auditor once completed and confirmed.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum Related to Five Year Criminal Background Record Checks
2. Sexual Misconduct and Institutional Employment/Disclosure Forms for Promotions

On February 14, 2023 the Warden provided a memorandum related to five year criminal background checks. The memo indicated that due to COVID-19, the facility had a backlog. The facility has since ensured all staff and contractors have a current five year criminal background records check. The memo advised that to ensure the facility does not have this deficiency again, custody staff will have a criminal background records check every year prior to firearms and non-custody staff will have a criminal background records check every three years. The memo indicated that the PCM and Human Resource staff would be responsible for ensuring these checks are completed.

On April 17, 2023 the facility provided eight examples of staff promoted during the corrective action period. All eight had completed the Sexual Misconduct and Institutional Employment/Service Disclosure prior to promotion.

Based on the documentation provided, this standard has been corrected.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ was blank but further communication with the PCM indicated that the agency/facility has acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. The PCM stated that all modifications are reviewed for establishing a safe area for sexual abuse. The PAQ further stated in planning a substantial expansion or modification of existing facilities, WADOC hires a consultant who has expertise in the design of correctional facilities and understands the importance of inmate and staff safety. The agency provides instructions to consultants based upon the owner's approved program and/or pre-design documents, WADOC policies, standards, guidelines and specifications including the Prison Rape Elimination Act (PREA). DOC 490.800, page 7 states a PREA vulnerability assessment will be conducted in each facility per DOC 21-563 PREA Vulnerability Assessment. The assessment will be updated as new building are added, major building renovations are completed, or when surveillance systems are added or upgraded. Page 8 further states that the Department will consider possible effects on its ability to protect individual from sexual misconduct when: designing or acquiring 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. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head confirmed that when the agency has a substantial expansion or modification to an existing facility or they acquire a new facility, they take into account how it may

affect the agency's ability to protect inmates from sexual abuse and sexual harassment. The Agency Head Designee stated the agency has a design team that take this component into consideration. He stated the team considers blind spots, line of sight and camera placement during the process. He also stated that they conduct a vulnerability assessment to identify any issues or potential issues. He also indicated that they have a capital projects team that is aware of PREA and this team oversees all agency projects. The interview with the Warden confirmed that there have not been any substantial expansions or modifications since the last PREA audit.

115.18 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. DOC 490.800, page 7 states within available fiscal resources, the Department will use video security monitoring systems and relevant technology to enhance the safe operation of facilities for staff and individuals under its jurisdiction. A PREA vulnerability assessment will be conducted in each facility per DOC 21-563 PREA Vulnerability Assessment. The assessment will be updated as new building are added, major building renovations are completed, or when surveillance systems are added or upgraded. Page 8 further states that the Department will consider possible effects on its ability to protect individual from sexual misconduct when: designing or acquiring a new facility; planning substantial expansions or modifications of existing facilities; and installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology. The interview with the Agency Head Designee confirmed that the agency has installed or updated video monitoring technology and they have considered how this technology can protect inmates from sexual abuse. He stated any new installation or modification would involve looking at the activity in the area. He stated they look at blind spots, line of sight, incidents reported in the area and information from vulnerability assessments. He confirmed part of the vulnerability assessment is to identify any areas that may need additional video monitoring technology. The Warden confirmed that when the facility installs or updates video monitoring technology they consider how the technology will protect inmates from sexual abuse. He stated that they consider the location of assault or locations that may be of a concern and that is their primary location for camera installation. He indicated that cameras are there to provide additional support but never to replace a staff member. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras are monitored in central control, medical and remotely by administrative and investigative staff.

Based on a review of the PAQ, DOC 490.800, observations during the tour and information from interviews with the Agency Head Designee and Warden indicate that this standard appears to be compliant.

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response
3. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation
4. DOC 600.000 - Health Services Management
5. DOC 600.026 - Health Care Co-Payment Program
6. Sexual Assault Evidence Collection: Uniform Evidence Protocol
7. Designated Advocates and Hospitals for Forensic Medical Examinations
8. Memorandum of Understanding with the Department of Commerce Office of Crime Victim Advocacy
9. PREA Response and Containment Checklist (DOC 02-011)
10. PREA Investigative Checklist (DOC 02-014)
11. Investigative Findings Sheet (DOC 02-378)
12. Mutual Agreement with the Washington State Patrol
13. Statewide Orientation Handbook
14. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with Inmates Who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting

administrative sexual abuse investigations while the Grays Harbor County Sheriff's Office or the Washington State Patrol are responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. A review of Sexual Assault Evidence Collection: Uniform Evidence Protocol confirms that it outlines crime scene management, clothing collections, bedding and other physical evidence collection, searches and evidence storage/securing. The protocol describes the actions to take prior to transport to the local hospital for a forensic medical examination. Interviews with sixteen random staff indicate that fourteen were aware of and understood the agency's protocol on obtaining usable physical evidence while twelve staff stated they knew who was responsible for conducting sexual abuse investigations. Most staff named the PREA investigator and the Investigations and Intelligence Unit.

115.21 (b): The PAQ indicated that the protocol is developmentally appropriate for youth and was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. A review of Sexual Assault Evidence Collection: Uniform Evidence Protocol confirms that it outlines crime scene management, clothing collections, bedding and other physical evidence collection, searches and evidence storage/securing. The protocol describes the actions to take prior to transport to the local hospital for a forensic medical examination.

115.21 (c): The PAQ was blank but further communication with the PCM indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside facility. The PCM also confirmed that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ noted that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. DOC 490.850, pages 6-7 state forensic exams will be performed only at designated health care facilities in the community by Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFE/SANE are not available, the examination can be performed by a qualified medical practitioner. The nurse/health care practitioner will document in the health record when a SAFE/SANE is unavailable to conduct the forensic medical examination. DOC 600.025, pages 2-3 state that individuals will be charged a co-payment for all visits, except medical and mental health services allowed under the Washington DOC Health Plan related to sexual misconduct as defined in DOC 490.800. A review of Sexual Assault Evidence Collection: Uniform Evidence Protocol confirms that it outlines crime scene management, clothing collections, bedding and other physical evidence collection, searches and evidence storage/securing. The protocol describes the actions to take prior to transport to the local hospital for a forensic medical examination. The Designated Advocates and Hospitals for Forensic Medical Examination identifies Grays

Harbor Community Hospital as the designated hospitals for Stafford Creek Correctional Center. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. The auditor contacted Grays Harbor Community Hospital related to forensic medical examinations. The staff member advised that they do conduct forensic medical examinations if they have someone in house that is trained. She stated that 99% of the time that does not happen because staff have not had the training course in a while. She indicated that they would complete a physical exam and would typically transport the individual to Providential St. Peter Hospital in Olympia. The auditor confirmed with the PCM that they would in fact utilize Providential St. Peter Hospital if there was not a SAFE/SANE available at Grays Harbor Community Hospital. The auditor contacted Providential St. Peter Hospital where staff confirmed that they complete forensic medical examination. The staff stated exams are conducted by SANE and that there is a SANE on call most days. The staff confirmed that any inmates transported to the facility would be provided a forensic medical examination in the same way as a non-incarcerated citizen. The staff member stated that victim advocates for forensic medical examinations are through Safe Place and that hospital staff automatically contact this organization related to an examination.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and efforts are documented. The PAQ further stated that all victim advocacy services are provided by OCVA and community sexual assault programs. DOC 490.860, page 11 states victims of sexual misconduct will be provided information on community victim service providers from health services employees/contract staff, Classification Counselors, and Community Corrections Officers/Supervisors. Information is available on the Prison Rape Elimination Act page on the Department's internal website. Victim services for individuals in Prisons and Reentry Centers include crisis intervention and trauma-specific treatment. The Appointing Authority, in conjunction with mental health professionals, will determine if victim services are necessary beyond resources available through the Department. The Designated Advocates and Hospitals for Forensic Medical Examinations indicates that Rebuilding Hope is the community sexual assault program advocacy service. The agency has an MOU with the Department of Commerce Office of Crime Victims Advocacy. The MOU indicates that the purpose is to provide advocacy services in furtherance of DOC's compliance with the Prison Rape Elimination Act (PREA). The MOU indicates that services provided under the agreement include crisis intervention, assessment of needs and referral to additional resources, medical advocacy and legal advocacy. Medical advocacy can include accompaniment to medical forensic exam, explanation of exam proceedings, advocacy on behalf of the victim/survivors in asserting their choices for aspects of the exam, choices for treatment, etc. The MOU also states that they will provide an advocate during investigatory interviews, depositions and other legal proceedings. OCVA may also provide additional in-person advocacy services and educational opportunities regarding sexual assault. The MOU was initially signed in 2017 and was amended in 2019. Page 14 of the Statewide Orientation Handbook provides

information on victim advocacy services. It states an advocate can provide over the phone crisis intervention, talk about safety and explain PREA reporting options, discuss law enforcement reporting options, teach coping skills, explain the investigation process and provide support during interviews related to the investigation. An advocate will also provide support to a victim during a forensic examination at a community hospital. An advocate will not provide legal advice, make decisions for you, tell you whether or not to report, conduct an investigation, be your friend or provide therapy. The interview with the PCM confirmed that the facility makes available to the victim a victim advocate from a rape crisis center after a report of sexual abuse. The PCM stated that the facility utilizes Beyond Survival for advocacy services. She stated that the Shift Lieutenant will contact the organization anytime there is a sexual abuse allegation. If the inmate is being transported to the hospital the Shift Lieutenant will advise Beyond Survival so that they can meet the inmate at the hospital. Interviews with inmates who reported sexual abuse indicated that none of the four were able to contact anyone after they reported. The facility utilizes the PREA Response and Containment Checklist after a report of sexual abuse. The Shift Supervisor speaks with the inmate victim about victim advocacy and then provides the inmate with the PREA Investigative Process form. This form describes that the inmate has access to a victim advocate and also provides contact information for the victim advocate. The Shift Supervisor documents on the PREA Response and Containment Checklist that they advised the inmate of access to a victim advocate and provided the PREA Investigative Process form. A review of documentation for seven inmates who reported sexual abuse indicated that none had the completed PREA Response and Containment Checklist, thus there was no confirmation they were afforded access to a victim advocate.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process. DOC 490.800, page 14 states if an individual requires a forensic medical exam, the Community Sexual Assault Program (CSAP) Victim Advocate will be notified prior to transport to the designated community health care facility. Unless the individual declines services directly to the advocate, the advocate will be present during the exam and any investigatory interview with the individual following a forensic medical exam. This includes interviews with law enforcement officials. Additionally page 15 states that an alleged victim may request to have a victim advocate present during any investigatory interview of individual-on-individual sexual assault/abuse or staff sexual misconduct by notifying the assigned investigator. DOC 490.850, page 7 and WCCW 490.850, page 7 state the partner victim advocacy organization will be contacted to ensure an advocate is present during the exam. Presence of the advocate will be documented in the IMRS and on the DOC 02-007 Aggravated Sexual Assault Checklist. The individual will also be provided with an advocate during all related investigatory interviews per the facility's legal advocacy procedure. Attachment 1, PREA Investigative Process further states that potential victims of sexual assault/abuse or sexual misconduct may wish to have a victim

advocate present during the investigatory interview. The investigator will make arrangements for victim advocacy by contacting the Office of Crime Victim Advocacy (OCVA). Support services beyond the investigation is available by contacting OCVA using the toll-free number. The Designated Advocates and Hospitals for Forensic Medical Examinations indicates that Beyond Survival is the community sexual assault program advocacy service. The agency has an MOU with the Department of Commerce Office of Crime Victims Advocacy. The MOU indicates that the purpose is to provide advocacy services in furtherance of DOC's compliance with the Prison Rape Elimination Act (PREA). The MOU indicates that services provided under the agreement include crisis intervention, assessment of needs and referral to additional resources, medical advocacy and legal advocacy. Medical advocacy can include accompaniment to medical forensic exam, explanation of exam proceedings, advocacy on behalf of the victim/survivors in asserting their choices for aspects of the exam, choices for treatment, etc. The MOU also states that they will provide an advocate during investigatory interviews, depositions and other legal proceedings. OCVA may also provide additional in-person advocacy services and educational opportunities regarding sexual assault. The MOU was initially signed in 2017 and was amended in 2019. Page 14 of the Statewide Orientation Handbook provides information on victim advocacy services. It states an advocate can provide over the phone crisis intervention, talk about safety and explain PREA reporting options, discuss law enforcement reporting options, teach coping skills, explain the investigation process and provide support during interviews related to the investigation. An advocate will also provide support to a victim during a forensic examination at a community hospital. An advocate will not provide legal advice, make decisions for you, tell you whether or not to report, conduct an investigation, be your friend or provide therapy. A review of documentation confirms that the PREA Investigative Checklist (DOC 02-014) includes a section where staff indicate whether a victim advocate was requested for the forensic medical examination and during investigatory interviews. Additionally, the Investigative Findings Sheet (DOC 02-378) documents whether a victim advocate was requested during investigatory interviews. The interview with the PCM confirmed that if requested by a victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and support the victim through the forensic medical examination and investigatory interviews. She stated that the facility utilizes Beyond Survival and that this organization is the local rape crisis center. The auditor contacted the Office of Crime Victims Advocacy related to victim advocacy services at Stafford Creek Correctional Center. The staff member confirmed that they have an MOU with the facility that was last signed in 2021. She stated they have had an MOU since 2013 and they typically renew every two years. The staff member indicated that they provide a statewide sexual assault support and information line and they provide crisis intervention, emotional support, information and referrals. She stated she also coordinates for on-going services and advocacy at investigatory interview with community based sexual assault advocates. She confirmed the organization has provided services to the facility in the past, however Beyond Survival is the organization that provides accompaniment during forensic medical examinations. The auditor also contacted Beyond Survival related to victim advocacy services. The staff indicated that they have an old MOU from 2018 with the facility but that they

annually renew the PREA contract with the State of Washington OCVA team to provide services at SCCC. The staff confirmed that they provide advocacy, either in-person or by phone and they also provide resources such as worksheets. The staff further confirmed that they have provided services to inmates at SCCC in the past and indicated that they responded to the hospital for one inmate in the last year and a half and was told upon arrival that the inmate refused the advocate during the forensic medical examination. Interviews with inmates who reported sexual abuse indicated that none of the four were able to contact anyone after they reported. A review of documentation for seven inmates who reported sexual abuse indicated none involved a forensic medical examination. While none involved an examination, all involved investigatory interviews. None of the seven had the completed PREA Response and Containment Checklist which outlines access to a victim advocate during investigatory interviews.

115.21 (f): The PAQ indicated that if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraph 115.21 (a) through (e) of this standard. The agency has a Mutual Aid Agreement with the Washington State Police. The agreement states that WSP may provide assistance to the DOC through law enforcement officers and other assistance as needed, depending on circumstances. While the facility did not provide documentation indicating they requested the Grays Harbor Sheriff's Office to comply with the provisions under this standard, communication with a Detective at GHSO confirmed that they do follow PREA standards during investigation, including 115.21. Additionally, the auditor communicated with the WSP. The staff member confirmed that the WSP does have a uniform evidence protocol and they utilize SAFE/SANE at the hospital for forensic medical examinations.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): All advocacy services are provided through OCVA or through regional Community Sexual Assault Programs. Advocates follow the State of Washington Sexual Assault Service Standards. Qualified advocates are required to have 30 hours of initial sexual assault/abuse training and twelve hours of ongoing training annually. Advocates providing services for inmates are specifically identified within the organization as PREA Advocates and receive additional specialized training on supporting incarcerated survivors of sexual assault.

Based on a review of the PAQ, DOC 490.850, WCCW 490.850, DOC 490.860, DOC 600.000, DOC 600.026, Sexual Assault Evidence Collection: Uniform Evidence Protocol, Designated Advocates and Hospitals for Forensic Medical Examinations, the

Memorandum of Understanding with the Department of Commerce Office of Crime Victim Advocacy, the Mutual Agreement with the Washington State Patrol, Communication Documents with Gray's County Sheriff's Department, the Statewide Orientation Handbook, Investigative Reports, the PREA Response and Containment Checklist (DOC 02-011), the PREA Investigative Checklist (DOC 02-014), the Investigative Findings Sheet (DOC 02-378) and information from interviews with random staff, inmates who reported sexual abuse, SAFE/SANE and the PREA Compliance Manager indicates that this standard appears to require corrective action. Interviews with inmates who reported sexual abuse indicated that none of the four were able to contact anyone after they reported. Additionally, a review of documentation for seven inmates who reported sexual abuse indicated that none had the completed PREA Response and Containment Checklist, thus there was no confirmation they were afforded access to a victim advocate.

Corrective Action

The facility will need to ensure that each inmate victim of sexual abuse is afforded access to a victim advocate. The facility will need to document this through their current procedure, the PREA Response and Containment Checklist. Copies of the checklist will need to be provided for sexual abuse allegations reported during the corrective action plan to confirm compliance.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. List of Sexual Abuse Allegations
2. PREA Response and Containment Checklist

On March 13, 2023 the facility provided a list of sexual abuse allegations reported during the corrective action period. Seven sexual abuse allegations were documented, one of which was reported via a Warden to Warden notification. On the same date the facility provided four PREA Response and Containment Checklists. Three documented that the inmate was provided the PREA Investigative Process form,

	<p>which includes information on access to a victim advocate. One PREA Response and Containment Checklist did not contain this information as the inmate was not housed at SCCC at the time of the reported allegation (Warden to Warden notification).</p> <p>On March 27, 2023 the facility provided the two additional PREA Response and Containment Checklists that confirmed the victim was provided the information on access to a victim advocate.</p> <p>Based on the documentation provided, this standard has been corrected.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 3. Mutual Agreement with the Washington State Patrol 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The PAQ stated that the agency has a process where all</p>

allegations are triaged by the Headquarters PREA Unit to determine if the allegation falls under PREA definitions. Allegations resulting in the initiation of an investigations are returned to the applicable Appointing Authority for investigation. DOC 490.860, page 2 states that the Department will thoroughly, promptly and objectively investigate all allegations of sexual misconduct involving individuals under jurisdiction or authority of the Department. The PAQ indicated there were 152 allegations of sexual abuse and/or sexual harassment reported within the previous twelve months. 66 resulted in an administrative investigation and two were referred for criminal investigation. The PAQ further stated not all administrative and/or criminal investigations were completed over the previous twelve months. Further communication with the PCM indicated that 86 allegations either did not qualify as sexual abuse or sexual harassment, were appended to another case or were outside the facilities jurisdiction. The interview with the Agency Head Designee confirmed the agency ensures that an investigation is completed for all allegations of sexual abuse and sexual harassment. He stated that all allegations are reviewed through the PREA triage process and investigations are then assigned to appropriate Appointing Authority. He stated for criminal investigations the Appointing Authority will refer the allegation to local law enforcement. He stated they first refer it to the local law enforcement agency, then the county law enforcement agency and finally the state law enforcement agency, if refused by any of the prior level local law enforcement. There were 152 allegations reported at the facility during the previous twelve months. 76 did not rise to the level of PREA (did not meet the definition of sexual abuse or sexual harassment) and six were in regard to retaliation or other misconduct. The remaining 70 allegations were referred for administrative investigation. Seven of the 70 allegations were forwarded to local law enforcement for a criminal investigation, however in all seven instances they declined to pursue an investigation. Of the 70 allegations, ten had a completed administrative investigation on the first day of the on-site portion of the audit. The auditor reviewed seventeen investigations, including seven that were prior to the previous twelve months (due to the limited number of investigation initiated in the previous twelve months that were closed) to ensure all elements were included as required under the standards.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or make publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. DOC 490.860, page 2 states that the Department will thoroughly, promptly and objectively investigate all allegations of sexual misconduct involving individuals under jurisdiction or authority of the Department. Page 3 further states all allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. A review of the agency website confirmed agency policies, including DOC 490.860 is available for the public to view at <https://www.doc.wa.gov/corrections/prea/resources.htm#policies>. There were 152 allegations reported at the

facility during the previous twelve months. 76 did not rise to the level of PREA (did not meet the definition of sexual abuse or sexual harassment) and six were in regard to retaliation or other misconduct. The remaining 70 allegations were referred for administrative investigation. Seven of the 70 allegations were forwarded to local law enforcement for a criminal investigation, however in all seven instances they declined to pursue an investigation. All referrals were documented within the investigative report. There were zero investigations initiated and/or completed by an outside agency in the previous twelve months. The interviews with the facility investigators confirmed that the agency has a policy that requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigation. They stated that any criminal elements would be forwarded to the Appointing Authority who would then notify the Grays Harbor Sheriff's Office. One investigator further stated that Grays Harbor Sheriff's Office detectives all have PREA training because they have a jail.

115.22 (c): DOC 490.860, page 3 states all allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. A review of the agency website confirmed agency policies, including DOC 490.860 is available for the public to view at <https://www.doc.wa.gov/corrections/prea/resources.htm#policies>.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, DOC 490.860, the Mutual Agreement with the Washington State Patrol, Communication Documents with Grays Harbor Sheriff's Department, Investigative Reports and information obtained via interviews with the Agency Head Designee and the investigators, this standard appears to be compliant.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

2. DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
3. PREA 101 Training Curriculum
4. PREA 102 Training Curriculum
5. PREA Refresher 2022
6. Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure
7. Staff Training Records

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. DOC 490.800, page 10 states all new employees, contract staff and volunteers will receive PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity. The training will address, but not be limited to, the following: reviewing this policy and related operational memorandums; zero tolerance for misconduct and related retaliation; preventing and detecting sexual misconduct, including: communicating effectively with individuals, including lesbian, gay, bisexual, transgender, intersex, and/or non-binary individuals; gender-specific issues; examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct; avoiding inappropriate relationships with individuals under the Department's jurisdiction; recognizing signs of possible/threatened sexual misconduct and staff involvement; recognizing predatory behavior and common reactions of sexual misconduct victims; the dynamics of sexual misconduct in confinement,

reporting sexual misconduct, including: mandatory reporting for incarcerated youth and individuals classified as vulnerable adults, and disciplinary consequences for staff's failing to report; responding to sexual misconduct, including first responder duties and confidentiality requirements. Staff are initially provided training via the PREA 101 and subsequent training is completed via PREA 102. A review of the PREA 101 training curriculum confirms that the training includes: the agency's zero tolerance policy (section 2.10); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (multiple sections), the inmates' right to be free from sexual abuse and sexual harassment (section 2.10), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (section 2.10); the dynamics of sexual abuse and sexual harassment in a confinement setting (section 3.1), the common reactions of sexual abuse and sexual harassment victims (section 4.1 & section 7.2), how to detect and respond to signs of threatened and actual sexual abuse (multiple sections), how to avoid inappropriate relationship with inmates (section 4.5), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (section 5.4) and how to comply with relevant laws related to mandatory reporting (section 6.1). A review of the PREA 102 training curriculum also confirms that that the training includes: the agency's zero tolerance policy (page 34); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (multiple pages), the inmates' right to be free from sexual abuse and sexual harassment (page 34), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (page 34); the dynamics of sexual abuse and sexual harassment in a confinement setting (page 3), the common reactions of sexual abuse and sexual harassment victims (page 17), how to detect and respond to signs of threatened and actual sexual abuse (multiple pages), how to avoid inappropriate relationship with inmates (page 27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (page 13) and how to comply with relevant laws related to mandatory reporting (page 30). Additionally, the PREA brochure includes information on the zero tolerance, signs of abuse, duty to report, red flags and resources. A review of sixteen staff training records indicated all sixteen had received PREA training. Interviews with sixteen random staff confirmed all sixteen had received PREA training. Staff stated they receive training at CORE (the academy) and annually. The annual training has recently been online due to COVID. Fifteen of the sixteen staff confirmed the required topics under this provision were discussed during the training. One staff member was unaware of one topic under this provision. The staff stated that the annual training discussed the procedures to take if an allegation was reported, who to report the information to, confidentiality related to the information and signs to look for as potential sexual abuse.

115.31 (b): The PAQ indicated that training is not tailored to the gender of the inmate at the facility and that employees who are reassigned to facilities with opposite gender inmates are not given additional training. The PAQ noted that initial and annual PREA training includes information applicable to both male and female

offenders and that the agency exceeds this requirement by ensuring all staff are trained on both gender specific training. A review of the PREA 101 and PREA 102 training curriculums confirm that both include gender differences related to dynamics and reactions.

115.31 (c): The PAQ was blank but further communication with the PCM indicated that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ indicated that the agency utilizes refresher training emails. Additionally, the PAQ stated that employees are trained annually on PREA requirements. DOC 490.800, page 11 staff will acknowledge their understanding of the training. For online training, acknowledgment will be included in the electronic course and for in-person training, acknowledgment will be documented on DOC 03-483 PREA Training Acknowledgment or DOC 03-523 PREA Disclosure and Training Acknowledgement for Volunteers. A review of sixteen staff training records indicated all sixteen had received PREA training. Twelve of the sixteen staff had received training annually over the previous two years. Three of the sixteen were new hires and as such the second year of training was not yet due. One staff member did not have the required training per policy and per standard. It should be noted that the facility conducts annual training on a fiscal year cycle rather than a calendar year cycle. As such, staff may complete annual training for two fiscal years in the same calendar year.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. DOC 490.800, page 11 states staff will acknowledge their understanding of the training. For online training, acknowledgment will be included in the electronic course and for in-person training, acknowledgment will be documented on DOC 03-483 PREA Training Acknowledgment or DOC 03-523 PREA Disclosure and Training Acknowledgement for Volunteers. The PREA Training Acknowledgment includes a manual signature and has language that reads "by signing below, I am verifying that I have reviewed and understand all sections of this Prison Rape Elimination Act (PREA) training course." A review of sixteen staff training records indicated all sixteen had received PREA training.

Based on a review of the PAQ, DOC 490.800, the PREA 101 Training Curriculum, the PREA 102 Training Curriculum, the PREA Refresher 2022, the Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure, Staff Training Records as well as interviews with random staff indicate that this standard appears to be compliant.

	<p>Recommendation</p> <p>The facility should ensure the one staff member that did not have the required annual PREA training receive it as soon as possible.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting 3. DOC 530.100 – Volunteer Program 4. Prison Rape Elimination Act (PREA) & Sexual Misconduct Initial & Annual Training for Identified Contractors & Volunteers 5. Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure 6. Contractor Training Files 7. Volunteer Training Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers or Contractors who have Contact with Inmates <p>Findings (By Provision):</p> <p>115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. DOC 490.800, page 10 states all new employees, contract staff and volunteers will receive PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the</p>

earliest opportunity. The training will address, but not be limited to, the following: reviewing this policy and related operational memorandums; zero tolerance for misconduct and related retaliation; preventing and detecting sexual misconduct, including: communicating effectively with individuals, including lesbian, gay, bisexual, transgender, intersex, and/or non-binary individuals; gender-specific issues; examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct; avoiding inappropriate relationships with individuals under the Department's jurisdiction; recognizing signs of possible/threatened sexual misconduct and staff involvement; recognizing predatory behavior and common reactions of sexual misconduct victims; the dynamics of sexual misconduct in confinement, reporting sexual misconduct, including: mandatory reporting for incarcerated youth and individuals classified as vulnerable adults, and disciplinary consequences for staff's failing to report; responding to sexual misconduct, including first responder duties and confidentiality requirements. Volunteers and contractors are required to complete the Prison Rape Elimination Act (PREA) & Sexual Misconduct Initial & Annual Training for Identified Contractors & Volunteers. A review of the training curriculum confirms that the training includes: terms; definitions; impacts of sexual misconduct; zero tolerance; reporting allegations; confidentiality; communication; boundaries and policies and procedures. The PAQ stated that 239 volunteers and contractors have been trained on the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. Additionally, the PREA brochure includes information on the zero tolerance, signs of abuse, duty to report, red flags and resources. A review of six volunteer training records and six contractor training records indicated all twelve had received PREA training. The interviews with the contractors and volunteers confirmed that they had all received training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures.

115.32 (b): The PAQ indicated 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 inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. DOC 490.800, page 10 states all new employees, contract staff and volunteers will receive PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity. The training will address, but not be limited to, the following: reviewing this policy and related operational memorandums; zero tolerance for misconduct and related retaliation; preventing and detecting sexual misconduct, including: communicating effectively with individuals, including lesbian, gay, bisexual, transgender, intersex, and/or non-binary individuals; gender-specific issues; examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct; avoiding inappropriate relationships with individuals under the Department's jurisdiction; recognizing signs of possible/threatened sexual misconduct

and staff involvement; recognizing predatory behavior and common reactions of sexual misconduct victims; the dynamics of sexual misconduct in confinement, reporting sexual misconduct, including: mandatory reporting for incarcerated youth and individuals classified as vulnerable adults, and disciplinary consequences for staff's failing to report; responding to sexual misconduct, including first responder duties and confidentiality requirements. Page 11 further states vendors and service providers with limited unescorted contact with individuals under the Department's jurisdiction are not required to attend PREA training but must sign DOC 03-478 PREA Acknowledgment. The PAQ indicated that 123 contractors and volunteers have been trained on the agency's policies and procedures. It further stated that contractors with regular contact with offenders are required to complete the same training that is provided to staff. Identified contractors and all volunteers are required to complete specially designed web-based training (Prison Rape Elimination Act (PREA) & Sexual Misconduct Initial & Annual Training for Identified Contractors & Volunteers). A review of the PREA 101 training curriculum confirms that the training includes: the agency's zero tolerance policy (section 2.10); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (multiple sections), the inmates' right to be free from sexual abuse and sexual harassment (section 2.10), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (section 2.10); the dynamics of sexual abuse and sexual harassment in a confinement setting (section 3.1), the common reactions of sexual abuse and sexual harassment victims (section 4.1 & section 7.2), how to detect and respond to signs of threatened and actual sexual abuse (multiple sections), how to avoid inappropriate relationship with inmates (section 4.5), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (section 5.4) and how to comply with relevant laws related to mandatory reporting (section 6.1). A review of the PREA 102 training curriculum also confirms that that the training includes: the agency's zero tolerance policy (page 34); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (multiple pages), the inmates' right to be free from sexual abuse and sexual harassment (page 34), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (page 34); the dynamics of sexual abuse and sexual harassment in a confinement setting (page 3), the common reactions of sexual abuse and sexual harassment victims (page 17), how to detect and respond to signs of threatened and actual sexual abuse (multiple pages), how to avoid inappropriate relationship with inmates (page 27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (page 13) and how to comply with relevant laws related to mandatory reporting (page 30). A review of the web-based training curriculum confirms that the training includes: terms; definitions; impacts of sexual misconduct; zero tolerance; reporting allegations; confidentiality; communication; boundaries and policies and procedures. Additionally, the PREA brochure includes information on the zero tolerance, signs of abuse, duty to report, red flags and resources. The contractors and volunteers confirmed that the training included information on the zero-tolerance policy and how and who to report the information to. One volunteer stated that the facility provides a lot of training while the other volunteer indicated that he received training online. One contractor confirmed that training is completed annually in

person and that sometimes they also get emails on updates. The second contractor stated that they used to get in person training, however since COVID-19 they do a lot of training online. She indicated that the online training has a quiz at the end to test the knowledge from the training.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. DOC 490.800, page 11 states staff will acknowledge their understanding of the training. For online training, acknowledgment will be included in the electronic course and for in-person training, acknowledgment will be documented on DOC 03-483 PREA Training Acknowledgment or DOC 03-523 PREA Disclosure and Training Acknowledgement for Volunteers. Page 11 further states vendors and service providers with limited unescorted contact with individuals under the Department’s jurisdiction are not required to attend PREA training but must sign DOC 03-478 PREA Acknowledgment. The PREA Disclosures and Training Acknowledgment requires the individual to initial areas and sign that they have successfully completed the PREA volunteer training and that they have reviewed and understand all sections of the training course. The PREA Training Acknowledgment includes a manual signatures and has language that reads “by signing below, I am verifying that I have reviewed and understand all sections of this Prison Rape Elimination Act (PREA) training course.” A review of six volunteer training records and six contractor training records indicated all twelve had received PREA training.

Based on a review of the PAQ, DOC 490.800, DOC 530.100, the Prison Rape Elimination Act (PREA) & Sexual Misconduct Initial & Annual Training for Identified Contractors & Volunteers, the Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure, a review of a sample of contractor and volunteer training records as well as the interviews with contractors and volunteers indicates this standard appears to be compliant.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. DOC 310.000 - Orientation

4. Sign Language Contract List
5. End the Silence Youth Speaking Up About Sexual Abuse In Custody Facilitators Guide
6. Contracts for Interpreter Services
7. List of Interpreters
8. PREA Orientation Video Transcript
9. Statewide Orientation Handbook
10. Prison Rape Elimination Act: A Resource for Incarcerated Individuals Brochure
11. PREA Posters
12. End the Silence Youth Speaking Up About Sexual Abuse in Custody Facilitators Guide
13. PREA Comics
14. Offender PREA Acknowledgment

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. The PAQ indicated that this information is provided via a brochure upon arrival and also through posters in the intake and living areas. Additionally, all individuals receive a Statewide Orientation Handbook upon arrival at the reception center for WADOC. DOC 490.800, pages 15-16 state 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 provided, in writing and verbally, in a manner that is clearly understood and allows the individuals to ask questions of the facilitating staff member. Individuals will be provided additional PREA information, including an informational brochure, during formal orientation per DOC 310.000 Orientation. Policy further states that individuals in Prison will be provided an informational brochure during intake. If an orientation video is presented in-transit, individuals will be provided an opportunity to ask questions of the facilitator during onsite facility orientation. Additional PREA information may be covered in the facility orientation handbook. A review of the PREA brochure indicates that it includes information on what PREA is (to include the zero tolerance policy), definitions of sexual abuse and sexual harassment, ways to prevent sexual assault, methods to report and victim services information. The facility also has two PREA posters, both which include information on zero tolerance and at least one way to report. Additionally, pages 10-15 include information on PREA, including the zero tolerance policy, definitions, reporting methods, medical and mental health care, victim advocacy, the process after a reported allegation and housing and job assignments. The PAQ indicated that 914 inmates received information on the zero tolerance policy and how to report at intake. This is equivalent to 100% of those received at the facility during the previous twelve months. A review of 22 inmate files of those received within the previous twelve months indicated that all 22 were documented with receiving PREA information at intake into either the facility or into WADOC custody. The auditor observed the intake process through a demonstration. Inmates are provided PREA information at intake via two brochures. One brochure has information on PREA, to include zero tolerance and reporting mechanism and the second brochure has information on OCVA and victim advocacy. The intake staff member stated that in addition to providing the brochures, he also goes over the basic PREA information found on the posters and directs inmates that all the information is accessible on the posters throughout the facility. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had one very large poster in English as well as regular paper size posters in English and Spanish. The larger posters were observed on the wall above the housing unit entrance doors and the regular size poster were observed on the wall or bulletin board. The larger poster contained information on zero tolerance, the PREA hotline number and the victim advocacy (OCVA) number. The regular size posters included information on zero tolerance and reporting via the PREA hotline number. A few of the units also had regular size posters that provided information on OCVA, including the phone number. While each housing unit had information posted, the auditor observed that the regular size posters were not the current posters the agency was utilizing and did not include information on the other methods to report including, the external reporting mechanism (DOC form 21-379), verbally to staff and reporting in writing via a kite or grievance. Additionally, the auditor observed that none of the information posted had the mailing address for the victim advocacy service (Just Detention International). The facility added stickers with the mailing address to the reporting poster rather than the poster with the OCVA information and as such the information appeared to elude that inmates could report through the JDI mailing address. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The

larger posters were adequate, however they were only observed in English. During the on-site portion of the audit, the facility began to replace all the old PREA posters with the newer agency wide PREA posters. The newer agency wide PREA posters included information on zero tolerance and the numerous reporting mechanisms, including: the PREA hotline, external reporting mechanism, verbally to staff and in writing through a grievance or kite. The poster also includes the phone number (1-855-210-2087) for outside victim advocacy services and indicates that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. In addition to the large posters, the auditor observed that PREA brochures were available in each of housing unit dayrooms. Each dayroom had a literature/form area and PREA brochures were observed to be available in English and Spanish. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that they do well with the PREA information. The interviews with intake staff confirmed that inmates receive information on the zero-tolerance policy and how to report allegations of sexual abuse upon intake. One staff member stated that as each individual comes into the facility, before they go into the strip search procedure, he informs them about PREA. He stated he has posters all over the building and he shows them the posters and tells them about the information that is contained on them. The staff member further stated that they provide each inmate a PREA brochure and a victim advocacy brochure. He stated everyone inmate that comes into the facility goes through this process. 35 of the 40 inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies. Most of the inmates advised this information was received when they first arrived into WADOC custody at WCC and then again when they arrived at SCCC.

115.33 (b): DOC 490.800, pages 15-16 state 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 provided, in writing and verbally, in a manner that is clearly understood and allows the individuals to ask questions of the facilitating staff member. Individuals will be provided additional PREA information, including an informational brochure, during formal orientation per DOC 310.000 Orientation. Policy further states that individuals in Prison will be provided an informational brochure during intake. If an orientation video is presented in-transit, individuals will be provided an opportunity to ask questions of the facilitator during onsite facility orientation. Additional PREA information may be covered in the facility orientation handbook. The PAQ indicated that zero inmates received comprehensive PREA education within 30 days of intake. The PAQ further stated that there were a total of 899 incarcerated individuals who required orientation. The tracking for completion of orientation did not happen, so a number is not known for the total who completed orientation. A new process for ensuring the date of completion is entered into the spreadsheet is being implemented. A review of the PREA video transcript indicates the video transitions back and forth between the WADOC and the PREA Resource

Center PREA video. The video covers the agency's zero tolerance policy, definitions, facility/agency specific reporting mechanisms risk screening process, victim advocacy information, warning signs/ways to stay safe, right to be free from sexual abuse, right to be free from retaliation and the process after an allegation is reported to include medical and mental health care and the investigation. A review of 22 inmate files of those received in the previous twelve months indicated all 22 were documented with receiving comprehensive PREA education. Seven of the 22 had documentation that it was received at the WADOC intake facility, Washington Correctional Center, rather than Stafford Creek Correctional Center. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that comprehensive PREA education is completed one-on-one with a counselor during the initial risk assessment. Staff go over basic information verbally including zero tolerance and how to report. It should be noted that all inmates that enter WADOC are provided comprehensive PREA education at Washington Correctional Center in Shelton. All inmates at SCCC are received at WCC prior to transfer to SCCC. All inmates go through an orientation at WCC where they are provided PREA information through the PREA video and literature. Because the policies and procedures are the same across all WADOC facilities, subsequent comprehensive PREA education is not required at SCCC. Informal conversation with inmates indicated many have seen the video numerous times and that they show the video on the transfer bus to the facility as well. The staff who complete the comprehensive PREA education stated she asks the inmates if they have received the handbook, if they have seen the PREA video and has them complete the orientation form. She stated she tells them about PREA, how to report and advises them how they can contact her if they have any questions or concerns. The interview with the intake staff indicated that all inmates that arrive at the facility are advised on PREA and are given a PREA brochure and a victim advocacy brochure. The staff stated that they are not currently playing the video at intake but they are planning on showing it in the future and playing it on a loop while inmate are at intake. The second staff member indicated that she goes over the PREA information on-on-one with each inmate during the initial risk screening. She stated she asks them if they received a handbook and if they know how to report sexual abuse and sexual harassment. She stated she tells them how to contact her if they have any questions. The staff stated this is done within 72 hours of arrival. 34 of the 35 inmates interviewed indicated that they were informed of their right to be free from sexual abuse, ways to report sexual abuse and their right to be free from retaliation for reporting sexual abuse. Many of the inmates advised they received this information in person when they arrived at SCCC. Some of the inmates stated they viewed the video, not at SCCC but at WCCC.

115.33 (c): The PAQ indicated that of those who were not educated within 30 days of intake, not all inmates were not subsequently educated. The PAQ stated this process was being updated. It further indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to

the extent that the policies and procedures of the new facility differ from those of the previous facility. DOC 490.800, pages 15-16 state 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 provided, in writing and verbally, in a manner that is clearly understood and allows the individuals to ask questions of the facilitating staff member. Individuals will be provided additional PREA information, including an informational brochure, during formal orientation per DOC 310.000 Orientation. Policy further states that individuals in Prison will be provided an informational brochure during intake. If an orientation video is presented in-transit, individuals will be provided an opportunity to ask questions of the facilitator during onsite facility orientation. Additional PREA information may be covered in the facility orientation handbook. A review of the PREA brochure indicates that it includes information on what PREA is (to include the zero tolerance policy), definitions of sexual abuse and sexual harassment, ways to prevent sexual assault, methods to report and victim services information. The facility also has two PREA posters, both which include information on zero tolerance and at least one way to report. The video transcript indicates the video transitions back and forth between the WADOC and the PREA Resource Center PREA video. The video covers the agency's zero tolerance policy, definitions, facility/agency specific reporting mechanisms risk screening process, victim advocacy information, warning signs/ways to stay safe, right to be free from sexual abuse, right to be free from retaliation and the process after an allegation is reported to include medical and mental health care and the investigation. A review of 51 inmate files indicated that all 51 were documented with comprehensive PREA education. There were three inmates that arrived at the facility prior to 2013, and all three were given PREA education in 2014 after the release of the standards. The interview with the intake staff indicated that all inmates that arrive at the facility are advised on PREA and are given a PREA brochure and a victim advocacy brochure. The staff stated that they are not currently playing the video at intake but they are planning on showing it in the future and playing it on a loop while inmate are at intake. The second staff member indicated that she goes over the PREA information on-on-one with each inmate during the initial risk screening. She stated she asks them if they received a handbook and if they know how to report sexual abuse and sexual harassment. She stated she tells them how to contact her if they have any questions. The staff stated this is done within 72 hours of arrival. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that comprehensive PREA education is completed one-on-one with a counselor during the initial risk assessment. Staff go over basic information verbally including zero tolerance and how to report. It should be noted that all inmates that enter WADOC are provided comprehensive PREA education at Washington Correctional Center in Shelton. All inmates at SCCC are received at WCC prior to transfer to SCCC. All inmates go through an orientation at WCC where they are provided PREA information through the PREA video and literature. Because the policies and procedures are the same across all WADOC facilities, subsequent comprehensive PREA education is not required at SCCC. Informal conversation with inmates indicated many have seen the video numerous times and that they show the video on the transfer bus to the facility as well. The staff who complete the

comprehensive PREA education stated she asks the inmates if they have received the handbook, if they have seen the PREA video and has them complete the orientation form. She stated she tells them about PREA, how to report and advises them how they can contact her if they have any questions or concerns.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. The PAQ also stated that the agency has established procedures to provide disabled inmates an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The PAQ indicated that the PREA orientation video is available in English and Spanish and both versions have closed captioning. A script is also available for in both English and Spanish to read. Prior to orientation the facility will determine if additional venues are needed in order to provide accessible information. DOC 490.800, page 5 states professional interpreter or translation services, including sign language, are available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigation of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient Individuals. Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Individuals with Disabilities. DOC 490.800, page 16 states 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. The agency utilizes an Interpretation Vendors Portal which provides staff an online database of vendors who can provide interpretation services. Additionally, a review of documentation confirms that the agency has over 80 contractors who can provide translation services in over 20 languages. A review of the PREA Poster, PREA Brochure, PREA Orientation Video Transcript and the Statewide Orientation Handbook confirmed that information is available in English and Spanish. Additionally, the facility has a comic and facilitators guide available for individuals with a cognitive disability. The information is tailored toward youth and includes simple terms and information. A review of documentation for eight disabled inmates indicated that all eight were documented with comprehensive PREA education, six at SCCC and two at WCC. Of the eight, only one had documentation that accommodations were provided. A review of six LEP inmate files indicated all six were documented with comprehensive PREA education. Of the six, only one signed a Spanish acknowledgment form. Interviews with three LEP inmates and five disabled inmates indicated that half (four) had received PREA information in a format that they could understand. None of the LEP inmates indicated they received information in a format they could understand. One stated he never received anything and two indicated the information was provided in English. One disabled inmate also indicated he can't see so he has to have an aid to help him remember everything that they told him.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. DOC 490.800, page 16 states in Prisons, provision of PREA information will be documented in OMNI Programs. Staff make an entry into their online system indicating the date and location that the individual received the safety training certificate for PREA. A review of 51 total inmate files indicate that all 37 signed an acknowledgement form indicating that they had received PREA education. Fourteen did not have documented education and as such there were no acknowledgment forms.

115.33 (f): The PAQ indicated that key information shall be provided to inmates on a continuous basis through readily available handbooks, brochures, or other written materials. A review of documentation indicates that the facility has PREA information via the brochure and posters. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had one very large poster in English as well as regular paper size posters in English and Spanish. The larger posters were observed on the wall above the housing unit entrance doors and the regular size poster were observed on the wall or bulletin board. The larger poster contained information on zero tolerance, the PREA hotline number and the victim advocacy (OCVA) number. The regular size posters included information on zero tolerance and reporting via the PREA hotline number. A few of the units also had regular size posters that provided information on OCVA, including the phone number. While each housing unit had information posted, the auditor observed that the regular size posters were not the current posters the agency was utilizing and did not include information on the other methods to report including, the external reporting mechanism (DOC form 21-379), verbally to staff and reporting in writing via a kite or grievance. Additionally, the auditor observed that none of the information posted had the mailing address for the victim advocacy service (Just Detention International). The facility added stickers with the mailing address to the reporting poster rather than the poster with the OCVA information and as such the information appeared to elude that inmates could report through the JDI mailing address. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English. During the on-site portion of the audit, the facility began to replace all the old PREA posters with the newer agency wide PREA posters. The newer agency wide PREA posters included information on zero tolerance and the numerous reporting mechanisms, including: the PREA hotline, external reporting mechanism, verbally to staff and in writing through a grievance or kite. The poster also includes the phone number (1-855-210-2087) for outside victim advocacy services and indicates that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. In addition to the large posters, the auditor observed that PREA brochures were available in each of housing unit dayrooms. Each dayroom had a literature/form area and PREA brochures were observed to be available in English and Spanish. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that they do well with the PREA

information.

Based on a review of the PAQ, DOC 490.800, DOC 310.000, Sign Language Contract List , End the Silence Youth Speaking Up About Sexual Abuse In Custody Facilitators Guide, Contracts for Interpreter Services, List of Interpreters, PREA Orientation Video Transcript, Statewide Orientation Handbook, Prison Rape Elimination Act: A Resource for Incarcerated Individuals Brochure, PREA Posters, End the Silence Youth Speaking Up About Sexual Abuse in Custody Facilitators Guide, PREA Comics, Offender PREA Acknowledgment (Education Records), observations made during the tour as well information obtained during interviews with intake staff and random inmates indicate that this standard appears require corrective action. A review of documentation for eight disabled inmates indicated that all eight were documented with comprehensive PREA education, six at SCCC and two at WCC. Of the eight, only one had documentation that accommodations were provided. A review of documentation for eight disabled inmates indicated that all eight were documented with comprehensive PREA education, six at SCCC and two at WCC. Of the eight, only one had documentation that accommodations were provided. A review of six LEP inmate files indicated all six were documented with comprehensive PREA education. Of the six, only one signed a Spanish acknowledgment form. Interviews with three LEP inmates and five disabled inmates indicated that half (four) had received PREA information in a format that they could understand. None of the LEP inmates indicated they received information in a format they could understand. One stated he never received anything and two indicated the information was provided in English. One disabled inmate also indicated he can't see so he has to have an aid to help him remember everything that they told him. While each housing unit had information posted, the auditor observed that the regular size posters were not the current posters the agency was utilizing and did not include information on the other methods to report including, the external reporting mechanism (DOC form 21-379), verbally to staff and reporting in writing via a kite or grievance. Additionally, the auditor observed that none of the information posted had the mailing address for the victim advocacy service (Just Detention International). The facility added stickers with the mailing address to the reporting poster rather than the poster with the OCVA information and as such the information appeared to elude that inmates could report through the JDI mailing address. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English.

Corrective Action

The facility will need to provide PREA education to all current LEP and disabled inmates in a format that they can understand. Documentation confirming that all current LEP and disabled inmates were provided PREA education in a format that they could understand will need to be provided to the auditor. Additionally, the facility will

need to replace all older posters with the newer PREA posters and provide photos confirming the updated information was posted around the facility.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of Updated PREA Posters in English and Spanish
2. LEP/Disabled Incarcerated Individual PREA Education Documents

On February 17, 2023 the facility provided photos of the updated/newer PREA Posters in each housing unit. The posters were in English and Spanish and had larger font (printed on paper larger than eight by ten). Additionally, on the same date the facility provided a list of all current LEP/disabled inmates and their corresponding updated PREA education training records. All LEP/disabled inmates were re-educated to ensure that the information was provided in a format they understood. Notes on the training records indicated that videos were show in Spanish for LEP inmates. For blind inmates the notes indicated the individuals listened to the video.

Based on the documentation provided the facility has corrected this standard and as such is compliant.

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting
3. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation

4. Administrative Investigations Training Curriculum
5. Investigator Training Records
6. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. DOC 490.800, page 12 states PREA investigators will be trained in: crime scene management/investigation, including evidence collection in Prisons and Reentry Centers; confidentiality of all investigation information; Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process; Crisis intervention; investigating sexual misconduct; techniques for interviewing sexual misconduct victims and criteria and evidence required to substantiate administrative action or prosecution referral. It further states within 6 months of assuming duties, Appointing Authorities must complete training specific to PREA investigations and: responding to allegations; assessing witness credibility; making substantiation decisions; referring to law enforcement; making notifications and creating action plans. A review of documentation indicated there are over 525 agency staff that have completed the specialized training of which 40 are staff at SCCC. The auditor reviewed fourteen closed investigations that were completed by nine different investigators. A review of documentation confirmed all nine completed the specialized training. The interviews with the facility investigators confirmed that they received specialized training in conducting sexual abuse investigations in a confinement setting. One investigator stated he received the training through the workplace investigations unit back in 2014 initially. He indicated they had a follow-up training later during in-service. He stated the training covered Miranda and Garrity, compelled interviews, evidence, crime scenes, how to work with law enforcement and how to show empathy during interviews. The second investigator stated that the training discussed Miranda and Garrity, how to conduct interviews, how to collect evidence, crime scenes, report writing and how to identify witnesses.

115.34 (b): DOC 490.800, page 12 states PREA investigators will be trained in: crime scene management/investigation, including evidence collection in Prisons and Reentry Centers; confidentiality of all investigation information; Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process; Crisis

intervention; investigating sexual misconduct; techniques for interviewing sexual misconduct victims and criteria and evidence required to substantiate administrative action or prosecution referral. If further states within 6 months of assuming duties, Appointing Authorities must complete training specific to PREA investigations and: responding to allegations; assessing witness credibility; making substantiation decisions; referring to law enforcement; making notifications and creating action plans. A review of the Administrative Investigations training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims (module 3), proper use of Miranda and Garrity warnings (module 3), sexual abuse evidence collection in a confinement setting (module 2) and the criteria and evidence to substantiate an administrative investigation (module 1 and module 5). A review of documentation indicated there are over 525 agency staff that have completed the specialized training of which 40 are staff at SCCC. The auditor reviewed fourteen closed investigations that were completed by nine different investigators. A review of documentation confirmed all nine completed the specialized training. The interviews with the facility investigators confirmed that the required topics were covered in the training.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that 568 investigators have completed the required training. The facility provided a spreadsheet documenting over 500 agency staff with specialized investigator training, 40 of which are at SCCC. A review of documentation indicated there are over 525 agency staff that have completed the specialized training of which 40 are staff at SCCC. The auditor reviewed fourteen closed investigations that were completed by nine different investigators. A review of documentation confirmed all nine completed the specialized training.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, DOC 490.800, DOC 490.860, the Administrative Investigations Training Curriculum, Investigator Training Records, Investigative Reports as well as the interviews with the investigators, indicates that this standard appears to be compliant.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting
3. DOC 880.100 - Corrections Training and Development
4. DOC PREA for Health Services Training Curriculum
5. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. DOC 490.800, page 12 states except medical records, clerical, pharmacy personnel, and the Dietary Services Manager, health services employees/contract staff 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, reserving physical evidence, reporting sexual misconduct and counseling and monitoring procedures. A review of the DOC PREA for Health Services training curriculum indicated that it includes the following topics: definitions, DOC policies and procedures, reporting, dynamics of sexual abuse, medical response and evidence collection, health care roles and responsibilities and confidentiality. The topics included the requirements under this provision including: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 38 medical and mental health staff and that 44% of these staff received the specialized training. Further communication with the PCM indicated that training has been interrupted across the staff due to COVID-19. A review of seven medical and mental health training records confirmed that all seven had received specialized medical and mental health training. The interviews with medical and mental health care staff confirmed both have received the specialized training for medical and mental health care staff. The staff stated that the training discusses procedures, how to navigate when a sexual assault occurs, evidence collection, confidentiality, the consent process and reporting. Both confirmed that all required elements under this provision were included in the training.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted offsite. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations at the facility. Inmates are transported to the local hospital and if the local hospital does not have SANE, then they are transported to St. Peters.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. At the completion of the specialized training, medical and mental health care select a response indicating “by checking this option I am providing my electronic signature indicating that I have reviewed and understand all section of this training course”. A review of seven medical and mental health training records confirmed that all seven had received specialized medical and mental health training.

115.35 (d): DOC 490.800, page 10 states all new employees, contract staff and volunteers will receive PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity. The training will address, but not be limited to, the following: reviewing this policy and related operational memorandums; zero tolerance for misconduct and related retaliation; preventing and detecting sexual misconduct, including: communicating effectively with individuals, including lesbian, gay, bisexual, transgender, intersex, and/or non-binary individuals; gender-specific issues; examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct; avoiding inappropriate relationships with individuals under the Department’s jurisdiction; recognizing signs of possible/threatened sexual misconduct and staff involvement; recognizing predatory behavior and common reactions of sexual misconduct victims; the dynamics of sexual misconduct in confinement, reporting sexual misconduct, including: mandatory reporting for incarcerated youth and individuals classified as vulnerable adults, and disciplinary consequences for staff’s failing to report; responding to sexual misconduct, including first responder duties and confidentiality requirements. Page 11 further states vendors and service providers with limited unescorted contact with individuals under the Department’s jurisdiction are not required to attend PREA training but must sign DOC 03-478 PREA Acknowledgment. A review of seven medical and mental health training records confirmed that three had received contractor training and four had received staff training.

Based on a review of the PAQ, DOC 490.800, DOC PREA for Health Services Training Curriculum, Medical and Mental Health Staff Training Records as well as interviews with medical and mental health care staff indicate that this standard appears to be

	compliant.
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments 3. OMNI PREA Risk Assessment (PRA) Assessors Guide 4. PREA Risk Assessment 5. OMNI PREA Access/Security Groups 6. PREA Risk Assessment Questions Form 7. Inmate Assessment and Reassessment Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Inmates 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observations of Where Inmate Files are Located <p>Findings (By Provision):</p>

115.41 (a): The PAQ stated that the agency 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 inmates. DOC 490.820, page 2 states Prison Rape Elimination Act (PREA) Risk Assessments (PRAs) will be completed in the individual's electronic file and must be completed in person with the individual. Page 3 states case managers and designated Reentry Center employees will complete a PRA within 72 hours of arrival for all individuals arriving at any Department facility. This includes individuals 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. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness upon admission to the facility. Interviews with sixteen inmates that arrived within the previous twelve months indicated eleven were asked the risk screening questions when they first arrived at the facility. The auditor was provided a demonstration of the initial risk assessment. The staff indicated that the initial risk screening is completed privately in the staff member's office in the housing unit. She indicated she advises them that she is completing the intake PREA and why it is done. The staff member then displayed the electronic PRA and advised that she asks the questions on the screen which include: age, height, weight, prior sexual victimization in a confinement setting, LGBTI identity/status, feelings of risk of sexual abuse, disabilities and prior sexual abuse in the community. She stated they also review the inmate's criminal history and infraction history. The staff indicated that if there is information on the screen that differs from what they indicate, she discusses it with them and advises why she is changing the information (i.e. the screen says no disability but the inmate is in a wheelchair). She stated if there is any history of sexual victimization or abusiveness she completes the electronic mental health referral. She further stated that after the PRA is complete a score is tabulated based on the responses and if the individual is identified as dual, potential victim or potential predator she creates a PREA monitoring plan. The staff member also displayed a facility form that is utilized to confirm that risk assessment are completed (SCCC 12-005). Both the staff member and the inmate sign and date the form confirming a risk assessment was completed. The auditor inquired about 30 day reassessments and the staff stated that the inmate is again brought to the office in the housing unit and they ask if anything has changed related to the PRA questions. She indicated she will ensure she against asks about any sexual abuse in a confinement setting, even if the inmate states there has been no change. She confirmed a new PRA is completed in the electronic system and a SCCC 12-005 form is completed too.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. DOC 490.820, page 2 states Prison Rape Elimination Act (PREA) Risk Assessments (PRAs) will be completed in the individual's electronic file and must be completed in person with the individual. Page 3 states case managers and designated Reentry Center employees will complete a PRA within 72 hours of arrival for all

individuals arriving at any Department facility. This includes individuals 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. The PAQ stated that 905 inmates, or 99% of those that arrived in the previous twelve months that stayed over 72 hours, were screened for their risk of sexual victimization and risk of sexually abusing other inmates.. A review of 22 inmate files of those that arrived within the previous twelve months indicated all had an initial risk screening completed with 20 having a completion date within 72 hours of arrival. Interviews with sixteen inmates that arrived within the previous twelve months indicated eleven were asked the risk screening questions when they first arrived at the facility. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours of arrival at the facility. Staff indicated that inmate are screened regardless of whether they are coming off the streets or coming from another facility.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. The PAQ stated that risk assessments are completed in the Offender Management Network Information (OMNI) system. A review of the PREA Risk Assessment confirmed that the assessment includes ten questions for victimization and five questions for abusiveness. A number score is associated with a yes response to each question. The number score is weighted and is not the same for each question. The score is totaled and if the individual scores over an eleven on the victimization section they are considered at risk for victimization. If the individual scores eight or more on the abusiveness section they are considered at risk for sexual perpetration. Additionally, the auditor observed that one question on the risk screening only associated points if answered yes by a male due to the nature of the question and appropriateness for scoring in the female institutional setting. The OMNI PREA Risk Assessment (PRA) Assessors Guide provides direction to staff completing the risk assessment on how to navigate the system and how to accurately complete the assessment.

115.41 (d): A review of the PREA Risk Assessment indicates it contains eleven questions including: prior incarcerations, age, stature, whether the individual was sexually abused while incarcerated, whether the individual has a sex offense or crime with sexual motivation, LGBTI status, perception or fear of being sexually abused, criminal history, disabilities and prior sexual abuse in the community. A review of the PREA Risk Assessment confirmed that it contains the components requirements under this provision. The staff responsible for the risk screening indicated that the initial risk screening is conducted using the questions that are there for them to ask. The staff confirmed that all components under this provision are included. The staff stated that the risk screening looks at age, stature, disability, etc. and they ask questions such as: if the inmate feels at risk of being a victim, if the inmate identifies as LGBTI and if the inmate has ever been a victim in the community. The staff stated they also look at prior criminal history, including any sex crimes. The staff indicated the risk

screening is point based and that the questions are all asked based on the PRA. Additionally, the staff stated that all the information is re-entered each time an assessment is completed.

115.41 (e): A review of the PREA Risk Assessment confirmed that it contains five questions related to the requirements under this provision including: prior incarcerations, prior sexual abuse while incarcerated, violent offenses while incarcerated, conviction of a sexual offense and conviction of a violent offense. The staff responsible for the risk screening indicated that the initial risk screening is conducted using the questions that are there for them to ask. The staff confirmed that all components under this provision are included. The staff stated that the risk screening looks at age, stature, disability, etc. and they ask questions such as: if the inmate feels at risk of being a victim, if the inmate identifies as LGBTI and if the inmate has ever been a victim in the community. The staff stated they also look at prior criminal history, including any sex crimes. The staff indicated the risk screening is point based and that the questions are all asked based on the PRA. Additionally, the staff stated that all the information is re-entered each time an assessment is completed.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PAQ stated that all offenders are required to be rescreened between 21 and 30 calendar days after arrival at the facility. DOC 490.820, page 4 states a follow-up PRA will be completed between 21 and 30 days after the individual's arrival at the facility. The PAQ indicated that 856, or 95% of inmates entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. The interview with the staff responsible for the risk screening indicated the inmates are reassessed between 21-30 days after arrival. Interviews with sixteen inmates that arrived within the previous twelve months indicated three had been asked the risk screening questions on more than one occasion. They stated it was done during their regular review or a few months after they arrived. A review of 22 inmate files of those that arrived in the previous twelve months indicated all 22 had a reassessment completed. Of the 22, nineteen were completed within the required 30 days.

115.41 (g): The PAQ indicated that policy requires that an inmate'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 inmate's risk of sexual victimization or abusiveness. DOC 490.820, page 4 states for-cause PRAs will be completed within 10 business days by the assigned case manager: 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); if the individual self-discloses information that could impact assessed risk (e.g., previously unreported prior abuse, sexual orientation/identity); when there is a finding of guilt on certain infractions listed in the PRA, including violent infractions and infractions for sexual assault/abuse, when an employee/contract staff observes behavior suggesting potential for victimization or predation and for substantiated allegations of individual-on-individual sexual abuse/assault or staff sexual misconduct. The agency conducts reassessments due to incident of sexual abuse only for substantiated allegations. During the previous twelve months there were four sexual abuse allegations that were deemed unsubstantiated. None of the four were documented with a reassessment. A review of 22 inmate files of those that arrived in the previous twelve months indicated all 22 had a reassessment completed. Of the 22, nineteen were completed within the required 30 days. The staff responsible for the risk screening confirmed that inmates are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. Interviews with sixteen inmates that arrived within the previous twelve months indicated three had been asked the risk screening questions on more than one occasion. They stated it was done during their regular review or a few months after they arrived. During documentation review the auditor observed a few "for cause" risk assessments, illustrating that the facility completes risk assessments upon receipt of additional information.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. DOC 490.820, page 5 states individuals are not obligated to answer PRA questions and cannot be disciplined for refusing to answer or not disclosing complete information in response to assessments. The interview with the staff responsible for the risk screening confirmed that inmates are not disciplined for refusing to answer risk screening questions. He stated that he has not had many inmates refuse to answer and that most are honest and forthcoming with information.

115.41 (i): The OMNI PREA Access/Security Groups document outlines who has access to the PREA Risk Assessment information and the level of access. The document outlines that information is limited to the PC, Superintendent, Associate Superintendent, CPM, CUS and Counselors. Inmate risk assessments are electronic while medical and mental health files are paper. Risk assessments are electronic with limited access. During the tour security staff (a Correctional Officer) illustrated that security staff access to PRA information is limited to only the PREA designation (i.e. potential victim or potential perpetrator). The security staff pulled up the electronic system and confirmed that he was unable to view the results of the risk assessment. The PREA Coordinator confirmed that the agency has outlined who should have

access to the risk screening information so the sensitive information is not exploited. She stated all of the risk assessments are high level documents with access only approved through her. She further stated that classification counselors, the PCM and the PREA Compliance Specialist have access and she is required to approve any request for access personally. The PCM confirmed that the agency has outlined who should have access to the risk screening information in order to ensure sensitive information is not exploited. She stated that counselors, unit managers and the executive team have access to the information. The staff responsible for the risk screening stated that he is sure the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. He indicated that he was not sure who all had access but he knows as a security office (as he was one before) you do not have access. He stated that he knew that medical and counselors have access to the information.

Based on a review of the PAQ, DOC 490.820, OMNI PREA Risk Assessment (PRA) Assessors Guide, the PREA Risk Assessment, the OMNI PREA Access/Security Groups, the PREA Risk Assessment Questions Form, Inmate Assessment and Reassessment Documents, observations made during the tour and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicates that this standard appears to require corrective action. A review of 22 inmate files of those that arrived in the previous twelve months indicated all 22 had a reassessment completed. Of the 22, nineteen were completed within the required 30 days. Interviews with sixteen inmates that arrived within the previous twelve months indicated three had been asked the risk screening questions on more than one occasion. During the previous twelve months there were four sexual abuse allegations that were deemed unsubstantiated. None of the four were documented with a reassessment.

Corrective Action

The facility will need to ensure that current policy and procedure if followed related to reassessments. A copy of the training with staff will need to be provided to the auditor. Examples of the required 30 days reassessment completion will need to be provided to the auditor during the corrective action period. The facility will also need to ensure that all inmates who allege sexual abuse, except those that an investigation deems the allegation did not occur (unfounded), receive a reassessment. The facility will need to train appropriate staff on this process and provide the auditor with training documentation. Additionally, the facility will need to provide examples of the reassessments completed during the corrective action period.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Incarcerated Individual Reassessment Documents
2. Updated DOC 490.820 - Prison Rape Elimination Act Risk Assessment and Assignments
3. For Cause Risk Assessments

On January 9, 2023 the facility provided fifteen incarcerated individual reassessments. The facility provided a list of those who arrived during the month of November and provided documents for every sixth individual from the list. A review of the fifteen documents confirmed that all fifteen were provided a reassessment within 30 days of arrival at the facility.

On February 17, 2023 the facility provided 25 incarcerated individual reassessments. The facility provided a list of those who arrived during the months of December and January and provided documents for every sixth individual from the list. A review of the 25 documents confirmed that all 25 were provided a reassessment within 30 days of arrival at the facility.

On April 13, 2023 the facility provided the updated policy on risk assessments due to incident of sexual abuse. Page 4 of DOC 490.820 states for cause PRAs will be completed within ten business days by the assigned case manager for victims of substantiated or unsubstantiated allegations of individual-on-individual sexual abuse/ assault or staff sexual misconduct.

On April 13, 2023 the facility provided two examples of for cause risk assessments for two inmate victims of unsubstantiated sexual abuse. Further the agency provided one other example from another agency facility to illustrate the process is statewide and is completed by all facilities.

Based on the documentation provided the facility has corrected this standard and as such is compliant.

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments
3. DOC 300.380 - Classification and Custody Facility Plan Review
4. DOC 490.700 - Transgender, Intersex and/or Non-Binary Housing and PREA Risk Assessment Housing Guide
5. PREA Risk Assessment (PRA) Potential Victim and Potential Predator Lists
6. Housing Review for Transgender, Intersex and Gender Non-Conforming Individuals (DOC 02-385)
7. Biannual Assessments
8. Transgender, Intersex and/or Non Binary Tracker
9. LGBTI Housing Assignments

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The PAQ indicated that prior to housing assignment the PRA is reviewed. DOC 490.820, pages 7-8 state PRA information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review. Before placing the individual in a multi-person cell/room, employees responsible for making housing assignments will review the PRA identifier to ensure the compatibility of cell/roommates. An individual who scores at potential risk for sexual victimization will not be housed in the same cell/room as an individual who scores at potential risk for sexual predation or as a dual identifier. A review of the PRA Housing Guide indicates that page 7 outlines which offenders can be housed together based on the screening information. Page 7 states that potential victims should never be housed with offenders who score potential predator or dual identified. Dual identified offenders can only be housed with someone who scores no risk identified. The PRA Housing Guide further states that if an offender is identified as a potential victim, potential predator or dual identified the offender's cellmate(s)/roommate(s) will be reviewed immediately for compatibility, using the most current risk assessment to ensure the offenders remain an appropriate match based on all available information. Additionally, it states that PREA screenings will be reviewed to ensure the compatibility of cell/room assignments and will be documented using the PREA housing chrono entry. The PRA Housing Guide also states that a monitoring plan will be developed for offenders who are identified as potential victims, potential predators, or who are dual identified and reviewed by the Facility Risk Management Team. The PCM stated that the PRAs are utilized for housing assignments so that vulnerable and potential vulnerable inmates are not housed with predators. She stated that it is also used by the counselors to establish safety plans for anyone that does not feel safe. The PCM also stated that if there are areas where multiple incarcerated individuals work and there isn't any direct supervision they would utilize the PRA to ensure predators and vulnerable inmates are not placed in those work assignments together. The interview with the staff responsible for risk screening indicated that the information from the risk screening is utilized to determine if an individual is categorized as dual, potential or known. He stated that these designations are utilized for cell assignments as well as for applicable monitoring plans. A review of documentation indicated that inmates are identified as potential victim, potential predator or dual. These designations are utilized by staff to appropriately house individuals. Staff make notes in the text section of the electronic PREA screening for those that have a designation determined. The notes confirm that staff reviewed other inmates in the housing unit to ensure that potential victims were not housed with potential predators or those determined to be dual. Notes also outline proper job assignments. Additionally, a review of the PREA Risk Assessment (PRA) Potential Victim and Potential Predator lists confirmed that potential victims were not placed in the same cell with potential perpetrators. There were potential victims and perpetrators housed in the same housing units, but all housing units have direct staff supervision. A review of a sample

of program and work assignments for individuals on the PREA Risk Assessment (PRA) Potential Victim and Potential Predator lists also confirmed that none of the potential victims were assigned to a program or work assignment with a potential predator that was not directly supervised by staff.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. DOC 490.820, pages 7-8 state PRA information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review. Before placing the individual in a multi-person cell/room, employees responsible for making housing assignments will review the PRA identifier to ensure the compatibility of cell/roommates. An individual who scores at potential risk for sexual victimization will not be housed in the same cell/room as an individual who scores at potential risk for sexual predation or as a dual identifier. The PRA Housing Guide further states that if an offender is identified as a potential victim, potential predator or dual identified the offender's cellmate(s)/roommate(s) will be reviewed immediately for compatibility, using the most current risk assessment to ensure the offenders remain an appropriate match based on all available information. Additionally, it states that PREA screenings will be reviewed to ensure the compatibility of cell/room assignments and will be documented using the PREA housing chrono entry. The PRA Housing Guide also states that a monitoring plan will be developed for offenders who are identified as potential victims, potential predators, or who are dual identified and reviewed by the Facility Risk Management Team. The interview with the staff responsible for risk screening indicated that the information from the risk screening is utilized to determine if an individual is categorized as dual, potential or known. He stated that these designations are utilized for cell assignments as well as for applicable monitoring plans. A review of documentation indicated that inmates are identified as potential victim, potential predator or dual. These designations are utilized by staff to appropriately house individuals. Staff make notes in the text section of the electronic PREA screening for those that have a designation determined. The notes confirm that staff reviewed other inmates in the housing unit to ensure that potential victims were not housed with potential predators or those determined to be dual. Notes also outline proper job assignments. Additionally, a review of the PREA Risk Assessment (PRA) Potential Victim and Potential Predator lists confirmed that potential victims were not placed in the same cell with potential perpetrators. There were potential victims and perpetrators housed in the same housing units, but all housing units have direct staff supervision. A review of a sample of program and work assignments for individuals on the PREA Risk Assessment (PRA) Potential Victim and Potential Predator lists also confirmed that none of the potential victims were assigned to a program or work assignment with a potential predator that was not directly supervised by staff.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. DOC 490.700, page 3 states housing decision will be determined based on

several factors as identified in DOC 40.140 Cell/Room Assignment. If the arriving individual does not have a PREA Risk Assessment and Housing Protocol for Transgender, Intersex, and Non-binary Individuals on file, the individual will be evaluated by appropriate personnel and temporarily assigned to the least restrictive housing ending final outcome of the Multidisciplinary Team (MDT). Supplemental PAQ documentation indicated that eleven individuals identified as transgender, intersex or non-binary were reviewed by the MDT related to housing via the DOC 02-385, Housing Review for Transgender, Intersex and Non-binary Individuals. The interview with the PCM indicated housing is determined by the incarcerated individuals need and ensuring that they are not vulnerable or victimized. She stated they review the housing protocol sheet for each transgender and intersex inmate with the goal of making sure each individual is a good fit for the area they are placed. She stated medical and mental health play a large part in this process as well. The PCM confirmed that the placement considers the inmate's health and safety as well as any security or management problems. The interviews with the transgender inmates indicated that three were not asked about how they felt about their safety with regard to programming and housing. It should be noted that all four transgender inmates interviewed had a DOC 02-385 completed, a section on the form asks for the individual's own views with respect to their safety the current housing assignment.

115.42 (d): DOC 490.700, page 7 states the facility MDT will reassess placement and programming assignments every six months using DOC 02-385 Housing Review for Transgender, Intersex, and Non-binary Individuals to review any threats to the individual's safety. A review of the transgender, intersex and non-binary tracker confirmed that the facility reviews individuals every six months. The tracker lists the last review date and the next review due date. The interview with the PCM indicated that transgender and intersex inmate assessments are reviewed every six months. She further stated that they would do reviews more frequently if there were any type of activity, such as incidents or concerns. The interviews with the staff responsible for the risk screening confirmed that transgender and intersex inmates are reviewed at least twice a year regarding their safety. The staff stated they conduct the housing protocol every six months and pull the incarcerated individuals in to talk to them and ask them the questions on the form. A review of documentation for four transgender inmates indicated all four had biannual assessments, however one was missing the biannual assessments for 2022. Further review indicated that the inmate advised in April 2022 that he no longer identified as transgender and as such reviews ceased.

115.42 (e): The interviews with the PCM and the staff responsible for risk screening confirmed that the transgender or intersex inmates' own views with respect to his/her safety would be given serious consideration. The staff responsible for the risk screening further stated that this is why they ask about how the individual feels about their safety/vulnerability and also information that they note on any monitoring plans. The interviews with the transgender inmates indicated that three were not asked about how they felt about their safety with regard to programming and housing. A

review of documentation however indicated that all four transgender inmates interviewed had a DOC 02-385 completed, a section on the form asks for the individual's own views with respect to their safety the current housing assignment.

115.42 (f): DOC 490.700, page 8 states transgender, intersex and/or non-binary individuals may shower separately if requested by the individual or deemed necessary due to safety and security. Facilities will develop local procedures to allow transgender, intersex and/or non-binary individuals the opportunity to shower and dress/undress separately from other individuals. This may include individual shower stalls, separate shower times, or other procedures based on facility design. A review of the transgender, intersex and/or non-binary tracker indicates an option related to shower where staff document any shower accommodations. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are provided the opportunity to shower separately. The PCM stated that transgender and intersex inmates are able to shower during the 3:30pm and 9:00pm count. She stated they also have a shower stall that has been retrofitted to include additional privacy. The staff responsible for the risk screening further confirmed that transgender and intersex inmates are afforded showers during count when the other inmates are in their cells. During the tour it was observed that showers in the general population housing units were single person with raised saloon style doors with an additional metal barrier for added privacy or were single person showers with raised half walls and curtains. The interviews with the transgender inmate confirmed that all four are given the opportunity to shower separately. One inmate stated that the separate showers were suspended during COVID-19 due to staffing levels and another indicated that there are too many transgender inmates for the one shower that has additional privacy. The auditor communicated this information to the PCM and during the interim report period the PCM did random unannounced checks of the shower process as well as communicated with the staff in each housing unit and confirmed that showers were being offered during these times in all housing units.

115.42 (g): DOC 490.820, page 9 states individuals who identify as lesbian, gay, bisexual, transgender, intersex, and non-binary may not be placed in dedicated facilities/areas within a facility. The interviews with the PC and PCM confirmed that the agency does not have a consent decree. Interviews with the two LGB inmates indicated that both did not feel that LGBTI inmates are housed together in one facility, unit or wing. Two of the four transgender inmates also indicated that they did not feel LGBTI inmates are placed in one housing unit or wing at the facility. One transgender inmate did state she felt a lot of LGBTI inmates were in her housing unit. A review of documentation indicated that LGBTI inmates were housed across numerous different housing units at the facility.

Based on a review of the PAQ, DOC 490.820, DOC 300.380, DOC 490.700, the PREA

	<p>Risk Assessment (PRA) Potential Victim and Potential Predator Lists, Housing Reviews for Transgender, Intersex and Gender Non-Conforming Individuals (DOC 02-385), Biannual Assessments, the Transgender, Intersex and/or Non-Binary Tracker, LGBTI Inmate Housing Documents, observations made during the tour and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to be compliant.</p>
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115.43	Protective Custody
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	<p>Auditor Overall Determination: Meets Standard</p>
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	<p>Auditor Discussion</p>
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Documents:

1. Pre-Audit Questionnaire
2. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments
3. DOC 320.255 - Restrictive Housing
4. Housing Assignments of Inmates at High Risk of Victimization

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interviews with Inmates in Segregation for their Risk of Victimization

Site Review Observations:

1. Observations in the Segregation Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation unless an

assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further stated there have been zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. DOC 490.820, page 8 states an individual who scores at potential risk for sexual victimization will not be housed in the same cell/room as an individual who scores at potential risk for sexual predation or as a dual identifier. In Prisons, this separation may include placement in Administrative Segregation. Placement in Administrative Segregation for more than 24 hours should only occur if no suitable alternative housing exists and will last only until alternative placement can be made. Each alternative considered, along with the reason(s) it was determined unsuitable, will be documented in a PREA Housing chrono entry. The Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. A review of housing assignments for inmates at high risk of victimization indicated that none were placed in segregation due to their risk of victimization. Most of the inmates were in segregation due to their custody level (close and max). Two inmates were in segregation however it was due to reasons other than their risk of victimization.

115.43 (b): DOC 490.820, page 8 states individuals on this type of placement will have access to programming and job assignments to the extent possible. When unavailable, the reason and duration will be documented in the individual's electronic file. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate was placed in involuntary segregated housing due to their risk of sexual victimization they would be provided access to program, privileges, education and work opportunities to the extent possible. The staff member stated the only thing they would have difficulty accommodating is a job, due to the custody assigned to them while in segregated housing. He stated the individual would not be placed there for disciplinary issues so he/she would not be held under disciplinary restrictions. The staff member confirmed that any restrictions would be documented on the 05-091 form, which logs every movement, refusal, acceptance and opportunity. During the tour the observed that the segregated housing unit had separate indoor and outdoor recreation areas. Both recreation areas were equipped with telephones. The area had a separate medical room and a library for those in segregated housing. Each indoor recreation area had regular size posters in English and Spanish. Additionally, each housing unit had an extra-large PREA poster about the door with the PREA hotline number and OCVA number. Inmates in segregated housing do not have access to kiosks or tablets. They also do not have access to the locked grievance and mailboxes in the sally port area of the building. Inmates are required to place written documents outside their cell for staff to collect to place in the mailboxes. Inmates in segregated housing are provided an intake bag upon entry. The intake bag includes CDOC forms and envelopes.

115.43 (c): The PAQ indicated there were zero inmates assigned to involuntary segregated housing due to their risk of victimization. DOC 490.820, page 8 states an individual who scores at potential risk for sexual victimization will not be housed in the same cell/room as an individual who scores at potential risk for sexual predation or as a dual identifier. In Prisons, this separation may include placement in Administrative Segregation. Placement in Administrative Segregation for more than 24 hours should only occur if no suitable alternative housing exists and will last only until alternative placement can be made. Each alternative considered, along with the reason(s) it was determined unsuitable, will be documented in a PREA Housing chronology entry. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that the segregation policy requires that fourteen days is the maximum amount of time utilized for involuntary segregated housing before they have to relocate the individual. The interview with the staff who supervise inmates in segregated housing confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. He stated this would only be used as a last resort and typically they can accommodate in another living unit, such as medical. The staff member stated they would only be placed in involuntary segregated housing for a few hours, such as if the incident occurred in the middle of the night or late in the evening when they have a more difficult time with housing. He indicated the housing would be accommodated first thing in the morning under those circumstances. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): The PAQ stated there have been zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. As such there were zero case files of inmates at risk of sexual victimization who were held in involuntary segregated housing that included both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged. There were no inmates at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. DOC 490.820, page 9 states in the rare event that placement lasts more than 30 days, a review will be conducted every 30 days to determine the continued need for the placement. The interview with the staff who supervise inmates in segregated housing confirmed that any inmate that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing. He

	<p>stated 30 days would actually be a stretch and that individuals get an initial review within 72 hours and then are reviewed every fourteen days.</p> <p>Based on a review of the PAQ, DOC 490.820, DOC 320.255, Housing Assignments of Inmates at High Risk of Victimization, observations from the facility tour and information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. DOC 450.100 - Mail for Individuals in Prison 4. WAC 137-48-020 5. Statewide Orientation Handbook 6. Prison Rape Elimination Act: A Resource for Incarcerated Individuals Brochure 7. PREA Posters 8. PREA Orientation Video Transcript 9. Memorandum of Understanding with the Colorado Department of Corrections 10. Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure 11. Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency (DOC 21-379) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Compliance Manager 2. Interview with Random Staff 3. Interview with Random Inmates

Site Review Observations:

1. Observation of PREA Reporting Information in all Housings Units

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. DOC 490.800, pages 16-18 state individuals, visitors, family members/associates, and other community members can report: allegations of sexual misconduct, retaliation by individuals or staff for reporting sexual misconduct, and/or staff actions or neglect that may have contributed to an incident of sexual misconduct. Reporters may remain anonymous and no actions will be taken to attempt to identify any individual who reported an allegation anonymously. Individuals may report PREA allegations in the following ways. Through the confidential PREA hotline at 800-586-9431, or at 844-242-1201 for teletypewriter (TTY). The tollfree number will be posted on or near all telephones used by incarcerated individuals in Prisons and Reentry Centers and in the lobby/reception area in all Field Offices. Telephones will be accessible to individuals in a Prison or Reentry Center only during their free time hours. The facility/office will not record or monitor calls to the hotline. An IPIN will not be required to place a call to the hotline. Headquarters will record and monitor all calls to the hotline. Messages will be checked by Headquarters personnel each regular workday. Individuals can report verbally to any staff and in writing, through the following processes: DOC 21-473 Kite, written notes or letters to staff, legal mail addressed to the State Attorney General, the Office of the Governor, law enforcement, Just Detention International, and/or the PREA Coordinator, per DOC 450.100 Mail for Individuals in Prison or DOC 450.110 Mail for Individuals in Reentry Centers, through resolution requests, including emergent requests per DOC 550.100 Resolution Program and the Resolution Program Manual and written reports to an outside agency for individuals in a Prison or Reentry Center. A review of the Statewide Orientation Handbook, PREA brochure and PREA posters confirm that offenders can report multiple ways, including: verbally to any staff member, contractor or volunteer; through a kite or written note; through the a kiosk message; by calling the PREA hotline (states calls are recorded at headquarters and not monitored and an IPIN number is not required); through writing a letter to the Department PREA Coordinator, State Attorney General or Office of the Governor (states that can use legal mail to send the letters); by submitting a grievance; by sending a Report of PREA Allegation form (states pre-addressed envelopes can be dropped in the grievance box and individuals are able to remain anonymous) and through a third party such as visitors, family member and community members. Interviews with sixteen random staff interviewed stated that inmates can report

through the hotline, the kiosk, verbally to an officer and in writing through a kite. Interviews with 40 inmates indicated that all 40 were aware of at least one method to report sexual abuse and sexual harassment. Inmates stated they can report through the staff (Officer or Counselor), through a kite, via the phone, through their family or through the Ombudsman. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had one very large poster in English as well as regular paper size posters in English and Spanish. The larger posters were observed on the wall above the housing unit entrance doors and the regular size poster were observed on the wall or bulletin board. The larger poster contained information on zero tolerance, the PREA hotline number and the victim advocacy (OCVA) number. The regular size posters included information on zero tolerance and reporting via the PREA hotline number. A few of the units also had regular size posters that provided information on OCVA, including the phone number. While each housing unit had information posted, the auditor observed that the regular size posters were not the current posters the agency was utilizing and did not include information on the other methods to report including, the external reporting mechanism (DOC form 21-379), verbally to staff and reporting in writing via a kite or grievance. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English. During the on-site portion of the audit, the facility began to replace all the old PREA posters with the newer agency wide PREA posters. The newer agency wide PREA posters included information on zero tolerance and the numerous reporting mechanisms, including: the PREA hotline, external reporting mechanism, verbally to staff and in writing through a grievance or kite. The poster also includes the phone number (1-855-210-2087) for outside victim advocacy services and indicates that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. In addition to the large posters, the auditor observed that PREA brochures were available in each of housing unit dayrooms. Each dayroom had a literature/form area and PREA brochures were observed to be available in English and Spanish. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that they do well with the PREA information. The auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked. Security staff empty the contents of the box daily and take it to the mailroom for staff there to handle. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Inmates are provided a packet upon arrival with a pencil, paper and envelopes. They also have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. The auditor observed that each unit had numerous forms for the inmates to utilize and fill out (kite, resolution request, etc.). Inmates in segregated housing are provided out of cell time five days a week via recreation and/or showers. Drop boxes are located outside of the unit and inmates are required to hand documents to staff to place in the box. All inmates are provided the Outside Reporting Form and pre-stamped envelope prior to arrival in segregation. A name and return address is not required. While inmates do have to hand staff the envelope to submit via the box, staff do not inspect or screen the letter. The interview

with the mailroom staff indicated that outgoing mail that is PREA and mailed to the Colorado Department of Corrections is treated confidential and not examined or opened. She stated that the mail room has the address posted on the wall so that staff know the address in case a pre-stamped envelope is not utilized. The mail room staff stated that there are locked mail boxes where inmates can put general correspondence and that legal mail is required to be provided to a staff member so that it can be logged. The staff member confirmed that mail sent to Just Detention International would be confidential and not scanned. The mail room staff also discussed the incoming mail process which involves all mail being scanned through the x-ray machine. Mail is then taken to a sorting table and broken down by housing unit. The staff member stated that all incoming correspondence is reviewed except for legal mail and mail coming from the Ombudsman. Additionally, anything stamped PREA/confidential is given to the PCM and treated as confidential mail. The staff member confirmed that any correspondence from the local rape crisis center would be confidential and would be given to the PCM to handle. The auditor called the internal PREA hotline and left a message to test functionality. Inmates are advised to select English or Spanish initially. Based on the language chosen, inmates are provided direction related to the PREA hotline. The auditor pressed both "one" for English and "two" for Spanish when testing the PREA hotline and confirmed that the message with direction was in both English and Spanish, depending on the language option selected. The auditor received confirmation from the PC five days after the call was placed (Monday, November 14, 2022) that the call was received. It should be noted that the call was placed on a Wednesday and the Friday during the audit week was a holiday (Veteran's Day). Inmates have access to the phones most of the day. The internal PREA hotline is accessible on all phones and does not require a pin number (thus allowing inmates to remain anonymous). During the audit the auditor asked an inmate to submit a request to a staff member on the kiosk to confirm functionality of this reporting mechanism. The inmate illustrated the process and submitted the test to the facility's PCM (submitted November 9, 2022). The auditor received confirmation via a printed copy of the request from the PCM the following day confirming that the information was received and the reporting method is functionable. The auditor also submitted a written kite (on November 9, 2022) via the resolution drop box in a housing unit. The auditor received confirmation on November 10, 2022 that the kite was received and processed. Inmates have access to tablets and during the tour the auditor asked an inmate to demonstrate what is available on the tablet. The auditor verified that inmates are unable to report through the tablet system and are unable to make or receive calls on the tablets. Inmates are able to correspond with their family and friends via email. Inmates in segregated housing have access to telephones when they are out of their cell for dayroom/recreation time and/or shower time. Telephone access is typically five days a week. Both the indoor and outdoor recreation areas have telephones. A drop box for kites/resolutions and outgoing mail is available in the segregated housing outside of the officer's station. Inmates are required to place written documents outside their cell for staff to collect to place in the mailboxes.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. This agency is the Colorado Department of Corrections. The PAQ further indicate that the facility does not house inmates detained solely for civic immigration purposes. DOC 490.800, pages 18-19 state individuals can report through a written report to an outside agency for individuals in a Prison or Reentry Center. These reports will be made using DOC 21-379 Report of PREA Allegation to an Outside Agency. Individuals can remain anonymous by not identifying themselves on the form. The forms will be available in areas accessible to individuals in Prisons, with pre-addressed envelopes attached. In Prisons, the individual will place the completed form in the provided pre-addressed envelope and place it in any resolution box. When resolutions are retrieved, the Resolution Specialist/designee will forward the form to the mailroom to be processed without opening, even if there is no return address identifying the author on the envelope. Once received, the outside agency will forward the report to the PREA Coordinator/designee, who will review the allegation per DOC 490.860 Prison Rape Elimination Act (PREA) Investigation. Upon request, individuals placed in restrictive housing will be provided with DOC 21-379 Report of PREA Allegation to an Outside Agency and a pre-addressed envelope. The agency has an MOU with the Colorado Department of Corrections (CDOC) related to this provision. The MOU states that WADOC and CDOC will establish a means for offender under their jurisdiction to report claims or allegations of sexual abuse, sexual assault or sexual harassment to the other party. Allegations reported by offenders may be done so anonymously. The agencies will create a form that will allow offenders to report and mail issues and allegation of sexual abuse, sexual assault and sexual harassment to the receiving party. The agencies created DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation. This form is then submitted in a pre-addressed, pre-franked envelope. A review of the Statewide Orientation Handbook, PREA brochure and PREA posters confirm that offenders can report multiple ways, including: verbally to any staff member, contractor or volunteer; through a kite or written note; through the a kiosk message; by calling the PREA hotline (states calls are recorded at headquarters and not monitored and an IPIN number is not required); through writing a letter to the Department PREA Coordinator, State Attorney General or Office of the Governor (states that can use legal mail to send the letters); by submitting a grievance; by sending a Report of PREA Allegation form (states pre-addressed envelopes that can be dropped in the grievance box and are able to remain anonymous) and through a third party such as visitors, family member and community members. The PREA poster specifically indicates that the Report of PREA Allegation form is sent to an outside agency. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had one very large poster in English as well as regular paper size posters in English and Spanish. The larger posters were observed on the wall above the housing unit entrance doors and the regular size poster were observed on the wall or bulletin board. The larger poster contained information on zero tolerance, the PREA hotline number and the victim advocacy (OCVA) number. The regular size posters included information on zero tolerance and reporting via the PREA hotline number. A few of the units also had regular size posters that provided information on OCVA, including the phone number. While each housing unit had information posted, the auditor observed that the regular size posters were

not the current posters the agency was utilizing and did not include information on the other methods to report including, the external reporting mechanism (DOC form 21-379), verbally to staff and reporting in writing via a kite or grievance. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English. During the on-site portion of the audit, the facility began to replace all the old PREA posters with the newer agency wide PREA posters. The newer agency wide PREA posters included information on zero tolerance and the numerous reporting mechanisms, including: the PREA hotline, external reporting mechanism, verbally to staff and in writing through a grievance or kite. The poster also includes the phone number (1-855-210-2087) for outside victim advocacy services and indicates that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. In addition to the large posters, the auditor observed that PREA brochures were available in each of housing unit dayrooms. Each dayroom had a literature/form area and PREA brochures were observed to be available in English and Spanish. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that they do well with the PREA information. The auditor previously tested the outside reporting mechanism via the DOC 21-379 form. The forms and pre-addressed envelopes should be located in the housing units. The forms allow the individual to opt out of providing their name and DOC number. The form specifically states "this information may be submitted anonymously". The auditor filled out the form at a prior WADOC audit on October 20, 2022 and placed it in the outgoing mail box located in the housing unit. The mail process related to the DOC 21-379 is the same across all WADOC facilities and as such the auditor did not send a second test form. On October 28, 2022 the PC provided confirmation that the information was provided to her office from the Colorado Department of Corrections, confirming the functionality of the outside reporting entity. The mailroom staff confirmed that letters to CDOC are not screened. During the tour the auditor did not observe the DOC 21-379 form in the housing units. The auditor reviewed all documents in the dayroom literature/forms area and was unable to locate the forms. Additionally, there were no pre-addressed envelopes observed in the housing units either. One inmate indicated that they can ask for the forms from staff, however the auditor confirmed that this process is not appropriate and does not allow for inmates to remain anonymous. The auditor did confirm that inmates in segregated housing are provided a bag upon entry. The bag includes a few of the outside reporting mechanism forms and envelopes. A name and return address is not required. While inmates do have to hand staff the envelope to submit via the box, staff do not inspect or screen the letter. In addition, the auditor interviewed an inmate who was completely blind and he indicated that he was unable to utilize this method. The auditor determined that while the facility only had one completely blind inmate, it is recommended that they develop accommodations for blind inmates and inmates who are unable to read and write to have equal benefits from the outside reporting mechanism. A review of the investigation log indicated that three allegations were reported through the external reporting mechanism during the previous twelve months. The interview with the PCM indicated that each housing unit has a resource room in all the dayrooms. This area is where individuals can get any

literature or reading material. She stated that they are able to pick up a brochure about reporting confidentially to Colorado. She further stated that the individual will then place the information in an envelope and that the mail room has been instructed that this information is sent straight to Colorado. The PCM indicated that Colorado then contacts the PREA triage unit who will create a report and send the information back to the facility for investigation. Interviews with 40 inmates indicated that four were aware of the outside reporting mechanism and nineteen knew they could report anonymously. A few of the inmates stated they knew an outside reporting entity, but when prompted they stated it was their family or the Ombudsman.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. DOC 490.800, page 19 states staff will report all allegations, related retaliation, and knowledge of related staff actions or neglect that may have contributed to an incident per DOC 490.850 Prison Rape Elimination Act (PREA) Response. The PREA brochure states that staff must immediately report any knowledge, suspicion or information received regarding an incident of sexual abuse, sexual solicitation, sexual harassment or sexual coercion, or any staff neglect or violation of responsibilities that may be attributed to such an incident. Staff receiving any information or incident of sexual misconduct must deliver the information confidentially and immediately to the shift commander or appropriate appointing authority/duty officer. Any knowledge of retaliation must be reported in the same manner. Interviews with 40 inmates confirmed that all 40 knew they could report verbally or in writing to staff. 34 were aware that they could report through a third party. Interviews with sixteen staff indicate inmates can report verbally, in writing, anonymously and through a third party. One staff member stated he was unaware of the third party reporting method though. All sixteen staff stated that if they received a verbal report they would document it as soon as possible. A few staff stated they had never had the situation occur so they were not sure of the timeframe or exact procedures but would follow direction from the supervisor on writing an incident report. A review seventeen investigative reports indicated that three were reported verbally, seven were reported in writing, two were reported via a Warden to Warden notification, two were reported through the hotline and three were reported by a third party. The three verbal reports were documented in writing via an incident report. During the tour, the auditor asked staff to advise how they submit a written report. Staff indicated they would document the information via an incident report. The staff member demonstrated how to complete an incident report on the computer at the officer's desk. The demonstration indicated that staff pull up the appropriate form from the list of WADOC forms and complete the required fields. The staff indicated that he would print out the form and hand it in to a supervisor. The staff further stated that if it was a confidential report he would print it and walk it to the Lieutenant. Informal conversation with inmates indicate they can report verbally and in writing to staff. A few indicated that no matter how they report it is an "us against them" mentality.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ stated staff can report allegations of a highly sensitive nature directly to the Appointing Authority or Duty Officer and that staff are informed of this information through policy, PREA training and the PREA brochure. Attachment 2, PREA Reporting Process states that staff may report allegations of higher sensitive nature directly to the Appointing Authority or Duty Officer. Allegations made against the Appointing Authority will be reported to the next higher authority. DOC 490.800, page 19 states staff will report all allegations, related retaliation, and knowledge of related staff actions or neglect that may have contributed to an incident per DOC 490.850 Prison Rape Elimination Act (PREA) Response. The PREA brochure states that staff must immediately report any knowledge, suspicion or information received regarding an incident of sexual abuse, sexual solicitation, sexual harassment or sexual coercion, or any staff neglect or violation of responsibilities that may be attributed to such an incident. Staff receiving any information or incident of sexual misconduct must deliver the information confidentially and immediately to the shift commander or appropriate appointing authority/duty officer. Any knowledge of retaliation must be reported in the same manner. Interviews with sixteen staff indicate that all sixteen were aware that they can privately report sexual abuse and sexual harassment of inmates. Staff stated they could report privately to a supervisor via phone or they could submit a confidential incident report. Additionally, staff confirmed that they can bypass the supervisor, especially if the allegation is related to that supervisor.

Based on a review of the PAQ, DOC 490.800, DOC 450.100, WAC 137-48-020, Statewide Orientation Handbook, Prison Rape Elimination Act: A Resource for Incarcerated Individuals Brochure, PREA Posters, Memorandum of Understanding with the Colorado Department of Corrections, Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure, Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency (DOC 21-379), observations from the facility tour and interviews with the PCM, random inmates and random staff, this standard appears to require corrective action. While each housing unit had information posted, the auditor observed that the regular size posters were not the current posters the agency was utilizing and did not include information on the other methods to report including, the external reporting mechanism (DOC form 21-379), verbally to staff and reporting in writing via a kite or grievance. Additionally, the auditor observed that none of the information posted had the mailing address for the victim advocacy service (Just Detention International). The facility added stickers with the mailing address to the reporting poster rather than the poster with the OCVA information and as such the information appeared to elude that inmates could report through the JDI mailing address. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English. During the tour the auditor did not observe the DOC 21-379 form in the housing units. The auditor reviewed all documents in the dayroom literature/forms area and was unable to locate the forms.

Additionally, there were no pre-addressed envelopes observed in the housing units either. One inmate indicated that they can ask for the forms from staff, however the auditor confirmed that this process is not appropriate and does not allow for inmates to remain anonymous. Interviews with 40 inmates indicated that four were aware of the outside reporting mechanism and nineteen knew they could report anonymously. A few of the inmates stated they knew an outside reporting entity, but when prompted they stated it was their family or the Ombudsman. In addition, the auditor interviewed an inmate who was completely blind and he indicated that he was unable to utilize this method. The auditor determined that while the facility only had one completely blind inmate, it is recommended that they develop accommodations for blind inmates and inmates who are unable to read and write to have equal benefits from the outside reporting mechanism.

Corrective Action

The facility will need to update their current postings with the new PREA posters and ensure that the numerous reporting mechanisms, including the outside reporting entity, is visible and accessible to the inmates. These posters should be adequate for LEP and disabled inmates as well. Photos of the postings will need to be provided to the auditor as confirmation. Additionally, the facility will need to educate all current inmates and all future inmates on the reporting mechanisms, including the outside reporting entity, the ability to remain anonymous and the process for this. Documentation will need to be provided confirming all current inmates were provided this information during the corrective action period. Additionally, a memo describing how all future inmates will be provided this information will need to also be provided. The facility will also need to provide a memo detailing a plan on how to afford blind inmates the ability to utilize the CDOC reporting mechanism. Further, the facility will need to ensure that the appropriate forms and pre-stamped envelopes for the outside reporting mechanism are available in all housing unit. A process memo describing this as well as photos of the documents in the housing units will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum Related to Blind/ Vision Impaired Incarcerated Individuals
2. Education Memorandum Related to the Outside Reporting Entity
3. Memorandum Related to External Reporting
4. PREA Poster and Brochure Checklist
5. Photos of External Reporting Forms and Envelopes

On February 14, 2023 the Warden provided a memorandum related to the process for blind/vision impaired individuals reporting via the outside reporting entity. The Warden references the PREA Standards in Focus in his memo and stated "this standard instructs agencies that they are not required to take steps that would result in undue financial and administrative burdens. The memo states that other reporting mechanisms exists for blind individuals and that changing the reporting mechanism for a single individual would result in an undue administrative burden. Further the memo states that blind individuals can utilize the outside reporting entity by use of a third party, at his/her discretion. Further conversation with the PC indicated that accommodations would be made to have another incarcerated individual or any other individual wanted by the blind incarcerated individual to assist with completing and sending the CDOC form.

On March 6, 2023 the facility provided the auditor with an education memo that was distributed to all staff and inmates. The memo was sent to staff via email and was sent to inmates via the kiosk. The memo advises that incarcerated individuals have the option to report to an outside agency via the PREA Reporting Office address (provided on the memo). The memo further states that DOC form 21-379 Report of PREA Allegation is to an outside agency and pre-addressed envelopes are available in all living units. The memo indicates that the individual may remain anonymous when reporting to the entity.

On March 8, 2023 the facility provided a memorandum related to the external reporting mechanism. In memo advised that unit management staff must complete and submit the PREA Poster and Brochure Checklist by the fifth of every month to the PREA office to ensure all external reporting forms and envelopes are stocked and available in the housing units. Additionally, the memo advised that building managers are also required to submit the PREA Poster and Brochure Checklist by the fifth of every months to confirm that PREA and OCVA posters are hung in each of the housing units. A review of the PREA Poster and Brochure Checklist confirmed that there were checkboxes for each areas of the facility, including the housing units, where unit management staff check to confirm that the DOC 21-379 form and envelope are present. On the same date, the facility provided photos confirming all housing unit had the forms and envelopes in the resource room or in another area of the housing

	<p>unit.</p> <p>Based on the documentation provided, this standard has been corrected.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. DOC 550.100 - Resolution Program 4. Resolution Program Manual 5. Grievance Log 6. Sample Grievances <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Inmates Who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.52 (a): The PAQ indicated that the agency is not exempt from this standard. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident. Additionally, DOC 490.800, pages 17-18 states individuals are not required to use the informal resolution process before submitting a resolution request containing PREA-related</p>

information. The individual will be notified via the resolution response that the allegation was forwarded for review for a possible PREA investigation. The PREA Coordinator/designee will notify the appropriate resolution staff of the determination on whether the allegation meets the definition of sexual misconduct. If the allegation does not meet the definition of sexual misconduct, the individual may refile the resolution per DOC 550.100 Resolution Program.

115.52 (b): The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. The PAQ stated that policy requires inmates to use the informal grievance process, however further communication with the PCM indicated this was incorrect and that policy does not require an inmate to use an informal grievance process. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident.

115.52 (c): The PAQ indicated that agency policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitted it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident.

115.52 (d): The PAQ indicated that the agency policy and procedure does 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. The PAQ indicated that there were 31 grievance of sexual abuse filed in the previous twelve months and all 31 grievances reached a final decision within 90 days after being filed. Further

communication with the PCM indicated that allegations of sexual abuse are withdrawn from the resolution process and the resolution request is promptly responded to and no resolution request response is extended beyond established timeframes. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident. A review of a sample of grievances confirmed that none were sexual abuse allegations.

115.52 (e): The PAQ stated that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. It further stated agency policy and procedure does not require that if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. The PAQ indicated there were zero third party grievances where the inmate declined assistance and the decline was documented. The PAQ also stated that any allegations of sexual abuse are withdrawn from the resolution process and the resolution request is promptly responded to and third party assistance is provided through the Resolution Coordinator. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident.

115.52 (f): The PAQ stated the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. It further stated that agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within eight hours. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. The PAQ indicated there were 31 emergency grievances that reached a final decision in five days. Further communication with the PCM indicated this should have been zero as all allegations of sexual abuse are removed from the

resolution process and investigated. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident.

115.52 (g): The PAQ stated that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. The PAQ indicated that zero inmates have been disciplined for filing a grievance in bad faith in the previous twelve months. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident.

Based on a review of the PAQ, DOC 490.800, DOC 550.100, the Resolution Program Manual, the grievance log and sample grievances, this standard appears the agency is exempt from this standard and as such is compliant.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. Memorandum of Understanding with the Department of Commerce Office of Crime Victim Advocacy

4. Statewide Orientation Handbook
5. PREA Orientation Video Transcript
6. Victim Advocacy: A Resource for Incarcerated Individuals Brochure
7. Victim Advocacy Poster

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations. The PAQ also stated that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The PAQ further indicated that the facility does not detain inmates solely for civil immigration purposes. In addition, the PAQ indicated that offenders are provided with initial support services via telephone access. 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. DOC 480.800, pages 13-14 state individuals will have tollfree access to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocacy (OCVA). Individuals may call 1-855-210-2087 Monday through Friday 8:00 a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. As appropriate, the OCVA PREA Support Specialist may refer the individual to a local Community Sexual Assault Program (CSAP) Victim Advocate, who can: provide additional support, assist sexual assault survivors in healing and provide information regarding available resources and options. Policy further states that 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 450.100 Mail for Individuals in Prison or DOC 450.110 Mail for Individuals in Reentry Centers. Additionally, in-person consultations may be available for individuals. A review of the

Statewide Orientation Handbook confirms that page 14 includes information on the Office of Crime Victim Advocacy. The Handbook indicates that OCVA is an outside victim advocacy service and that the toll-free line is for confidential support services and is not a reporting line. The Handbook further states that calls are not monitored or recorded and do not require a pin. Calls can be made Monday through Friday from 8:00am to 5:00pm. Additionally, the Handbook states that an advocates role is to listen and provide support and they will keep information confidential unless the information is likely to result in clear risk of serious physical injury or death to you or another person. The victim advocacy brochure provides information on what to expect from a victim advocate, services they provide and their role. The brochure also has information on OCVA including the phone number, hours of operation and information that the calls are not monitored or recorded and do not require an IPIN. Additionally, the brochure has the mailing address to Just Detention International and indicates that mail sent to the address must be sent as legal mail in order to remain confidential. In addition to the Handbook and brochure, the victim advocacy poster also has the same information for OCVA. The poster also has the mailing address for Just Detention International. All documents reviewed were available in both English and Spanish. Further, a review of the PREA Orientation Video confirms that it goes over information on the availability of a community victim advocate. The video specifically discusses OCVA and indicates that calls are free, are not recorded, do not require a pin and that OCVA is not a mandatory reporting for sexual abuse. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had one very large poster in English as well as regular paper size posters in English and Spanish. The larger posters were observed on the wall above the housing unit entrance doors and the regular size posters were observed on the wall or bulletin board. The larger poster contained information on zero tolerance, the PREA hotline number and the victim advocacy (OCVA) number. The regular size posters included information on zero tolerance and reporting via the PREA hotline number. A few of the units also had regular size posters that provided information on OCVA, including the phone number. Additionally, the auditor observed that none of the information posted had the mailing address for the victim advocacy service (Just Detention International). The facility added stickers with the mailing address to the reporting poster rather than the poster with the OCVA information and as such the information appeared to elude that inmates could report through the JDI mailing address. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English. During the on-site portion of the audit, the facility began to replace all the old PREA posters with the newer agency wide PREA posters. The newer agency wide PREA posters included information on zero tolerance and the numerous reporting mechanisms, including: the PREA hotline, external reporting mechanism, verbally to staff and in writing through a grievance or kite. The poster also includes the phone number (1-855-210-2087) for outside victim advocacy services and indicates that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. In addition to the large posters, the auditor observed that PREA brochures were available in each of housing unit dayrooms. Each dayroom had a literature/form area and PREA brochures were observed to be available in English and Spanish. Informal

conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that they do well with the PREA information. The auditor tested the victim advocacy hotline during the tour. The auditor called the OCVA number five times across four separate units and was unsuccessful during each attempt. The line had a voicemail that indicated that a staff member was busy helping another individual and that the line was not a reporting line for the Department of Correction. The voicemail further advised that the line was not recorded. It should be noted that the auditor did test the OCVA line during a previous WADOC audit. The first attempt was unsuccessful but the second was successful. The OCVA staff member confirmed that a live person is available to provide services to inmates when calls are received. The victim advocate stated that they are available to provide services Monday through Friday 8:00am to 5:00pm. She further confirmed that the line is not recorded and the information provided to the organization is confidential. The victim advocate further stated that they utilize a language service to assist with anyone who is LEP and/or disabled. During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked. Security staff empty the contents of the box daily and take it to the mailroom for staff there to handle. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Inmates are provided a packet upon arrival with a pencil, paper and envelopes. They also have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. The auditor observed that each unit had numerous forms for the inmates to utilize and fill out (kite, resolution request, etc.). Inmates in segregated housing are provided out of cell time five days a week via recreation and/or showers. Drop boxes are located outside of the unit and inmates are required to hand documents to staff to place in the box. The interview with mail room staff member confirmed that mail sent to Just Detention International would be confidential and not scanned. The mail room staff also discussed the incoming mail process which involves all mail being scanned through the x-ray machine. Mail is then taken to a sorting table and broken down by housing unit. The staff member stated that all incoming correspondence is reviewed except for legal mail and mail coming from the Ombudsman. Additionally, anything stamped PREA/confidential is given to the PCM and treated as confidential mail. The staff member confirmed that any correspondence from the local rape crisis center would be confidential and would be given to the PCM to handle. Interviews with 40 inmates indicated twelve were aware of outside emotional support services and 21 were provided a mailing address and phone number to a local, state or national rape crisis center. Nine of the 21 inmates that stated they were provided contact information for emotional support services stated they believe the information was in the pamphlet or handbook but they did not pay attention or read the information. The four inmates who reported sexual abuse (included in the 40 total interview number above) indicated one was provided contact information for a local, state or national rape crisis center.

115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them

access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. DOC 480.800, pages 13-14 state individuals will have tollfree access to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocacy (OCVA). Individuals may call 1-855-210-2087 Monday through Friday 8:00 a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. As appropriate, the OCVA PREA Support Specialist may refer the individual to a local Community Sexual Assault Program (CSAP) Victim Advocate, who can: provide additional support, assist sexual assault survivors in healing and provide information regarding available resources and options. Policy further states that 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 450.100 Mail for Individuals in Prison or DOC 450.110 Mail for Individuals in Reentry Centers. Additionally, in-person consultations may be available for individuals. A review of the Statewide Orientation Handbook confirms that page 14 includes information on the Office of Crime Victim Advocacy. The Handbook indicates that OCVA is an outside victim advocacy service and that the toll-free line is for confidential support services and is not a reporting line. The Handbook further states that calls are not monitored or recorded and do not require a pin. Calls can be made Monday through Friday from 8:00am to 5:00pm. Additionally, the Handbook states that an advocates role is to listen and provide support and they will keep information confidential unless the information is likely to result in clear risk of serious physical injury or death to you or another person. The victim advocacy brochure provides information on what to expect from a victim advocate, services they provide and their role. The brochure also has information on OCVA including the phone number, hours of operation and information that the calls are not monitored or recorded and do not require an IPIN. Additionally, the brochure has the mailing address to Just Detention International and indicates that mail sent to the address must be sent as legal mail in order to remain confidential. In addition to the Handbook and brochure, the victim advocacy poster also has the same information for OCVA. The poster also has the mailing address for Just Detention International. All documents reviewed were available in both English and Spanish. Further, a review of the PREA Orientation Video confirms that it goes over information on the availability of a community victim advocate. The video specifically discusses OCVA and indicates that calls are free, are not recorded, do not require a pin and that OCVA is not a mandatory reporting for sexual abuse. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had one very large poster in English as well as regular paper size posters in English and Spanish. The larger posters were observed on the wall above the housing unit entrance doors and the regular size poster were observed on the wall or bulletin board. The larger poster contained information on zero tolerance, the PREA hotline number and the victim advocacy (OCVA) number. The regular size posters included information on zero tolerance and reporting via the PREA hotline number. A few of the units also had regular size posters that provided information on OCVA, including the phone number. Additionally, the auditor observed that none of the information posted

had the mailing address for the victim advocacy service (Just Detention International). The facility added stickers with the mailing address to the reporting poster rather than the poster with the OCVA information and as such the information appeared to elude that inmates could report through the JDI mailing address. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English. During the on-site portion of the audit, the facility began to replace all the old PREA posters with the newer agency wide PREA posters. The newer agency wide PREA posters included information on zero tolerance and the numerous reporting mechanisms, including: the PREA hotline, external reporting mechanism, verbally to staff and in writing through a grievance or kite. The poster also includes the phone number (1-855-210-2087) for outside victim advocacy services and indicates that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. In addition to the large posters, the auditor observed that PREA brochures were available in each of housing unit dayrooms. Each dayroom had a literature/form area and PREA brochures were observed to be available in English and Spanish. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that they do well with the PREA information. During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked. Security staff empty the contents of the box daily and take it to the mailroom for staff there to handle. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Inmates are provided a packet upon arrival with a pencil, paper and envelopes. They also have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. The auditor observed that each unit had numerous forms for the inmates to utilize and fill out (kite, resolution request, etc.). Inmates in segregated housing are provided out of cell time five days a week via recreation and/or showers. Drop boxes are located outside of the unit and inmates are required to hand documents to staff to place in the box. The interview with the mail room staff member confirmed that mail sent to Just Detention International would be confidential and not scanned. The mail room staff also discussed the incoming mail process which involves all mail being scanned through the x-ray machine. Mail is then taken to a sorting table and broken down by housing unit. The staff member stated that all incoming correspondence is reviewed except for legal mail and mail coming from the Ombudsman. Additionally, anything stamped PREA/confidential is given to the PCM and treated as confidential mail. The staff member confirmed that any correspondence from the local rape crisis center would be confidential and would be given to the PCM to handle. Interviews with 40 inmates indicated twelve were aware of outside emotional support services and 21 were provided a mailing address and phone number to a local, state or national rape crisis center. Nine of the 21 inmates that stated they were provided contact information for emotional support services stated they believe the information was in the pamphlet or handbook but they did not pay attention or read the information. The four inmates who reported sexual abuse (included in the 40 total interview number above) indicated one was provided contact information for a local, state or national rape crisis center. Most of the 21 that were

provided contact information indicated they were unaware of any information related to confidentiality, cost and times to contact. A few indicated they assumed it was 24 hours, free and confidential. Inmates are not detained solely for civil immigration purposes, therefore that part of the provision does not apply.

115.53 (c): The PAQ indicated that the agency or facility maintains a memorandum of understanding or other agreement with community service providers that are able to provide inmates with emotional services related to sexual abuse and maintains copies of those agreements. The agency has an MOU with the Department of Commerce Office of Crime Victims Advocacy. The MOU was originally signed in 2017 but has been updated twice, with the most recent in 2021. The MOU states that the purpose of the agreement is to provide advocacy services in furtherance of DOC's compliance with the Prison Rape Elimination Act. The MOU further has a scope of work that outlines services that are provided under the MOU to include; crisis intervention, assessment of needs, referral to additional resources, medical advocacy and legal advocacy. The scope of work further details how calls to OCVA are handled and the potential to provide service and educational opportunities for staff and offenders.

Based on a review of the PAQ, DOC 490.800, Memorandum of Understanding with the Department of Commerce Office of Crime Victim Advocacy, Statewide Orientation Handbook, Victim Advocacy: A Resource for Incarcerated Individuals Brochure, Victim Advocacy Poster, observations from the facility tour as well as information from interviews with random inmates and inmates who reported sexual abuse indicates that the standard appears to require corrective action. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had one very large poster in English as well as regular paper size posters in English and Spanish. The larger posters were observed on the wall above the housing unit entrance doors and the regular size posters were observed on the wall or bulletin board. The larger poster contained information on zero tolerance, the PREA hotline number and the victim advocacy (OCVA) number. The regular size posters included information on zero tolerance and reporting via the PREA hotline number. A few of the units also had regular size posters that provided information on OCVA, including the phone number. Additionally, the auditor observed that none of the information posted had the mailing address for the victim advocacy service (Just Detention International). The facility added stickers with the mailing address to the reporting poster rather than the poster with the OCVA information and as such the information appeared to elude that inmates could report through the JDI mailing address. The auditor also observed that the regular size posters in English and Spanish were not adequate for vision impaired inmates. The larger posters were adequate, however they were only observed in English. Interviews with 40 inmates indicated twelve were aware of outside emotional support services and 21 were provided a mailing address and phone number to a local, state or national rape crisis center. Nine of the 21 inmates that stated they were provided contact information for emotional support services stated they believe the information was in the pamphlet or handbook but they did not

pay attention or read the information. The four inmates who reported sexual abuse (included in the 40 total interview number above) indicated one was provided contact information for a local, state or national rape crisis center. Most of the 21 that were provided contact information indicated they were unaware of any information related to confidentiality, cost and times to contact. A few indicated they assumed it was 24 hours, free and confidential.

Corrective Action

The facility will need to ensure that victim advocacy information, including the telephone and mailing address are posted throughout the facility, including in formats that are accessible to LEP and disabled inmates. The facility will need to ensure that the mailing address for JDI does not infer a reporting mechanism. Photos of the posted information will need to be provided to the auditor. All current and future inmates will need to be provided information on victim advocacy, to include times they can contact them, cost to utilize the service, level of confidentiality when calling/writing and any mandatory reporting laws if attempting to report to the victim advocate. Documentation will need to be provided confirming all current inmates were provided this information. Additionally, a memo describing the process on how all future inmates will be provided this information will also need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Education Memorandum Related to the Outside Reporting Entity
2. Memorandum Related to PREA Poster and Brochure Checklist
3. Photos of Victim Advocacy Information Posted in Housing Units

On March 6, 2023 the facility provided the auditor with an education memo that was distributed to all staff and inmates. The memo was sent to staff via email and was sent to inmates via the kiosk. The memo advises that the Office of Crime Victim Advocacy (OCVA) is available to incarcerated individual and that the service is for

	<p>incarcerated individuals that have had a traumatic experience and need assistance dealing with the incident. It further states that there is no time frame for calling for help and the calls are free in all common areas of the living units.</p> <p>On March 8, 2023 the facility provided a memorandum which advised that building managers are required to submit the PREA Poster and Brochure Checklist by the fifth of every months to confirm that PREA and OCVA posters are hung in each of the housing units. A review of the PREA Poster and Brochure Checklist confirmed that there were checkboxes for each area of the facility, including the housing units, where building managers check that the posters are present.</p> <p>On the March 14, 2023, the facility provided photos confirming the OCVA Posters were updated to include the mailing address to Just Detention International. Photos also confirmed that the posters were displayed in each housing unit across the facility (in English and Spanish).</p> <p>Based on the documentation provided, this standard has been corrected.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. Prison Rape Elimination Act - A Resource for Family and Friends 4. Family and Friends Poster <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. Photos of the Family and Friends Poster in Visitation and the Front Entrance <p>Findings (By Provision):</p>

115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ stated that visitors, family members and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator or sending an email to DOCPREA@doc.wa.gov. The PAQ stated that the information on how to report is found publicly on the agency website and is posted in the visiting rooms. DOC 490.800, page 19 states visitors, family members/ associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov. The PREA brochure contained information on PREA, how to know if a family member or friend has been a victim, how to help and how to report. The brochure indicates numerous reporting avenues including contacting the facility, calling the PREA hotline and emailing DOCPREA@doc1.wa.gov. The family and friends poster also instructs individuals to report via the hotline or through DOCPRE@doc1.wa.gov. A review of the agency's website confirms that third parties can click a green button stating "Report Sexual Misconduct". A box then pops up and indicates that third parties can report by calling 800-586-9431; by emailing DOCPREA@doc1.wa.gov and/or by mailing information to PREA, PO Box 41131, Olympia, WA 98504. The auditor tested the third party reporting mechanism by sending an email to the provided email address on August 11, 2022. The auditor received confirmation on the same date that the test was received by the DOC PREA Triage Unit. Additionally, on August 12, 2022 the PC forwarded the information that the test email was received and advised that had the email contained an allegation of sexual abuse or sexual harassment it would have been returned to the appropriate facility for investigation. It should be noted that on October 10, 2022 the auditor sent an email to the PC related to the discrepancies of the two email addresses (one had doc.wa.gov while the other had doc1.wa.gov). She advised the DOCPREA@doc1.wa.gov is the correct email and the other email in policy and provided on the PAQ was incorrect. She indicated the policy would be revised to include the correct email address.

Based on a review of the PAQ, DOC 490.800, the brochure, the poster, the agency's website, the photos received during the interim report and the functional tests of the third party reporting mechanisms, this standard appears to require corrective action. During the tour the auditor observed the PREA posters in visitation and the front entrance. These posters however were the posters in each of the housing units and did not include information on third party reporting. The posters had the hotline number available for inmates.

Corrective Action

	<p>The facility will need to post the third party reporting information in the general population visitation area, the segregated housing unit visitation area and the front entrance. Photos of the posted information will need to be provided to the auditor.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Photos of Family and Friends Poster in Appropriate Areas 2. Photos of Prison Rape Elimination Act - A Resource for Family and Friends Brochure at Public Entrance <p>On February 21, 2023 the facility provided photos of the Family and Friends Poster in visitation (both general population and segregated housing) and the public entrance. Posters were large and in both English and Spanish. Additionally, the facility provided photos of the PREA Brochure available for the family and friends at the public entrance.</p> <p>Based on the documentation provided, the facility has corrected this standard and as such it compliant.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response 3. DOC 350.550 - Reporting Abuse and Neglect/Mandatory Reporting

4. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; 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 inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. DOC 490.800, page 19 states staff will report all allegations, related retaliation, and knowledge of related staff actions or neglect that may have contributed to an incident per DOC 490.850 Prison Rape Elimination Act (PREA) Response. DOC 490.850 pages 2-3 state 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 incarcerated 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 the incident. Allegations of sexual assault that occurred within 120 hours and involve penetration and/or the exchange of bodily fluids are considered emergent PREA incidents and must be reported immediately. A provider may wait until the end of a session to report if a non-emergent potential PREA incident is discovered during medical, mental health, or sex offender treatment session. The provider will complete necessary documentation no later than the end of the same shift. Employees/contract staff will report PREA related information confidentially to the Shift Commander using DOC 21-917 Incident Report. Interviews with sixteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the allegation to their immediate supervisor, unless the allegation was about them. Staff stated they would bypass the supervisor and go to the next rank.

115.61 (b): The PAQ indicated 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 the extent necessary to make treatment, investigation and other security and management decision. DOC 490.850, pages 2-3 state 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 incarcerated 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 the incident. Allegations of sexual assault that occurred within 120 hours and involve penetration and/or the exchange of bodily fluids are considered emergent PREA incidents and must be reported immediately. A provider may wait until the end of a session to report if a non-emergent potential PREA incident is discovered during medical, mental health, or sex offender treatment session. The provider will complete necessary documentation no later than the end of the same shift. Employees/contract staff will report PREA related information confidentially to the Shift Commander using DOC 21-917 Incident Report. Additionally, policies state staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process. Interviews with sixteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the allegation to their immediate supervisor, unless the allegation was about them. Staff stated they would bypass the supervisor and go to the next rank.

115.61 (c): DOC 490.850, pages 2-3 state 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 incarcerated 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 the incident. Allegations of sexual assault that occurred within 120 hours and involve penetration and/or the exchange of bodily fluids are considered emergent PREA incidents and must be reported immediately. A provider may wait until the end of a session to report if a non-emergent potential PREA incident is discovered during medical, mental health, or sex offender treatment session. The provider will complete necessary documentation no later than the end of the same shift. Page 3 also state that individuals 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. Policies also state that health service providers must inform of the duty to report before providing treatment when an individual displays symptoms/signs of sexual misconduct or discloses to a medical or mental health provider sexual misconduct that occurred while in a correctional setting. When an individual discloses to medical or mental health sexual abuse that occurred in the community, the individual must sign DOC 13-035 Authorization for Disclosure of

Health Information before the provider can release the information. Interviews with medical and mental health care staff confirm that they immediately report any allegation/incident of sexual abuse or sexual harassment that occurred within a confinement setting and that they notify inmates of limitations of confidentiality and duty to report. One of the staff interviewed indicated that she had previously become aware of such incidents and she reported it to security. A review of eleven investigations indicated none were reported to medical or mental health care staff. A review of the investigative log confirmed that reports to medical and mental health staff were reported to security for appropriate protocol and investigation.

115.61 (d): DOC 490.850 page 10 state that the Appointing Authority/Duty Officer will ensure that notification is made to Child Protective Services (CPS), if the alleged incident occurred in any correctional setting and the alleged victim is/as under the age of eighteen at the time. Additionally, the Appointing Authority/Duty Officer will ensure that notification is made to Adult Protective Services (APS), if the alleged victim is classified as a vulnerable adult. The interview with the PC indicated that unless precluded by federal, state or local law, staff and contractors are required to report allegations of sexual abuse for alleged victims under the age of eighteen or those considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws. She stated the agency would notify Child Protective Services or Adult Protective Services as well as local law enforcement. The Warden stated the if they had any allegations from individuals under eighteen or those considered vulnerable adults they would ensure the appropriate authorities are notified. He stated in addition to law enforcement they would also notify the Department of Human Services.

115.61 (e): DOC 490.850 pages 2-3 state 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 incarcerated 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 the incident. Allegations of sexual assault that occurred within 120 hours and involve penetration and/or the exchange of bodily fluids are considered emergent PREA incidents and must be reported immediately. A provider may wait until the end of a session to report if a non-emergent potential PREA incident is discovered during medical, mental health, or sex offender treatment session. The provider will complete necessary documentation no later than the end of the same shift. Employees/contract staff will report PREA related information confidentially to the Shift Commander using DOC 21-917 Incident Report. The interview with the Warden indicated that allegations are initially reported to the Shift Commander who then reports up the chain of command and as such it is subsequently reported to the investigator. He stated the information is routed through the PREA triage unit for evaluation and then forwarded back to the facility (him) to assign an investigator. A review seventeen investigative reports indicated that three were reported verbally, seven were reported in writing,

two were reported via a Warden to Warden notification, two were reported through the hotline and three were reported by a third party. All investigations were forwarded through the PREA Triage Unit to the Warden who then assigned a facility investigator.

Based on a review of the PAQ, DOC 490.850, DOC 350.550, Incident Reports from Medical and Mental Health Care Staff, Investigative Reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate that this standard appears to be compliant.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments
3. DOC 490.850 - Prison Rape Elimination Act (PREA) Response
4. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The PAQ stated that the actions are documented on the response checklist and entered in the Incident Management Report System (IMRS). DOC 490.820, page 6 states immediate actions will be taken to protect the individual when it has been determined that the individual is at substantial risk of immediate sexual

assault or abuse. The PAQ indicated that there were zero inmates who were determined to be at imminent risk of sexual abuse. The interview with the Agency Head Designee indicated that every potential victim and perpetrator will be reviewed by the facility risk management team to develop a monitoring plan. These individuals also have increased contact with staff and staff monitor any changed behavior for potential issues. The Agency Head Designee further stated that if they had imminent risk of sexual abuse they would ensure the individual is in or is placed in a safe environment refer the allegation for investigation, investigate the allegation, move the individual's housing or transfer one of the individuals to another facility, if applicable and take any other necessary intervention steps. The Warden stated that if an inmate was at imminent risk of sexual abuse they would take immediate action to ensure the person was removed from the risk and then follow the various protocols required. He stated they would separate the individuals, report the information and have the individual evaluated by medical and/or mental health care staff. The Warden also stated that they would review the individual for rehousing and take into account the individual's views with regard to safety. The interviews with sixteen staff confirmed that staff would take immediate action including separating the individuals, reporting it to the supervisor and offering the individual protective custody.

Based on a review of the PAQ, DOC 490.820, DOC 490.850, Investigative Reports and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response
3. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation
4. Warden to Warden Notifications
5. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee

2. Interview with the Warden

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at 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. DOC 490.850, page 8 and WCCW 490.850, pages 8-9 state 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. The PAQ indicated that during the previous twelve months, the facility had two inmates report that they were sexually abused while confined at another facility. The PAQ further stated that the facility response related to the two allegations included notification to the applicable facility administrator. The PAQ supplemental documentation included one Warden to Warden notification. The incident was originally reported in August 2022, however it was during a risk assessment and the inmate did not provide details. The facility obtained more detail on September 13, 2022 and provided notification to the agency/facility head on September 14, 2022. Four additional Warden to Warden notifications were located during the audit. All four included documentation of the allegation as well as notification to the agency head of the facility/agency where the alleged incident took place within 24 hours of receiving the allegation.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 hours after receiving the allegation. DOC 490.850, page 8 and WCCW 490.850, pages 8-9 state 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. The PAQ supplemental documentation included one Warden to Warden notification. The incident was originally reported in August 2022, however it was during a risk assessment and the inmate did not provide details. The facility obtained more detail on September 13, 2022 and provided notification to the agency/facility head on September 14, 2022. Four additional Warden to Warden notifications were located during the audit. All four included documentation of the allegation as well as notification to the agency head of the facility/agency where the alleged incident took place within 24 hours of receiving the allegation.

115.63 (c): The PAQ was blank but further communication with the PCM indicated that the agency or facility documents that it has provided such notification within 72

hours of receiving the allegation. DOC 490.850 and WCCW 490.850, page 11 states if an allegation involved another facility/location, all original records will be forwarded to the applicable Appointing Authority and a copy will be retained at the facility/location receiving the allegation. The PAQ supplemental documentation included one Warden to Warden notification. The incident was originally reported in August 2022, however it was during a risk assessment and the inmate did not provide details. The facility obtained more detail on September 13, 2022 and provided notification to the agency/facility head on September 14, 2022. Four additional Warden to Warden notifications were located during the audit. All four included documentation of the allegation as well as notification to the agency head of the facility/agency where the alleged incident took place within 24 hours of receiving the allegation.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. DOC 490.860, page 2 states the Department will thoroughly, promptly and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department. Investigation 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. The PAQ stated there were four sexual abuse allegations received from other facilities. A review of eleven investigative reports and the investigative log confirmed two allegations were reported Warden to Warden to the facility and two were reported to the PREA Headquarters unit. All four of the allegations had an investigation initiated. The interview with the Agency Head Designee indicated that notifications would be reported to the appropriate Appointing Authority. He stated that the allegation would then be investigated. The Agency Head Designee confirmed that there have been instances of these reports and they were referred for investigation. The interview with the Warden indicated that when an allegation is reported to the facility it is handled similar to a third party report. He stated they would follow-up on it just as if it were received at the facility. The Warden stated that he has only been at the facility for a month so he was unsure of any historical examples.

Based on a review of the PAQ, DOC 490.850, DOC 490.860, Warden to Warden Notifications, Investigative Reports and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response
3. DOC 02-111 PREA Response and Containment Checklist
4. DOC 02-007 Aggravated Sexual Assault Checklist
5. Investigative Reports

Interviews:

1. Interview with First Responders
2. Interview with Random Staff

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. DOC 490.850, page 5 states for all allegations except aggravated sexual assault, the Shift Commander/Community Corrections Supervisor (CCS)/designee will implement appropriate security procedures and initiate DOC 02-111 PREA Response and Containment Checklist. Page 6 states for allegations of aggravated 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. A review of DOC 02-111 confirmed that the checklist has required actions that include separating the victim, accused and possible witnesses; dispatching an officer to secure and maintain the scene, ensuring medical treatment is provided and ensuring mental health treatment is offered. The DOC 02-007 has similar information but also includes direction to request the alleged victim and ensure the accused not destroy physical evidence on their bodies. The PAQ indicated that during the previous twelve months, there have been 42 allegations of sexual abuse. The PAQ did not indicate the number that involved the separation of alleged victim and abuser, the preservation of the crime scene or evidence collection. A review of eleven investigations indicated nine were sexual abuse. None of the nine involved any first responder duties, however a few involved the separation of the alleged victim and abuser through

housing changes. Interviews with first responders indicated that security staff separate the alleged victim and abuser, escort the victim to a safe location, stay on site and preserve the crime scene and make sure the individuals do not dispose of any evidence through showering, using the restroom, etc. The non-security first responder stated she would report to security and isolate and contain the area if it is safe. She stated she would follow direction from security on what they tell her to do next. The interviews with inmates who reported sexual abuse indicated two reported allegations were handled immediately and one involved the separation of victim and alleged abuser via a housing change. One inmate stated he submitted the allegation on the kiosk on a Friday and the staff responded Monday and he was moved away from the alleged perpetrator. The fourth inmate stated that he reported staff voyeurism and he has reported it many times and that they don't do anything about it. The inmate further stated he has filed over 100 PREA allegations. It should be noted the auditor reviewed the allegation and confirmed the allegation did not rise to the level of PREA and was related to official duties.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. The PAQ further stated that all staff, security and non-security are trained in emergency response procedures to include isolation and containment of emergency situations and any actions beyond initial containment of emergency incidents would be managed under the direction of the Shift Commander, Duty Officer or Appointing Authority. DOC 490.850, page 5 states for all allegations except aggravated sexual assault, the Shift Commander/Community Corrections Supervisor (CCS)/designee will implement appropriate security procedures and initiate DOC 02-111 PREA Response and Containment Checklist. Page 6 states for allegations of aggravated 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. A review of DOC 02-111 confirmed that the checklist has required actions that include separating the victim, accused and possible witnesses; dispatching an officer to secure and maintain the scene, ensuring medical treatment is provided and ensuring mental health treatment is offered. The DOC 02-007 has similar information but also includes direction to request the alleged victim and ensure the accused not destroy physical evidence on their bodies. The PAQ did not indicate the number of allegations of sexual abuse involving a non-security first responder. A review of eleven investigations indicated nine were sexual abuse. None of the nine involved any first responder duties, however a few involved the separation of the alleged victim and abuser through housing changes. None of the eleven allegations involved non-security staff first responder duties. One allegation was reported during a risk assessment and was reported to security staff. Interviews with first responders indicated that security staff separate the alleged victim and abuser, escort the victim to a safe location, stay on site and preserve the crime scene and make sure the individuals do not dispose of any evidence through showering, using the restroom, etc. The non-security first responder stated she would report to

security and isolate and contain the area if it is safe. She stated she would follow direction from security on what they tell her to do next. Interviews with sixteen random staff indicated most staff were knowledgeable on the first responder duties. All staff stated they would contact their supervisor, two indicated they would do this and wait for direction on what to do next. The remaining fourteen indicated they would separate the alleged victim and abuser. A little over half of the staff were aware of all first responder duties, including separating the victim and abuser, securing the crime scene and instructing the inmates not to take any action to destroy evidence. A few also indicated they would take the inmate victim to medical. It should be noted that both Lieutenants were well versed on first responder duties.

Based on a review of the PAQ, DOC 490.850, DOC 02-111 PREA Response and Containment Checklist, DOC 02-007 Aggravated Sexual Assault Checklist, Investigative Reports and interviews with random staff, staff first responders and inmates who reported abuse indicate this standard appears to be compliant.

Recommendation

The auditor recommends that first responder duties be emphasized during the next annual training as well as during any upcoming shift meetings/briefings.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Response Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p>

115.65 (a): The PAQ was blank but further communication with the PCM indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. DOC 490.850, page 4 states each Prison, Reentry Center, 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 4 sections composed of the documents listed in PREA Response Plan Contents (Attachment 4). The plan will be maintained by the PREA Compliance Manager/Specialist in the Shift Commander's office. A review of the PREA Response Plan confirms that the plan includes a section on response to aggravated sexual assault allegations and a section for all other sexual misconduct allegations. The plan contains checklists, the crime scene security log, information on hospital for forensic medical examinations, the PREA response kit, medical follow-up form and the mental health referral form. Additionally, it includes the uniform evidence protocol, definitions, contact information for local law enforcement and the local victim advocate, additional checklist and all applicable facility and agency policies and procedures. The forms, policies and procedures outline duties for first responders, supervisors, medical and mental health care staff, investigators and facility leadership. The Warden confirmed that the facility has a response plan to coordinate actions among facility leadership, staff first responder, medical, mental health and investigators. He stated they have site specific policies that incorporate all agency wide policies related to response at the facility.

Based on a review of the PAQ, the PREA Response Plan and the interview with the Warden, this standard appears to be compliant.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Collective Bargaining Agreement with Teamsters Local Union 117 Volume 1 - DOC Only <p>Interviews:</p>

	<p>1. Interview with the Agency Head Designee</p> <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. A review of collective bargaining agreement confirmed that Article 8 (page 13) describes discipline under the agreement. The agreement states that the employer will not discipline any permanent employee without just cause. Further review of the agreement confirms it does not limit the ability of the agency to remove the alleged staff member from contact with the offender and does not determine the extend discipline is warranted. The interview with the Agency Head Designee indicated that the agency does have a collective bargaining agreement, however it does not preclude the agency from removing or reassigning staff members.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, the collective bargaining agreement and the interview with the Agency Head Designee, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 3. Investigative Reports 4. PREA Monthly Retaliation Monitoring Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee

2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. DOC 490.800, page 1 states the Department has zero tolerance for all forms of retaliation against any person because of involvement in the reporting or investigation of a complaint. DOC 490.860, page 6 states 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. The PAQ indicated that Human Resource staff will monitor staff, the PREA Compliance Specialist will monitor volunteers and contractors and the Correctional Unit Supervisor will monitor offenders.

115.67 (b): Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head Designee stated they have a retaliation monitoring program that continues for 90 days, or longer, if needed. He stated they also can move staff or incarcerated individuals for protection if needed. The Agency Head Designated stated that any reported allegation is investigated and they immediately try to make sure the individual is not at risk. He confirmed that they would take necessary steps such as moving housing units, facility transfers and/or removal of staff from contact with the individual. The interview with the Warden indicated that the staff would protect individual from retaliation through following the retaliation checklist. He stated they would monitoring disciplinary action, grievances, program changes, housing changes and the would meet with the individual in person once a month about their perception related to retaliation. The Warden confirmed that protective measures could include housing changes, facility transfers, removal of abuser(s) and emotional support services. The staff member responsible for monitoring for retaliation stated that she calls them in to talk to them and ask how they are doing. She stated that she ensure things are going smoothly and makes sure they are not being retaliated against and/or are not being pressured by inmates or staff. The staff member stated that she reviews their movements, jobs and housing and she also checks infractions and any observable behavior changes. The staff confirmed that she conducts period in-person status checks monthly. Interviews with four inmates who reported sexual harassment

indicated two did not feel protected from retaliation because they the staff write disciplinary infractions and retaliate in general against inmates. Two inmates stated they felt protected because they did not have any contact with the alleged perpetrator. It should be noted the auditor did not review any documentation that confirmed any retaliation by staff related to the two inmates who indicated they did not feel protected against retaliation.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation. The PAQ stated that monitoring extends beyond 90 days if the initial monitoring indicates a continuing need. DOC 490.860, page 7 states when an investigation of individual-on-individual sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters. Indicators of retaliation may include, but are not limited to: disciplinary reports, housing/program changes and reassignments, or negative performance reviews. Retaliation monitoring will continue for 90 days following notification, or longer if the Appointing Authority/designee determines it is necessary. Any report of retaliation expressed or indicated during the monitoring period will be immediately reported as follows, with appropriate action taken by the Appointing Authority/designee. In a Prison, information will be reported to the Shift Commander. A review of the PREA Monthly Retaliation Monitoring Report indicates that the staff member is directed to meet with the individual once a month for 90 days. The report directs the staff to ask about any housing/program changes, disciplinary reports and/or reassignment and/or negative performance reviews. The PAQ indicated that there were zero instances of retaliation in the previous twelve months. The Warden stated that if there is a report of retaliation it gets reported to him and he reviews the information, which will then generate an investigation. He stated that the facility treats retaliation just as strongly as a sexual abuse allegation. The staff responsible for monitoring stated she reviews their movements, jobs and housing and she also checks infractions and any observable behavior changes. The staff confirmed that she conducts period in-person status checks monthly. She indicated she monitors for 90 days and that there is not a maximum amount of time that she would monitor. She stated she would continue until she felt there was not an issue. A review of eleven investigations indicated nine were sexual abuse. Three of the investigations were deemed unfounded, however all three were completed well over 90 days and as such all nine required monitoring for retaliation. Documentation indicated that only one of the nine had monitoring for retaliation completed. The one instance of monitoring included the PREA Monthly Retaliation Monitoring Report with period status checks completed three times during the 90 days.

115.67 (d): The interview with the staff responsible for the risk screening confirmed that she conducts periodic status checks monthly. A review of eleven investigations indicated nine were sexual abuse. Three of the investigations were deemed unfounded, however all three were completed well over 90 days and as such all nine required monitoring for retaliation. Documentation indicated that only one of the nine had monitoring for retaliation completed. The one instance of monitoring included the PREA Monthly Retaliation Monitoring Report with period status checks completed three times during the 90 days.

115.67 (e): DOC 490.860, page 6 states anyone who cooperates with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority/designee will take appropriate measures to address the concerns. The interview with the Agency Head Designee indicated that if there is a report of retaliation it will be investigated and appropriate action will be taken. He stated they would try to move the individual causing the issues first. He further confirmed that they would offer the same services outlined in provision (b) to anyone who cooperates with an investigation or reports concerns of retaliation. The interview with the Warden indicated that the staff would protect individual from retaliation through following the retaliation checklist. He stated they would monitor disciplinary action, grievances, program changes, housing changes and they would meet with the individual in person once a month about their perception related to retaliation. The Warden confirmed that protective measures could include housing changes, facility transfers, removal of abuser(s) and emotional support services. The Warden stated that if there is a report of retaliation it gets reported to him and he reviews the information, which will then generate an investigation. He stated that the facility treats retaliation just as strongly as a sexual abuse allegation.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation, Investigative Reports, PREA Monthly Retaliation Monitoring Report and interviews with the Agency Head Designee, Warden, staff responsible for monitoring for retaliation and inmates who reported sexual abuse, this standard appears to require corrective action. A review of eleven investigations indicated nine were sexual abuse. Three of the investigations were deemed unfounded, however all three were completed well over 90 days and as such all nine required monitoring for retaliation. Documentation indicated that only one of the nine had monitoring for retaliation completed. The one instance of monitoring included the PREA Monthly Retaliation Monitoring Report with period status checks completed three times during the 90 days.

	<p>Corrective Action</p> <p>The facility will need to ensure monitoring for retaliation is completed for all allegations of sexual abuse. Appropriate staff should review policy and procedure on this requirement. The facility will need to provide all allegations of sexual abuse during the corrective action period and all corresponding monitoring for retaliation documents.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period 2. Investigative Reports 3. PREA Monthly Retaliation Monitoring Report <p>On April 27, 2023 the facility provided the auditor with a list allegations reported during the corrective action period as well as investigative reports for five sexual abuse allegations. All five of the sexual abuse allegations included monitoring for retaliation. Three had monitoring documented for the full 90 days, one had monitoring documented until the investigation was deemed unfounded and one was still in the 90 day monitoring process. All monitoring was completed via the PREA Monthly Retaliation Monitoring Report.</p> <p>Based on the documentation provided, the facility has corrected this standard and as such it compliant.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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Documents:

1. Pre-Audit Questionnaire
2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response
3. Inmate Victim Housing Documents

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interview with Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ stated there were zero inmates who reported sexual abuse who were involuntarily segregated. DOC 490.850, pages 9-10 and WCCW 490.850, pages 10-11 state in prisons, an alleged victim will be placed in Administrative Segregation/ Secured Housing per DOC 320.200 only upon the alleged victim's documented request, or if the Appointing Authority/Duty Officer has specific information that the alleged victim may be in danger to self or in danger from other individuals. The placement should only be made when no suitable alternative housing exists and last only as long as necessary for the individual's protection. Additionally, policies state 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. During the tour the observed that the segregated housing unit had separate indoor and outdoor recreation areas. Both recreation areas were equipped with telephones. The area had a separate medical room and a library for those in segregated housing. Each indoor recreation area had regular size posters in English and Spanish. Additionally, each housing unit had an extra-large PREA poster about the door with the PREA hotline number and OCVA number. Inmates in segregated housing do not have access to kiosks or tablets. They also do not have access to the locked grievance and mailboxes in the sallyport area of the building. Inmates are required to place written documents outside their cell for staff to collect to place in the mailboxes. Inmates in segregated housing are provided an intake bag upon entry. The intake bag includes CDOC form and envelopes. A review of documentation for nine inmates who reported sexual abuse indicated four were not at the facility when the allegation was reported. A review of the other five indicated that three remained in the same housing assignment they were in prior to reporting and two were moved to another general population/medical area housing unit. Additionally, due to the concern expressed by the victim advocacy organization, the auditor requested additional housing documentation for seven inmate who reported sexual abuse over the previous twelve months (where the cases were still open). In all seven instances the auditor confirmed that all stayed in the same housing assignment they were in prior to the report or they were moved to another general population/medical housing unit. Thus confirming that none of the inmates reviewed were placed involuntary segregated housing after a report of sexual abuse. The Warden confirmed that the agency has a policy that prohibits placing inmates who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. He indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that the segregation policy requires that fourteen days is the maximum amount of time utilized for involuntary segregated housing before they have to relocate the individual. The Warden further confirmed that they have not had any instances of inmate who reported sexual abuse being placed in involuntary segregated housing. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate was placed in involuntary segregated housing due to an allegation of sexual abuse they would be provided access to program, privileges, education and work opportunities to the extent possible. The staff member stated the only thing they would have difficulty accommodating is a job, due to the custody assigned to them while in segregated housing. He stated the individual would not be placed there for disciplinary issues so he/she would not be held under disciplinary restrictions. The staff member confirmed that any restrictions would be documented on the 05-091 form, which logs every movement, refusal, acceptance and opportunity. He further confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. He stated this would only be used as a last resort and typically they can accommodate in another living unit, such as medical. The staff member stated they would only be placed in involuntary segregated housing for a few hours, such as if the incident

occurred in the middle of the night or late in the evening when they have a more difficult time with housing. He indicated the housing would be accommodated first thing in the morning under those circumstances. The interview with the staff who supervise inmates in segregated housing confirmed that any inmate that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing. He stated 30 days would actually be a stretch and that individuals get an initial review within 72 hours and then are reviewed every fourteen days. There were no inmates who reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, DOC 490.850, inmate victim housing documents and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 3. DOC 400.360 - Polygraph Testing 4. Mutual Aid Agreement with the Washington State Patrol 5. Department of Corrections Records Retention Schedule 6. Investigator Training Records 7. PREA For Appointing Authority Training Curriculum 8. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff 2. Interview with the Warden 3. Interview with the PREA Coordinator

4. Interview with the PREA Compliance Manager
5. Interview with Inmates Who Reported Sexual Abuse

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. DOC 490.860, page 2 states the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department. There were 152 allegations reported at the facility during the previous twelve months. 76 did not rise to the level of PREA (did not meet the definition of sexual abuse or sexual harassment) and six were in regard to retaliation or other misconduct. The remaining 70 allegations were referred for administrative investigation. Seven of the 70 allegations were forwarded to local law enforcement for a criminal investigation, however in all seven instances they declined to pursue an investigation. Of the 70 allegations, ten had a completed administrative investigation on the first day of the on-site portion of the audit. A review of fifteen closed investigations (a few investigations were prior to the last twelve months) confirmed that all were thorough and objective and included interviews of the alleged victim, perpetrator and witnesses/potential witnesses, when applicable. Six included a review of evidence such as a review of video monitoring technology. Additionally, all closed cases involved a review of prior reports of sexual abuse. None of the fifteen investigations reviewed had a timely investigations. The shortest timeframe for investigation was two months while the longest was seven months. The interviews with the facility investigators indicated that typically an investigation is initiated once they receive the information. One investigator advised the information is reported through the PREA triage unit and from there is provided to the Appointing Authority who then assigns it for investigations. He stated once it is handed to him he starts right away. Both investigators indicated that any allegation is investigated, regardless of how it is reported. There is no difference in the investigation of an allegation reported via anonymously or through a third party.

115.71 (b): DOC 490.800, page 12 states PREA investigators will be trained in: crime scene management/investigation, including evidence collection in Prisons and Reentry Centers; confidentiality of all investigation information; Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process; Crisis intervention; investigating sexual misconduct; techniques for interviewing sexual misconduct victims and criteria and evidence required to substantiate administrative action or prosecution referral. It further states within 6 months of assuming duties, Appointing Authorities must complete training specific to PREA investigations and: responding to allegations; assessing witness credibility; making substantiation decisions; referring to law enforcement; making notifications and creating action

plans. A review of the Administrative Investigations training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims (module 3), proper use of Miranda and Garrity warnings (module 3), sexual abuse evidence collection in a confinement setting (module 2) and the criteria and evidence to substantiate an administrative investigation (module 1 and module 5). A review of documentation indicated there are over 525 agency staff that have completed the specialized training of which 40 are staff at SCCC. The auditor reviewed fourteen closed investigations that were completed by nine different investigators. A review of documentation confirmed all nine completed the specialized training. The interviews with the facility investigators confirmed that the required topics were covered in the training.

115.71 (c): DOC 490.860, page 4 states investigators will, if requested by an alleged victim of individual-on-individual sexual assault/ abuse or staff sexual misconduct, initiate arrangements with the Office of Crime Victims Advocacy (OCVA) for a victim advocate to be present during the investigatory interview by calling 1-855-210-2087 Monday through Friday 8:00 a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Investigators will interview alleged victims, accused individuals/staff, and witnesses in a confidential location; 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 collect any additional evidence per DOC 420.375 Contraband and Evidence Handling (RESTRICTED), DOC 420.365 Evidence Management for Work/Training Release, or DOC 420.395 Evidence/Property Procedures for Field. A review of fifteen closed investigations (a few investigations were prior to the last twelve months) confirmed that all were thorough and objective and included interviews of the alleged victim, perpetrator and witnesses/potential witnesses, when applicable. Six included a review of evidence such as a review of video monitoring technology. Additionally, all closed cases involved a review of prior reports of sexual abuse. The interviews with the facility investigators indicated that the initial steps would be ensuring that the victim is safe and secure. The first steps would then involve documentation review and getting all the reports from the PREA triage unit related to the allegation. The investigators further stated that they would conduct interviews, identify any witnesses, review any evidence (including view), obtain any staff reports and then review and analyze the information to put into an investigative report. The investigators stated they would be responsible for collecting evidence such as videos, logs, interview notes, physical evidence, call records and any other pertinent documents related to the case.

115.71 (d): DOC 490.860, page 3 states all allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation. A review of documentation indicated all of the

investigations were completed by facility investigators. Seven allegations were referred to outside law enforcement, however in all seven instances the outside law enforcement declined to investigate. The interviews with the facility investigators confirmed that compelled interviews would be handled by outside law enforcement during a criminal investigation.

115.71 (e): The interviews with the investigators confirmed that they would not require an inmate victim to take a polygraph or truth telling device test. They further stated that they do not judge credibility, rather they are just responsible for fact finding. One investigator stated that they evaluate the description of the occurrence with the other information. He stated they evaluate each individual and try to determine if what they are saying fits with the evidence. The interviews with the inmates who reported sexual abuse confirmed that none were required to take a polygraph or truth telling device test as part of the investigation.

115.71 (f): DOC 490.860, page 4 states 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. Photocopies/photographs of all physical evidence and evidence cards will be included in the investigation report. Additionally, electronic evidence (e.g., video recording, JPay message, telephone recording) used as part of an investigation will be submitted with the investigation report. The interviews with the investigators confirmed that administrative investigations would be documented in written reports and include: incident reports, interview information, evidence, statements, acknowledgment forms, facts and any other pertinent information. They further stated that they review all information to determine if staff violated policy and procedure and that information would be documented in the report. A review of a fifteen closed investigations confirmed that all fifteen were documented in a written report. All of the reports has information related to interviews and evidence, when applicable.

115.71 (g): The interviews with the investigators confirmed that criminal investigations would be documented in written reports by outside law enforcement. A review of documentation indicated there were zero criminal investigations completed and as such there were no investigative reports to review.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. DOC 490.860, page 2 states 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. A review of documentation indicated there were zero criminal investigations during the previous twelve months and as such there were zero allegations referred for prosecution. The interviews with the investigators indicated any time there is an indication that there was a violation of criminal state law or any criminality is involved the information is referred to local law enforcement.

115.71 (i): The PAQ stated 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. DOC 480.860, page 13 states prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of five years. Page 37 of the Department of Corrections Records Retention Schedule indicates that PREA investigations are retained for 50 years after close of the investigation. A review of historical investigations confirmed investigations are retained appropriately.

115.71 (j): DOC 490.860, page 2 states investigations will be completed even if the individual is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. The investigators stated that the departure of the victim or abuser does not negate the investigation. They stated that the investigation would continue regardless of whether the inmate or staff member left the facility. Both stated they have had or currently have investigations that fall under this provision and they have continued their investigation.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): The PC stated that currently the Superintendent or the facility Intelligence and Investigation Unit are the point of contact for local law enforcement. She stated they receive regular status updates on cases. The interview with the PCM confirmed that the main contact for outside law enforcement is the Chief Investigator in the Intelligence and Investigation Unit. She stated that the Chief Investigators then keeps her (the PCM) and the PREA Compliance Specialist informed of what is going on and the progress of the investigation. The Warden also stated that the investigative unit has a close working relationship with local law enforcement and so they maintain communication. The investigators stated that if an outside agency conducts an investigation they would assist with anything they needed and act as liaisons.

Based on a review of the PAQ, DOC 490.860, DOC 400.360, Mutual Aid Agreement with the Washington State Patrol, Department of Corrections Records Retention

Schedule, Investigator Training Records, PREA For Appointing Authority Training Curriculum, Investigative Reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager, investigators and inmates who reported sexual abuse, this standard appears to require corrective action. While the agency has policies and procedures related to the investigative process, the auditor determined that investigations were not timely. None of the fifteen investigations reviewed had a timely investigations. The shortest timeframe for investigation was two months while the longest was seven months.

Corrective Action

The facility will need to emphasize the timely requirement for sexual abuse and sexual harassment investigations. The facility will need to provide the auditor with all investigations over the corrective action period to confirm that all were completed timely.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Allegations of Sexual Abuse and Sexual Harassment During the Corrective Action Period
2. Closed Sexual Abuse and Sexual Harassment Investigations During the Corrective Action Period

On numerous dates over the corrective action period the facility provided copies of investigation completed during the corrective action period. Additionally, the facility provided a spreadsheet of all reported sexual abuse and sexual harassment allegations. There were 29 allegations during the corrective action period, all of which had an administrative investigation initiated. Of the 29, eight were closed within 30 days, three were closed within 60 days and six were closed within 90 days. One was closed in less than 100 days. Ten investigations were still open, however eight were open for less than 60 days.

	Based on the documentation provided, the facility has corrected this standard and as such it compliant.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 3. PREA For Appointing Authority Training Curriculum 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. DOC 490.860, page 5 states an allegation is substantiated when it was determined to have occurred by a preponderance of the evidence. Additionally, Attachment 1, PREA Investigative Process states that for a case to be substantiated, the allegation must be determined to have occurred by a preponderance of evidence. A review of the PREA for Appointing Authority training curriculum indicates that staff are advised on page 101 to impose a standard no higher than a preponderance of the evidence to determine whether an allegation is substantiated. There were 152 allegations reported at the facility during the previous twelve months. 76 did not rise to the level of PREA (did not meet the definition of sexual abuse or sexual harassment) and six were in regard to retaliation or other misconduct. The remaining 70 allegations were referred for administrative investigation. Six of the 70 allegations were forwarded to local law enforcement for a criminal investigation, however none of the six were investigated by local law enforcement. Of the 70 allegations, ten had a completed</p>

	<p>administrative investigation on the first day of the on-site portion of the audit. A review of fourteen closed investigations and three open investigations indicated that all investigative findings were indicative of the evidence and none involved a preponderance of evidence to substantiate. The interviews with the facility investigators indicated that the evidence required to substantiate a case is a preponderance of evidence.</p> <p>Based on a review of the PAQ, DOC 490.860, PREA Appointing Authority training curriculum, investigative reports and information from interviews with the investigators indicate that this standard appears to be compliant.</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 3. Investigative Reports 4. Victim Notifications <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Investigative Staff 3. Interview with Inmates Who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate 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. Attachment 1, PREA Investigative Process states when a decision has been</p>

made, the alleged victim will be personally notified in a confidential manner. DOC 490.860, page 5 states for each allegation in the report, the Appointing Authority will determine whether the allegation is: substantiated - the allegation was determined to have occurred by a preponderance of the evidence; unsubstantiated - evidence was insufficient to make a final determination that the allegation was true or false, or unfounded - the allegation was determined not to have occurred. Once the Appointing Authority has made a determination, the alleged victim will be notified of the findings. The PAQ indicated that there were four investigations completed within the previous twelve months and four notifications made. Further communication with the PCM indicated that there were six investigations completed, five that involved a victim notification and one that did not have a known victim. The PCM further indicated that there has been delays in investigations due to COVID-19 and lack of investigator availability. A review of documentation for the eight sexual abuse allegations confirmed that six had a victim notification. One of the eight investigation was still open and as such did not yet require a notification and one allegation was made by a third party and a victim was not named. Additionally, eight sexual harassment allegations were documented with a victim notification. One of which was mailed to the inmate's last known address. This information illustrates the facility exceeds this provision of the standard. The interview with the Warden confirmed that the inmate victim receives notification related to the outcome of the investigation into sexual abuse. The interviews with the facility investigators also confirmed that the facility informs the inmate victim of the outcome of the investigation. One investigator stated that the written notification is handled by the PREA Compliance Specialist. The interviews with inmates who reported sexual harassment indicated three were aware that the facility was required to inform them of the outcome of the investigation. All four stated that they were not informed of anything related to the investigation. The auditor confirmed that all four investigations were still ongoing.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The PAQ indicated that there were zero investigations completed by an outside agency within the previous twelve months and as such no notifications were required. Further communication with the PCM indicated that there were four cases referred to local law enforcement. Three were still pending and one has been completed. A review of documentation indicated there were zero sexual abuse allegations investigated by an outside agency, and as such no notification under this provision were applicable.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been

convicted on a charge related to sexual abuse within the facility. DOC 490.860, page 11 states the Department will make notifications, in writing, to alleged victims until they are no longer under Department jurisdiction for individual-on-individual allegations of sexual assault or abuse when the Department learns that the accused has been indicted on or convicted of a charge related to sexual assault or abuse within the facility. The PAQ indicated that there have been substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. The PAQ stated that in each case the inmate was subsequently informed of the components under this provision. A review five sexual abuse allegations involving a staff member indicated none were substantiated and none involved notifications under this provision. All other staff sexual abuse investigations were open/ongoing at the time of the on-site portion of the audit. The interviews with the inmates who reported sexual abuse indicated three involved alleged staff perpetrators. The inmates stated they were not informed of anything related to the staff. A review of documentation confirmed all three investigations were still ongoing.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. DOC 490.860, pages 11-12 state the Department will make notifications, in writing, to alleged victims until they are no longer under Department jurisdiction when the accused employee no longer works at the facility; when the accused employee is no longer regularly assigned to the individual's housing unit and if the Department learns that the accused employee has been indicted on or convicted of any charge related to staff sexual misconduct within the facility. A review of three sexual abuse allegations that involved another inmate indicated none were substantiated and as such did not require notification under this provision. Additionally, all other inmate-on-inmate sexual abuse allegations reported during the previous twelve months were open/on-going during the on-site portion of the audit. Interviews with inmates who reported sexual abuse indicated that one involved an inmate perpetrator. The inmate stated he was not notified related to anything about the alleged perpetrator. The auditor confirmed that the investigation was still ongoing.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. DOC 490.860, pages 5-6 state for allegations against an incarcerated individual, the Appointing Authority/ designee will notify the accused of the findings in writing using DOC 02-400 Notice of PREA Investigation Findings. For allegations against staff, the Appointing Authority/ PREA Compliance Manager or Human Resources Manager will verbally notify the accused of the findings. If the allegation is substantiated, the notification may be

provided during the pre-disciplinary process. Page 12 further states notifications will be provided to alleged victims in a confidential manner through legal mail or by another method determined by the Appointing Authority. The PAQ stated that there were six notifications made pursuant to this standard. Further communication with the PCM indicated that there were six investigations completed, five that involved a victim notification and one that did not have a known victim. The PCM further indicated that there has been delays in investigations due to COVID-19 and lack of investigator availability. A review of documentation for the eight sexual abuse allegations confirmed that six had a victim notification. One of the eight investigation was still open and as such did not yet require a notification and one allegation was made by a third party and a victim was not named. Additionally, eight sexual harassment allegations were documented with a victim notification. One of which was mailed to the inmate's last known address. This information illustrates the facility exceeds this provision of the standard. No other notification were required under this standard.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, DOC 490.860, Investigative Reports, Victim Notifications and information from interviews with the Warden, investigators and the inmates who reported sexual abuse, this standard appears to be compliant.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Revised Code of Washington (RCW) 72.09.225 3. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 4. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 5. Investigative Reports <p>Findings (By Provision):</p>

115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. DOC 490.860, page 9 and DOC 490.800, page 2 state employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies. Additionally, RCW 72.09.225 states the Secretary will immediately institute proceedings to terminate the employment of any person who is found by the department, based on a preponderance of evidence, to have had sexual intercourse or sexual contact with an inmate.

115.76 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies and zero staff members who was terminated for violating the sexual abuse or sexual harassment policies. DOC 490.860, page 9 and DOC 490.800, page 2 state employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies. Additionally, RCW 72.09.225 states the Secretary will immediately institute proceedings to terminate the employment of any person who is found by the department, based on a preponderance of evidence, to have had sexual intercourse or sexual contact with an inmate. A review of investigative reports and the investigative log confirmed there were zero substantiated staff-on-inmate investigations and as such no discipline was required.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. DOC 490.860, page 9 and DOC 490.800, page 2 state employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies. Additionally, RCW 72.09.225 states the Secretary will immediately institute proceedings to terminate the employment of any person who is found by the department, based on a preponderance of evidence, to have had sexual intercourse or sexual contact with an inmate. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports and the investigative log indicated there were zero substantiated staff-on-inmate sexual abuse allegations reported during the previous twelve months.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. DOC 490.860, page 6 states 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.

	<p>Page 9 further states in cases of substantiated staff sexual misconduct: telephone, mail including E-messaging, and visiting restrictions will be imposed between the employee/contract staff and the named victim(s) per DOC 450.050 Prohibited Contact. The Appointing Authority will ensure the finding(s) is reported to relevant licensing bodies. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and zero staff member were reported to law enforcement or relevant licensing bodies.</p> <p>Based on a review of the PAQ, Revised Code of Washington (RCW) 72.09.225, DOC 490.800, DOC 490.860 and Investigative Reports indicates that this standard appears to be compliant.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Revised Code of Washington (RCW) 72.09.225 3. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 4. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ stated that the agency policy requires that 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. Additionally, it stated that policy requires that any contractor or volunteer who</p>

engages in sexual abuse be prohibited from contact with inmates. DOC 490.860, page 9 states contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department’s jurisdiction. For any other violations of Department PREA policies, appropriate actions will be taken. For contract staff terminations, the Appointing Authority will notify the contract staff/organization in writing with a copy to the PREA Coordinator/designee, who will alert all facilities of the termination. Facilities will establish procedures to track contract staff terminations and notify appropriate control points to ensure facility access is not granted. Volunteer terminations will be tracked per DOC 530.100 Volunteer Program. Former volunteers with any: PREA investigation finding of substantiated, where the volunteer is the accused, will not be able to apply for visits with an incarcerated individual for 3 years. Substantiated allegations of sexual intercourse or staff sexual misconduct will not be able to communicate with an incarcerated individual (e.g., telephone, the mail, E-messages) for one year. The PAQ indicated that there have been zero contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports and the investigative log confirmed there were zero allegations of sexual abuse or sexual harassment reported against a contractor or volunteer.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. DOC 490.860, page 9 states contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department’s jurisdiction. For any other violations of Department PREA policies, appropriate actions will be taken. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would typically result in the volunteer or contractor being denied access to the facility and removed from the program. He stated they would look at the nature of the allegation and determine if it needed to be forwarded to law enforcement. He further indicated that if it was sexual harassment they may find that they can handle through a retraining of the individual.

Based on a review of the PAQ, Revised Code of Washington (RCW) 72.09.225, DOC 490.800, DOC 490.860, Investigative Reports and information from the interview with the Warden, this standard appears to be compliant.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Washington Administrative Code (WAC) 137-28
3. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation
4. DOC 460.000 - Disciplinary Process for Prisons
5. DOC 460.050 - Disciplinary Sanctions
6. Statewide Orientation Handbook
7. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ stated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. DOC 490.860, page 10 states individuals in Prison and Reentry Centers may be subject to disciplinary action per DOC 460.050 Disciplinary Sanctions or DOC 460.135 Disciplinary Procedures for Work Release for violating Department PREA policies. For substantiated allegations against an incarcerated individual, a 635, 637, or 659 violation must be written against the perpetrator as applicable. WAC 137-28 outlines the offender disciplinary process, to include charges, process and sanctions. The PAQ indicated there have been zero administrative and zero criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of investigative reports and the investigative log indicated there were zero inmate-on-inmate substantiated sexual abuse investigations and as such no discipline was required.

115.78 (b): WAC 137-28 outlines the offender disciplinary process, to include charges, process and sanctions. The interview with the Warden indicated that if an inmate is found to have violated the sexual abuse or sexual harassment policies he/she is subject to disciplinary action as outlined by WAC. He stated they may be subject to loss of good conduct time and a number of restrictions. The Warden confirmed that

disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates. He stated there is a disciplinary policy that provides a grid for in-kind infractions. A review of investigative reports and the investigative log indicated there were zero inmate-on-inmate substantiated sexual abuse investigations and as such no discipline was required.

115.78 (c): WAC 137-28-360 states that in determining an appropriate sanction, the hearing officer should consider the offender's mental health and his/her intellectual, emotional and maturity levels and what effect a particular sanction might have on the offender in light of such factors. The interview with the Warden confirmed that a inmates' mental disability or mental illness would be considered in the disciplinary process. A review of investigative reports and the investigative log indicated there were zero inmate-on-inmate substantiated sexual abuse investigations and as such no discipline was required.

115.78 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the sexual abuse and the facility considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. The interview with the mental health staff member confirmed that they offer therapy, counseling and other intervention services designed to address and correct underlying reason or motivations for sexual abuse to the perpetrator. She stated they have the offender health plan which is what WADOC offers and they review the guidelines on what services can be offered.

115.78 (e): DOC 490.860, page 10 states alleged victims are not subject to disciplinary action related to violating PREA policies except when an investigation of staff sexual misconduct determines that the staff did not consent to the contact. The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): The PAQ stated that the agency 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. DOC 490.860, page 10 states alleged victims are not subject to disciplinary action related to violating PREA policies except when: an investigation of staff sexual misconduct determines that the staff did not consent to the contact; the formal PREA investigation resulted in a determination that the allegation was unfounded; a 549 violation may be written and served upon

	<p>completion of the investigation and a report of sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.</p> <p>115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. DOC 490.800, Attachment 1 and page 11 of the Statewide Orientation Handbook state that consensual, non-coerced sexual activity between inmates is prohibited by Department rules and policies and may result in an infraction, but is not defined as a violation of PREA policies or law.</p> <p>Based on a review of the PAQ, Washington Administrative Code (WAC) 137-28, DOC 490.860, DOC 460.000, DOC 460.050 - Disciplinary Sanctions, Statewide Orientation Handbook, Investigative Reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments 3. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 4. DOC 490.850 - Prison Rape Elimination Act (PREA) Response 5. DOC 630.500 - Mental Health Services 6. DOC 610.025 - Health Services Management of Alleged Sexual Misconduct Cases 7. OMNI PREA Risk Assessment (PRA) Assessors Guide 8. PREA Mental Health Notification (DOC 13-509) 9. Substance Abuse Recover Unit Compound Release of Confidential Information (DOC 14-172)

10. Authorization for Disclosure of Health Information (DOC 13-035)

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff
3. Inmates who Disclosed Prior Victimization During the Risk Screening

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. DOC 490.820, page 7 states case managers will complete referrals for mental health services using DOC 13-509 PREA Mental Health Notification if the screening indicates that the individual has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institutional setting or in the community: at the time the initial/intake PRA is completed, or if a follow-up/for cause assessment results in: an individual obtaining a new yes score as a perpetrator or having experienced sexual abuse, or if an individual has a score of yes, but there is new information. The referring employee will ask if the individual wishes to meet with a mental health provider as a result of the PRA information and will document the response on the DOC 13-509 PREA Mental Health Notification. DOC 630.500, page 4 states facility employees/contract staff will report mental health concerns on DOC 13-420 Request for Mental Health Assessment. The PAQ indicated that 0% of the inmates who reported prior victimization were offered a follow-up with medical and/or mental health within fourteen days. Further communication with the PCM indicated that this should have been 100%. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of the PRA Assessment Guide illustrates that when an individual answers yes to prior sexual victimization, a box pops up on the screen directing staff to complete a DOC 13-509. The DOC 13-509 form includes a section for a reason for the notification, the response to the notification and the mental health staff's response. The form allows space for the staff to identify whether the individual accepted or declined the follow-up. The interview with staff responsible for the risk screening indicated that if an inmate discloses prior sexual victimization during the

risk screening they are offered a follow-up with mental health. He stated he fills out a 13-509 and they ask during right away whether they want to see mental health. The staff stated the inmate is seen very quickly, usually within 48 hours. The interviews with the inmates who disclosed prior victimization during the risk screening indicated three of the four were offered a follow-up with mental health care staff. A review of documentation for sixteen inmates that disclosed prior victimization during the risk screening confirmed that all sixteen were offered a follow-up with mental health on the same date as the risk assessment. It should be noted that the auditor observed that all inmates are offered a follow-up with mental health each time they have a risk screening completed and prior victimization is identified, including previously disclosed victimization where they declined a follow-up with mental health. The facility treats each risk screening as a new contact and as such inmates are provided multiple opportunities (including during the initial risk screening and the reassessment) for mental health follow-up services, exceeding the requirement of this provision.

115.81 (b): The PAQ indicated that the provision is not applicable as the facility is a jail. Further communication with the PCM indicated that the Rio Grande Processing Center is not a prison, but rather a pre-trial detention facility (jail). DOC 490.820, page 7 states case managers will complete referrals for mental health services using DOC 13-509 PREA Mental Health Notification if the screening indicates that the individual has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institutional setting or in the community: at the time the initial/intake PRA is completed, or if a follow-up/for cause assessment results in: an individual obtaining a new yes score as a perpetrator or having experienced sexual abuse, or if an individual has a score of yes, but there is new information. The referring employee will ask if the individual wishes to meet with a mental health provider as a result of the PRA information and will document the response on the DOC 13-509 PREA Mental Health Notification. DOC 630.500, page 4 states facility employees/contract staff will report mental health concerns on DOC 13-420 Request for Mental Health Assessment. The PAQ indicated did not indicate the percent of inmates that were offered a mental health follow-up, however further communication with the PCM indicated that 100% of those inmates who were identified to have prior sexual abusiveness were seen within fourteen days by medical or mental health staff. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of the PRA Assessment Guide illustrates that when an individual answers yes to prior sexual abusiveness, staff are to complete a DOC 13-509. The DOC 13-509 form includes a section for a reason for the notification, the response to the notification and the mental health staff's response. The form allows space for the staff to identify whether the individual accepted or declined the follow-up. The interview with staff responsible for the risk screening indicated that if a inmate is identified with prior sexual abusiveness they would be offered a follow-up with mental health. He stated this is the same as someone who discloses sexual victimization in that he would complete a 13-509 and ask the inmate if he/she wants to see mental health. He further stated that the

electronic system has a box that pops up that reminds the staff to complete the 13-509 form. A review of documentation identified three inmates with prior sexual abusiveness. All three were offered a follow-up with mental health the same date as the risk screening. It should be noted that the auditor observed that all inmates are offered a follow-up with mental health each time they have a risk screening completed and prior abusiveness is identified, including previously identified abusiveness where they declined a follow-up with mental health. The facility treats each risk screening as a new contact and as such inmates are provided multiple opportunities (including during the initial risk screening and the reassessment) for mental health follow-up services, exceeding the requirement of this provision.

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. DOC 490.820, page 7 states case managers will complete referrals for mental health services using DOC 13-509 PREA Mental Health Notification if the screening indicates that the individual has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institutional setting or in the community: at the time the initial/intake PRA is completed, or if a follow-up/for cause assessment results in: an individual obtaining a new yes score as a perpetrator or having experienced sexual abuse, or if an individual has a score of yes, but there is new information. The referring employee will ask if the individual wishes to meet with a mental health provider as a result of the PRA information and will document the response on the DOC 13-509 PREA Mental Health Notification. DOC 630.500, page 4 states facility employees/contract staff will report mental health concerns on DOC 13-420 Request for Mental Health Assessment. The PAQ indicated that 0% of the inmates who reported prior victimization were offered a follow-up with medical and/or mental health within fourteen days. Further communication with the PCM indicated that this should have been 100%. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of the PRA Assessment Guide illustrates that when an individual answers yes to prior sexual victimization, a box pops up on the screen directing staff to complete a DOC 13-509. The DOC 13-509 form includes a section for a reason for the notification, the response to the notification and the mental health staff's response. The form allows space for the staff to identify whether the individual accepted or declined the follow-up. The interview with staff responsible for the risk screening indicated that if a inmate discloses prior sexual victimization during the risk screening they are offered a follow-up with mental health. He stated he fills out a 13-509 and they ask during right away whether they want to see mental health. The staff stated the inmate is seen very quickly, usually within 48 hours. A review of documentation for sixteen inmates that disclosed prior victimization during the risk screening confirmed that all sixteen were offered a follow-up with mental health on the same date as the risk assessment.

115.81 (d): The PAQ stated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The PAQ further stated that the information is shared is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education and program assignments. DOC 490.850 and WCCW 490.850, page 2 as well as DOC 490.800, page 2 state 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. 490.860, page 2 states information related to investigations of sexual misconduct is 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. Inmate risk assessments are electronic while medical and mental health files are paper. During the tour the auditor spoke with health services records staff and confirmed medical and mental health records are paper and maintained in medical records. This area is locked and requires a key to access. Access to this area is limited to medical and mental health care staff and administrative staff. The records staff member stated that medical records is staffed from 7:00am-4:30pm on weekdays and that the door is secured when staffed and when not staffed. The records staff stated that only medical, mental health and administrative staff can view inmate medical and mental health records. The staff confirmed that security staff do not have access to these records. The staff also stated that there is a process in order for non-medical and mental health staff to request access to the records (administrative level staff). Risk assessments are electronic with limited access. During the tour security staff (a Correctional Officer) illustrated that security staff access to PRA information is limited to only the PREA designation (i.e. potential victim or potential perpetrator). The security staff pulled up the electronic system and confirmed that he was unable to view the results of the risk assessment. Information related to sexual abuse allegations is maintained in investigative files located in the PREA Compliance Specialist's office. The office has very limited access with a locked door and a locked file cabinet. Additionally, information is entered into the electronic system and access to details related to investigations is very limited.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. DOC 610.025, page 2 states medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an incarcerated setting unless the patient is under the age of eighteen. The facility utilizes the authorization for disclosure of health information form, which outline consent and rights. The interviews with medical and mental health staff confirmed they obtain informed consent prior to reporting sexual abuse that did not occur in a correctional setting. They further stated the facility does not house anyone under eighteen.

	<p>Based on a review of the PAQ, DOC 490.820, DOC 490.800, DOC 490.850, WCCW 490.850, DOC 630.500, DOC 610.025, OMNI PREA Risk Assessment (PRA) Assessors Guide, PREA Mental Health Notifications (DOC 13-509), DOC 14-172, DOC 13-035, observations made during the tour and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response 3. DOC 610.025 - Health Services Management of Alleged Sexual Misconduct Cases 4. Medical and Mental Health Documents (Primary and Secondary) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with First Responders <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical and Mental Health Areas <p>Findings (By Provision):</p> <p>115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials</p>

documenting services. DOC 490.850 states victims in all cases of reported sexual misconduct, regardless of who the misconduct is report to, will receive immediate medical and mental health services per DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases. Page 10 (DOC 490.850) further states that individuals housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025. DOC 610.025, pages 3-5 outline medical and mental health services for victims of sexual abuse. Page 3 states medical and mental health treatment services will be offered when an incarcerated individual reports having been a victim of sexual misconduct. During the tour the auditor observed that the health services area contained a small reception space with benches, exam and treatment rooms, an ancillary area and an infirmary. The exam and treatment rooms as well as the ancillary area provided privacy through a solid door with a small window and mobile privacy barriers. The auditor requested medical and mental health documentation for nine victims of sexual abuse. A review of documents indicated that two victims were not at the facility when the allegation was reported (Warden to Warden notification) and one allegation was reported via third party and did not have a named victim. The remaining six sexual abuse allegations required medical and/or mental health services, however none required emergency medical treatment or crisis intervention services. The facility was unable to provide any documentation confirming medical or mental health services were offered/ provided. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical staff stated they provide services immediately and mental health staff stated that they provide services within 24 hours to three days, depending on the gravity of the incident. Both staff confirmed the services they provide are based on their professional judgment. The interviews with the inmate who reported sexual abuse confirmed that three were provided medical and mental health services after they reported sexual abuse.

115.82 (b): SCCC is staffed 24 hours a day, seven days a week. Inmates are treated at the facility unless they are required to be transported to a local hospital. DOC 490.850 states victims in all cases of reported sexual misconduct, regardless of who the misconduct is report to, will receive immediate medical and mental health services per DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases. Page 10 (DOC 490.850) further states that individuals housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025. DOC 610.025, pages 3-5 outline medical and mental health services for victims of sexual abuse. Page 3 states medical and mental health treatment services will be offered when an incarcerated individual reports having been a victim of sexual misconduct. Interviews with first responders indicated that security staff separate the alleged victim and abuser, escort the victim to a safe location, stay on site and preserve the crime scene and make sure the individuals do not dispose of any evidence through showering, using the restroom, etc. The non-security first responder stated she would report to security and isolate and contain the area if it is safe. She stated she would follow direction from security on what they

tell her to do next. The auditor requested medical and mental health documentation for nine victims of sexual abuse. A review of documents indicated that two victims were not at the facility when the allegation was reported (Warden to Warden notification) and one allegation was reported via third party and did not have a named victim. The remaining six sexual abuse allegations required medical and/or mental health services, however none required emergency medical treatment or crisis intervention services. The facility was unable to provide any documentation confirming medical or mental health services were offered/provided.

115.82 (c): The PAQ states that inmate 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. DOC 610.025, page 4 states in facilities with health service employees/contract staff onsite, the alleged victim will be assessed in person by an appropriate health care provider before transport. The health care provider will provide information regarding the need for further medical evaluation to determine the extent of injuries; testing for and treatment of sexually transmitted infections; need for post exposure prophylaxis for sexually transmitted infections and need for pregnancy prevention, if applicable. Page 6 further states follow-up appointments with a Department health care practitioner and mental health professional will be offered to provide additional evaluation and treatment that is medically necessary, including testing, prophylaxis and treatment of sexually transmitted diseases as well as offer pregnancy testing and other pregnancy related medical services, if applicable. The auditor requested medical and mental health documentation for nine victims of sexual abuse. A review of documents indicated that two victims were not at the facility when the allegation was reported (Warden to Warden notification) and one allegation was reported via third party and did not have a named victim. The remaining six sexual abuse allegations required medical and/or mental health services, however none required emergency medical treatment or crisis intervention services. The facility was unable to provide any documentation confirming medical or mental health services were offered/provided. Interviews with medical and mental health staff indicated that inmate victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis. The medical staff member stated there is a nurse designed especially for these services. Interviews with inmates who reported sexual abuse indicated none of the allegations involved any oral or anal penetration and as such did not require information and access to sexually transmitted infection prophylaxis.

115.82 (d): The PAQ indicated 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. DOC 490.850, page 10 states all medical and mental health services for victims of sexual misconduct will be provided at no cost to the individual whether the individual inmates the abuser or

cooperates with any related investigation. DOC 600.025, page 2 states individuals will be charged a co-payment for all visits, except medical and mental health services allowed under the Washington DOC Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.

Based on a review of the PAQ, DOC 490.850, WCCW 490.850, DOC 610.025, Medical and Mental Health Documents, observations made during the tour and information from interviews with medical and mental health care staff, first responders and inmates who reported sexual abuse, this standard appears to require corrective action. The auditor requested medical and mental health documentation for nine victims of sexual abuse. A review of documents indicated that two victims were not at the facility when the allegation was reported (Warden to Warden notification) and one allegation was reported via third party and did not have a named victim. The remaining six sexual abuse allegations required medical and/or mental health services, however none required emergency medical treatment or crisis intervention services. The facility was unable to provide any documentation confirming medical or mental health services were offered/provided.

Corrective Action

The facility will need to ensure all victims of sexual abuse are offered appropriate medical and mental health services. The facility will need to provide the auditor with the list of sexual abuse allegations reported during the corrective action period and all associated medical and mental health documents, including documentation of emergency contraception and sexually transmitted infection prophylaxis.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
2. Medical and Mental Health Documentation

	<p>On April 27, 2023 the facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action period. The auditor reviewed documentation for five sexual abuse allegations reported during the corrective action period. Two had inmates that declined medical and mental health services, one was deemed consensual and as such no documentation was provided and two had documentation of medical and mental health services. One inmate was documented with being provided medical and mental health services, including sexually transmitted infection prophylaxis. One inmate was documented with a SANE exam at the local hospital and was provided HIV/STI testing at the facility.</p> <p>Based on the documentation provided, the facility has corrected this standard and as such it compliant.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response 3. DOC 610.025 - Health Services Management of Alleged Sexual Misconduct Cases 4. Medical and Mental Health Documents (Primary and Secondary) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with Inmates Who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. DOC 490.850 page 7 states victims in all cases of reported sexual misconduct, regardless of who the misconduct is report to, will receive immediate medical and mental health services per DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases. Page 10 (DOC 490.850) further states that individuals housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025. DOC 610.025, pages 3-5 outline medical and mental health services for victims of sexual abuse. Page 3 states medical and mental health treatment services will be offered when an incarcerated individual reports having been a victim of sexual misconduct. Page 6 further outlines follow-up medical and mental health services including evaluating the patients physical and emotional state. During the tour the auditor observed that the health services area contained a small reception space with benches, exam and treatment rooms, an ancillary area and an infirmary. The exam and treatment rooms as well as the ancillary area provided privacy through a solid door with a small window and mobile privacy barriers. Medical services are provided 24/7. Inmates have access to routine medical services on-site and emergency services are provided at the local hospital.

115.83 (b): DOC 490.850, page 8 states each Prison, Reentry Center, and Field Office will develop procedures for victims to receive ongoing medical, mental health, and support services as needed. DOC 610.025, pages 3-5 outline medical and mental health services for victims of sexual abuse. Page 3 states medical and mental health treatment services will be offered when an incarcerated individual reports having been a victim of sexual misconduct. Page 6 further outlines follow-up medical and mental health services including evaluating the patients physical and emotional state. Interviews with medical and mental health care staff confirmed that inmates are offered follow-up services. The mental health care staff member stated services would include evaluations, suicide risk assessments, consultation related to housing, treatment plans and follow-up appointments. The medical staff member stated follow-up services would include assessments, mental health referrals, infectious disease referrals and SANE exams. The interviews with the inmate who reported sexual abuse indicated three of the four were provided/offered follow-up services. A review of documentation for sixteen inmates that disclosed prior victimization during the risk screening confirmed that all sixteen were offered a follow-up with mental health on the same date as the risk assessment. The auditor requested medical and mental health documentation for nine victims of sexual abuse. A review of documents indicated that two victims were not at the facility when the allegation was reported (Warden to Warden notification) and one allegation was reported via third party and did not have a named victim. The remaining six sexual abuse allegations required medical and/or mental health services, however none required emergency medical

treatment or crisis intervention services. The facility was unable to provide any documentation confirming medical or mental health services were offered/provided.

115.83 (c): The facility utilizes the local hospitals for forensic medical examinations and offers basic medical and mental health services through appropriate licensed/certified staff. Interviews with medical and mental health care staff confirm that medical and mental health services are consistent with the community level of care.

115.83 (d): The PAQ indicated this provision is not applicable as the facility houses adult male inmates. DOC 610.025, page 4 states in facilities with health service employees/contract staff onsite, the alleged victim will be assessed in person by an appropriate health care provider before transport. The health care provider will provide information regarding the need for further medical evaluation to determine the extent of injuries; testing for and treatment of sexually transmitted infections; need for post exposure prophylaxis for sexually transmitted infections and need for pregnancy prevention, if applicable. Page 6 further states follow-up appointments with a Department health care practitioner and mental health professional will be offered to provide additional evaluation and treatment that is medically necessary, including testing, prophylaxis and treatment of sexually transmitted diseases as well as offer pregnancy testing and other pregnancy related medical services, if applicable.

115.83 (e): The PAQ indicated this provision is not applicable as the facility houses adult male inmates DOC 610.025, page 4 states in facilities with health service employees/contract staff onsite, the alleged victim will be assessed in person by an appropriate health care provider before transport. The health care provider will provide information regarding the need for further medical evaluation to determine the extent of injuries; testing for and treatment of sexually transmitted infections; need for post exposure prophylaxis for sexually transmitted infections and need for pregnancy prevention, if applicable. Page 6 further states follow-up appointments with a Department health care practitioner and mental health professional will be offered to provide additional evaluation and treatment that is medically necessary, including testing, prophylaxis and treatment of sexually transmitted diseases as well as offer pregnancy testing and other pregnancy related medical services, if applicable.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. DOC 610.025, page 4 states in facilities with health service employees/contract staff onsite, the alleged victim will be assessed in person by an appropriate health care provider before transport. The health care provider will provide information regarding

the need for further medical evaluation to determine the extent of injuries; testing for and treatment of sexually transmitted infections; need for post exposure prophylaxis for sexually transmitted infections and need for pregnancy prevention, if applicable. Page 6 further states follow-up appointments with a Department health care practitioner and mental health professional will be offered to provide additional evaluation and treatment that is medically necessary, including testing, prophylaxis and treatment of sexually transmitted diseases as well as offer pregnancy testing and other pregnancy related medical services, if applicable. A review of documentation for sixteen inmates that disclosed prior victimization during the risk screening confirmed that all sixteen were offered a follow-up with mental health on the same date as the risk assessment.

115.83 (g): The PAQ stated that treatment services are provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. DOC 490.850, page 11 states all medical and mental health services for victims of sexual misconduct will be provided at no cost to the individual whether the individual inmates the abuser or cooperates with any related investigation DOC 600.025, page 2 states individuals will be charged a co-payment for all visits, except medical and mental health services allowed under the Washington DOC Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting. Interviews with inmates who reported sexual abuse confirmed that they did not have to pay for his medical and mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. The facility is technically a jail and as such this provision is not applicable. DOC 610.025, page 7 states mental. Health professional will attempt to conduct a mental health evaluation within 60 days of receiving information of an incarcerated individual identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions. A review of documentation indicated there were zero substantiated inmate on inmate sexual abuse allegations and as such there were no confirmed inmate on inmate abusers. The interview with the mental health staff member confirmed that she would conduct a mental health evaluation on known inmate-on-inmate abusers if the PREA Specialist advised her to. She stated there has to be documentation related to the follow-up and they have to agree to the services.

Based on a review of the PAQ, DOC 490.850, WCCW 490.850, DOC 610.025, Medical and Mental Health Documents, observations made during the tour and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to require corrective action. A review of

documents indicated that two victims were not at the facility when the allegation was reported (Warden to Warden notification) and one allegation was reported via third party and did not have a named victim. The remaining six sexual abuse allegations required medical and/or mental health services, however none required emergency medical treatment or crisis intervention services. The facility was unable to provide any documentation confirming medical or mental health services were offered/ provided.

Corrective Action

The facility will need to ensure all victims of sexual abuse are offered appropriate medical and mental health services. The facility will need to provide the auditor with the list of sexual abuse allegations reported during the corrective action period and all associated medical and mental health documents, including documentation of HIV and STI testing.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
2. Medical and Mental Health Documentation

On April 27, 2023 the facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action period. The auditor reviewed documentation for five sexual abuse allegations reported during the corrective action period. Two had inmates that declined medical and mental health services, one was deemed consensual and as such no documentation was provided and two had documentation of medical and mental health services. One inmate was documented with being provided medical and mental health services, including sexually transmitted infection prophylaxis. One inmate was documented with a SANE exam at the local hospital and was provided HIV/STI testing at the facility.

Based on the documentation provided, the facility has corrected this standard and as such it compliant.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation
3. Investigative Reports
4. Local PREA Investigation Review Checklist (Sexual Abuse Incident Reviews)

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ stated that the facility 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. DOC 490.860, page 8 states the Appointing Authority/designee will convene a local PREA Review Committee to examine the case for all substantiated and unsubstantiated investigations of individual-on-individual sexual assault/abuse and staff sexual misconduct. The PAQ indicated that zero criminal and/or administrative investigations of alleged sexual abuse were completed at the facility, excluding only unfounded incidents. Further communication with the PCM indicated that there have been three investigations closed unfounded and three closed unsubstantiated. A review of the Local PREA Investigation Review Checklist indicates that it includes the case number, offenders name, date the investigation was completed, date of the review and staff

participating in the review. The checklist has yes and no check boxes with an area for comments as well. The checkboxes include the following questions: is a change to Department policy or local procedure indicated?; was the incident motivated by race, ethnicity, sexual orientation, transgender/intersex status, gang affiliation or other group dynamics?; did physical barriers or physical plant layout enable the abuse?; did the incident take place in an area subject to video monitoring?; were the Department approved staffing models followed?; was monitoring technology available/adequate? Additionally, the checklist has an area for recommendations to prevent future incidents and a section to indicate if recommendations were accepted, and if not, why. A review of eight sexual abuse investigations indicated that four were closed as unsubstantiated (one was on-going and three were unfounded). The facility provided documentation that all four had a sexual abuse incident review completed.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation and three criminal and/or administrative investigations of alleged sexual abuse had a completed sexual abuse incident review within 30 days. DOC 490.860, page 8 states the committee will meet every 30 days or as needed.

A review of eight sexual abuse investigations indicated that four were closed as unsubstantiated (one was on-going and three were unfounded). The facility provided documentation that all four had a sexual abuse incident review completed. Two of the reviews were completed within 30 days, while two were completed over the 30 day timeframe.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. DOC 490.860, page 8 state the committee will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners. A review of documentation indicated there were four sexual abuse incident reviews completed. The reviews included the PCM, a Correctional Program Manager and/or a Correctional Unit Supervisor, the Captain, the Investigator and Medical and/or Mental Health staff. The interview with the Warden confirmed that sexual abuse incident reviews are completed and the reviews include upper level management officials, line supervisors, investigators and medical and mental health care staff.

115.86 (d): The PAQ stated that the facility 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 an any recommendations for improvement, and submits each report to the facility head and PCM. DOC 490.860, page 8 states the committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist. A

review of the completed sexual abuse incident review confirmed that all were documented via the Local PREA Investigation Review Checklist which encompasses all the requirement under this provision. A review of documentation indicated there were four sexual abuse incident reviews completed. The reviews were completed via the Local PREA Investigation Review Checklist and included all the required elements under this provision. Interviews with the Warden, PCM and incident review team member confirmed that the facility conducts sexual abuse incident reviews and the reviews include the requirements under this provision. The Warden stated that information from the sexual abuse incident review is used to take action and move forward with any recommendations. He stated it is used to incorporate any changes needed to staffing and/or modification of video monitoring technology. The PCM indicated the facility conducts sexual abuse incident reviews and that the reviews include the requirements under this provision. She stated that she is part of the team that conducts the reviews and that she has not noticed any trends. The PCM indicated that the information is used to determine if there is something that could have been done and if so, recommendations are made. She stated she would then follow up on the recommendations to make sure there a due date for actions/activities.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. A review of completed sexual abuse incident reviews confirmed that a section exists for recommendations. A section also exists for whether the Local Review Committee accepted the recommendations and if not, the reason why. None of the sexual abuse incident reviews noted any recommendations.

Based on a review of the PAQ, DOC 490.860, Investigative Reports, Local PREA Investigation Review Checklist (Sexual Abuse Incident Reviews) and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation

4. Data Collection Instrument

5. Washington State Department of Corrections Annual PREA Report

Findings (By Provision):

115.87 (a): The PAQ indicated 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. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). DOC 490.860, page 12 states data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct. Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house individuals under the Department's jurisdiction. Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices. Data is collected utilizing the online electronic reporting system. This system captures numerous elements, including allegation type, date occurred, location it occurred, time it occurred, investigative outcome, etc. A review of the Washington State Department of Correctional Annual PREA Report confirms that it includes data from 2012 to current. The data is broken down by type and investigative outcome. The report contains a page that outlines the definitions of the data collection categories. Additionally, the report exceeds the requirement and breaks down the data with tables and graphs to depict data comparison across years and categories. The report contains not only overall agency data but also includes data broken down by facility.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. DOC 490.860, page 12 states data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct. Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house individuals under the Department's jurisdiction.

Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices. A review of the Washington State Department of Correctional Annual PREA Report confirms that it includes data from 2012 to current. The data is broken down by type and investigative outcome. Additionally, the report exceeds the requirement and breaks down the data with tables and graphs to depict data comparison across years and categories. The report contains no only overall agency data but also includes data broken down by facility.

115.87 (c): The PAQ indicated 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. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV).. A review of the Washington State Department of Corrections Annual PREA Report confirmed that the agency collects aggregated data by type of allegation and investigative outcome. Additionally, the facility collects data about the number of forensic medical examinations, how investigations were reported, the location of substantiated incidents, law enforcement referrals, local committee reviews and use of victim advocacy services.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 490.860, page 12 states data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct. Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house individuals under the Department’s jurisdiction. Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates and the data from the private facilities complies with SSV reporting regarding content. A review of the most recent (2021) Washington Department of Corrections Annual PREA Report confirmed that page 21 includes narrative and a table illustrating the sexual abuse data from 2017 to current for contracted facilities.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. DOC 490.860, page 13 states all data/reports will be provided on request to the U.S. Department of Justice.

Based on a review of the PAQ, DOC 490.860, DOC 490.800, data collection instrument, Annual PREA Reports, this standard appears to be compliant.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation
3. Washington State Department of Corrections Annual PREA Report

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: 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. DOC 490.860, page 12 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. A review of Washington State Department of Corrections Annual PREA Report indicates that it includes agency information as well as facility specific information. The report contains incident data (both agency and facility), the agency's progress of addressing sexual abuse, audit findings for each facility and the agency's strategic plans/action planning to address identified deficiencies. The report also includes facility specific accomplishments and corrective action plans. The interview with the Agency Head Designee indicated that data is collected and then provided to each facility as part of the annual reporting process. The data is evaluated to assist with developing local strategic plans as well as agency strategic plans. He stated that they complete the annual PREA report with visibility and transparency each year and that they look at trends and things occurring and actively adjust protocols to mitigate any issues or concerns. The PC further stated that there is a policy on data collection (DOC 490.860). She stated that

all data containing personal identifying information is securely retained and that the PREA triage unit has a data analyst that collects the data for all allegations that are received. She stated the data is collected, evaluated and then analyzed to determine if there are problems. She further stated they evaluate to determine if there are problems in specific areas or increased allegations and they have a conversation about these concerns to include possible causal factors. The PC confirmed that she generates an annual report by February for the previous calendar year. She stated the report includes an analysis of the PREA prevention and response, a high level summary and detailed facility information. She also stated it includes findings and corrective action, details of audits completed, what the agency has been working on and an overall assessment. She confirmed that the annual report includes a comparison of the current data with the previous years' data. The PCM stated that agency data looks at what happens at each facility and how the facility dealt with the situation. She stated data is utilized to show what works and is used to make sure everyone is safe. She further stated that all data plays a role in how policies and guidelines are written in order to keep everyone safe.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of Washington State Department of Corrections Annual PREA Report indicates that it includes agency information as well as facility specific information. The report contains incident data (both agency and facility), the agency's progress of addressing sexual abuse, audit findings for each facility and the agency's strategic plans/action planning to address identified deficiencies. The report also includes facility specific accomplishments and corrective action plans. Both the agency and facility sections include a comparison of aggregated data as well as prior deficiencies identified and accomplishments based on those deficiencies.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. DOC 490.860, page 13 states the report requires Secretary approval. Approved reports will be made available to the public through the Department's website. The interview with the Agency Head Designee confirmed that the annual PREA report is approved by the Secretary of the Department. The report is published online at <https://www.doc.wa.gov/corrections/prea/resources.htm#policies>.

115.88 (d): The PAQ indicated none of the information contained in the published report had a need to be redacted. DOC 490.860, page 13 states 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. A review of Washington State Department of Corrections Annual PREA Report confirms

that no personal identifying information is included in the reports nor any security related information. The reports did not contain any redacted information. The interview with the PC indicated that she has never witnessed anything redacted or a need to redact any information. She stated if there were redactions they would be anything that presented a clear or specific threat to security or any personal identifying information. She stated the public information does not contain either of those factors. She further confirmed if they did redact any information they would indicate the nature of what was redacted.

Based on a review of the PAQ, DOC 490.860, the Annual PREA Report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation
3. DOC 280.310 - Information Technology Security
4. DOC 280.515 - Data Classification and Sharing
5. Department of Corrections Records Retention Schedule
6. Washington State Department of Corrections Annual PREA Report

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. DOC 490.860, page 12 states all PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Data Classification and Sharing. The PC stated that there is a policy on

data collection (DOC 490.860). She stated that all data containing personal identifying information is securely retained and that the PREA triage unit has a data analyst that collects the data for all allegations that are received. She stated the data is collected, evaluated and then analyzed to determine if there are problems. She further stated they evaluate to determine if there are problems in specific areas or increased allegations and they have a conversation about these concerns to include possible causal factors. The PC confirmed that she generates an annual report by February for the previous calendar year. She stated the report includes an analysis of the PREA prevention and response, a high level summary and detailed facility information. She also stated it includes findings and corrective action, details of audits completed, what the agency has been working on and an overall assessment. She confirmed that the annual report includes a comparison of the current data with the previous years' data.

115.89 (b): The PAQ states that the agency will 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 through other means. DOC 490.860, page 13 states the report requires Secretary approval. Approved reports will be made available to the public through the Department's website. A review of the website <https://www.doc.wa.gov/corrections/prea/resources.htm#policies> confirmed that the current Annual PREA Report, which includes aggregated data for the agency, is available to the public online. Additionally, all prior annual reports from 2013 to current are also available on the agency website.

115.89 (c): The PAQ states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. It further states that none of the information in the annual reports requires redaction. A review of Washington State Department of Corrections Annual PREA Report confirms that no personal identifying information is included in the reports nor any security related information. The reports did not contain any redacted information.

115.89 (d): DOC 490.860, page 13 states records associated with allegations of sexual misconduct will be maintained 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 5 years. If a review of the investigation records reveals that the accused person does not meet this 5 year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule. A review of historical Annual PREA Reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, DOC 490.860, DOC 280.310, DOC 280.515, the

	Department of Corrections Records Retention Schedule, the Annual PREA Report, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): <p>115.401 (a): The facility is part of the Washington State Department of Corrections. A review of the list of facilities and audit reports available on the agency website indicates that all agency facilities have had a completed PREA audit.</p> <p>115.401 (b): The facility is part of the Washington State Department of Corrections. A review of the list of facilities and audit reports available on the agency website indicates that at least one third of the agency’s facilities are audited each year. The facility is being audited in the first year of the three-year cycle.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p> <p>115.401 (n): The auditor observed the audit announcement in each housing unit and in common areas on bright orange paper. The audit noticed advised the inmates that correspondence with the auditor would remain confidential unless the inmate reported information such as sexual abuse, harm to self or harm to others. The inmates were able to send correspondence via special mail. The auditor received three letters from inmates that appeared to not be opened/screened.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Findings (By Provision):

115.403 (a): The facility was previously audited on November 4-7, 2019. The final audit report is publicly available via the agency website. A review of the website confirmed that the agency has uploaded final reports for audited facilities.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	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
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	no
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	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	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	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.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	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 inmate 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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (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 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	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
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b) Reporting to inmates		
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes