PREA AUDIT: AUDITOR'S SUMMARY REPORT
ADULT PRISONS & JAILS

NATIONAL PREA RESOURCE CENTER

BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility:	Cedar Creek Corrections Center		
Physical address:	12200 Bordeaux Road Washington 98556-0037		
Date report submitted:	August 26, 2014		
Auditor Information			
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Telephone number:	(505) 977-7607		
Date of facility visit:	August, 2014		
Facility Information			
Facility mailing Address: *(if different from above)*			
Telephone number:			
The facility is:	☐ Military	☐ County	☐ Federal
	☐ Private for profit	☐ Municiple	☒ State
	☐ Private not for profit		
Facility type:	☐ Jail	☒ Prison	
Name of PREA Compliance Manager:		**Title:**	
Email address:		**Telephone Number:**	
Agency Information			
Name of Agency:			
Governing authority or parent agency: *(If applicable)*			
Physical address:			
Mailing address: *(If Different from above)*			
Telephone number:			
Agency Chief Executive Officer			
Name:		**Title:**	
Email address:		**Telephone Number:**	
Agency-Wide PREA Coordinator			
Name:		**Title:**	
Email address:		**Telephone Number:**	

AUDIT FINDINGS

NARRATIVE: On August 14-16, 2014 Shannon McReynolds, General Manager of JMC Associates and USDOJ certified PREA auditor, conducted an on-site visit as part of PREA audit of the Cedar Creek Corrections Center (CCCC) in Littlerock Washington. The Department point of contact was Vicki Loete from the PREA Unit of Washington Department of Corrections (WADOC). The point of contact for CCCC was Charlie Washburn, the facility PREA Compliance Manager. The pre-audit activities included a review of Agency policy, directives, and documentation reflecting that processes were actually employed to prevent, detect, and respond to sexual victimization. Mr. Washburn supplied the documentation provided for pre-audit reviews and activities. He also subsequently provided additional documentation necessary to make conclusive findings for the audit. The on-site visit consisted of an inspection of every housing unit, all critical service areas, program areas, maintenance buildings, and administrative offices.

In addition to document reviews and facility inspection, twenty-two staff members were interviewed, including senior management, case managers, medical staff, human resources staff, behavioral health staff, and members of the sexual abuse incident review team, investigators, and a random number of correctional officers. Further, fourteen inmates were interviewed, including inmates who were screened as being at high risk for sexual victimization and inmates who reported sexual victimization, as well as a random sample of inmates. Due to the mission of the facility as a fire camp, disabled inmates were not in the population. Further, the facility did not identify any limited-English-proficient (LEP) inmates, or inmates who identified as members of the lesbian/gay/bisexual/ transgendered/intersex (LGBTI) population of the prison. Even though the facility had a small segregation unit, no inmates were identified as being assigned to the segregation unit and a tour of the facility confirmed that no inmates were housed in the segregation unit.

Unique features of CCCC include:

1. A minimum custody general population with a small segregation unit.
2. An active fire-fighting mission
3. Extensive programming opportunities for inmates.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Cedar Creek Corrections Center is four hundred and eighty-bed with a current population of four hundred and seventy-three inmates assigned to the facility. Housing configuration includes two-man cells and dorm settings, subdivided into bays with either four or eight inmates per bay. The physical plant also includes a food service facility and dining hall, a gym, prison industries facility, commissary facility, education facility, behavioral heath programming area, law library, medical services building, visiting room, maintenance buildings, armory, and

administrative offices. The facility is free of Security Threat Group graffiti and noise levels were low. These, along with adequate air conditioning in the housing units, contribute to low stress levels for both staff and inmates. The facility is extremely clean and well maintained.

Programs administered at CCCC include Adult Basic Education, Vocational training, out-patient mental health treatment, corrections industries work programs, visiting, and religious programming.

SUMMARY OF AUDIT FINDINGS:

Inmates who were interviewed all cooperated with the interview process. All expressed general satisfaction with operations. All inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they had received training on PREA by watching a DVD presentation, which was confirmed by signed and dated acknowledgment forms. All inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they had been through the PREA screening process, which was confirmed by a random review of materials from the Offender Management and Network Information system (OMNI) and by reviewing a random sample of completed screening forms during the facility tour. Inmates indicated during their interviews that they knew the various mechanisms for reporting sexual abuse, the services available to victims of sexual abuse, and had been advised of prevention strategies. During the tour of the facility, the auditor was able to talk to inmates without monitoring by facility staff, and the inmates did not hinder the tour by all wanting to talk to the auditor, a significant indicator that classification and security staff have frequent discussions with the inmate population, explaining operational decisions and up-coming events.

CCCC staff cooperated with the interviews and all expressed support for the goals of PREA. All staff indicated that they had received a repeated blocks of training on PREA, which was corroborated by training logs generated from OMNI, and that investigators, medical staff, and behavioral health staff had received specialized training related to their duties under PREA, confirmed by training logs generated from OMNI. CCCC has a designated staff Associate Superintendent Washburn to monitor staff and inmates to ensure that they do not experience retaliation for making reports of sexual victimization.

Number of standards exceeded: 4

Number of standards met: 39

Number of standards not met: 0

Standard
Number here: 115.11, Zero Tolerance of sexual abuse and sexual harassment; Prison Rape Elimination Act (PREA) coordinator

☐ Exceeds Standard (substantially exceed requirement of standards
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.11 has three elements that the facility must meet for a finding of "meets standard".
The first element requires a written policy mandating zero tolerance towards all forms of sexual abuse and harassment and an outline of the agency's approach to preventing, detecting, and responding to such conduct. DOC 490.800 establishes the zero tolerance policy for all forms of sexual abuse and harassment. DOC 490.800 outlined the facility's approach to preventing, detecting, and responding to such conduct by mandating training for staff (including first-responder training) and inmates, screening staff and inmates, and providing a multi-route reporting mechanism. Further, the Washington Department of Corrections publishes a reporting hotline on its website and has established a written MOU with A Safe Place, a local advocacy group.
The second element requires that the agency employ an upper-level agency-wide PREA coordinator with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. WDOC has produced an organizational chart showing Beth Schubach as the agency's PREA coordinator, who reports directly to Deputy Director Earl Wright. Ms. Schubach reported in her interview that she has sufficient time to develop, implement, and oversee efforts to comply with PREA.
The third element requires that where an agency operates more than one facility, each facility shall have a PREA compliance manager with sufficient time and authority to coordinate facility efforts to comply with the PREA standards. The facility has produced written documentation showing Charlie Washburn has been assigned as the facility PREA compliance manager. Mr. Washburn reports directly to Superintendent Cole, and in his interview, Mr. Washburn reports that he has been dedicated to the facility's PREA efforts and has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

RECOMMENDATION: None

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

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.12 has two elements that a facility must meet for a finding of "meets standard".
The first element requires that contracts with private agencies or other entities include the entities obligation to adopt and comply with the PREA standards. The agency produced a contract with CCA that predates the promulgation of the standards and was amended on 7/8/2013. Since it was only an amended contract and not, a renewal, the facility is compliant with this element.
The second element requires that new contracts or contract renewals provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. As previously noted, the

agency produced a contract with CCA that predates the promulgation of the standards and was amended on 7/8/2013. Thus the facility meets this element.

RECOMMENDATION: None

Standard **Number here: 115.13** Supervision and monitoring

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.13 has four elements that a facility must meet for a finding of "meets standard".
The first element requires that the facility develop, document, and make best efforts to comply on a regular basis with a staff plan that provides for adequate staffing and video monitoring, and taking into consideration 11 conditions. The facility produced a staffing plan in DOC 110.100, along with a custody Staffing Model, operations logs, and a PREA vulnerability report that specifically addressed each of the 11 conditions. The tour of the facility confirmed that assigned staff and supervisors were actually at their assigned post. The facility has partially implemented several video monitoring systems that include the Prison Industries area, the gym, the education building, and medical facility. Based on these auditor activities, the facility has been determined to meet the requirements of this element.
The second element requires that where the staffing plan is not complied with, the facility documents and justifies the deviation. Interviews with senior staff consistently indicated that deviations from the staffing plan were overcome with the use of overtime, pull posts, and shut-down posts. The audit tool indicates that if the facility has no deviations from the staffing plan, the audit tool instructs that this element is to be marked "N/A". Thus the facility meets this element.
The third element requires that at least once each year, the agency, in consultation with the PREA Coordinator, assess, determine, and document where adjustments are needed to the staffing plan, technology assets, and resources to ensure adherence to the staffing plan. The annual PREA Vulnerability Assessment meets this element.
The fourth element requires that the facility implements a policy and practice of having intermediate or higher level supervisors conduct unannounced rounds in the units during day and night shifts and that the policy prohibits staff from alerting other staff that these unannounced rounds are occurring. DOC 420.370 and 110.100 require unannounced rounds by the lieutenants and senior level supervisors on each shift and prohibit staff from alerting other staff when these rounds are occurring. A review of the offender unit report and direct observation of with supervisory staff demonstrated that the rounds actually occurred. Thus, the facility meets this element.
This auditor also reviewed the WDOC system staffing rosters for shifts on August 15 and August 16. Determining whether a staffing plan is adequate is more than measuring the ratio of officers-to-inmates. Uniquely individual characteristics of the facility are important factors in the development of an adequate staffing plan. These factors include the physical plant layout, the mission of the facility, the custody level of the inmates housed in the facility, the average age of the inmate population, racial dynamics within the institution, security threat group activity, the number of serious incidents that threaten the security of the institution, etc. There are also methods in which a facility can mitigate the impact of staffing challenges, including but not limited to the use of video monitoring, small-group controlled movement, implementing a call-out system, inner perimeter fence lines to separate groups of inmates and control

traffic, the designation of search-and-escort staff, adding senior administrative staff to the daily facility rounds, etc. These generally accepted correctional principles are considered at CCCC.

RECOMMENDATION: None.

Standard
Number here: 115.14 Youthful inmates

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.14 has three elements that a facility must meet for a finding of "meets standard".
The first element requires that youthful inmates will not be placed in a housing unit where they will have sight, sound, or physical contact with adult offenders through the use of shared day rooms, shower areas, or sleeping quarters. CCCC has provided a memo stating that they do not house youthful offenders. Interviews with inmates did not result in the identification of any youthful offenders. Thus the facility meets this element.
The second element requires that outside of the housing unit sight and sound separation is maintained for your offenders or that there is direct supervision when youthful inmates have contact with adult offenders. CCCC has provided a memo stating that they do not house youthful offenders. Interviews with inmates did not result in the identification of any youthful offenders. Thus the facility meets this element.

RECOMMENDATION: None.

Standard
Number here: 115.15 Limits to cross-gender viewing and searches.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.15 has six elements that a facility must meet for a finding of "meets standard".
The first element requires that the facility shall not conduct cross-gender strip searches or cross gender body cavity searches except in exigent circumstances or when performed by medical practitioners. DOC 420.310 prohibits such searches except in exigent circumstances or when performed by medical practitioners. CCCC is a male inmate facility, and a review of search documentation and interviews with male and female officers indicate that no female officers performed strip searches on male inmates or that any body cavity searches were made by anyone other than a medical practitioner. Additionally, inmates indicated in interviews that female officers did not perform strip searches. Thus the facility meets this element.
The second element in the standard has a date parameter starting August 20, 2015 and requires a finding of N/A prior to that date. Thus the facility meets this element.

The third element in the standards requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. A review of search documentation and interviews with male and female officers indicate that no female officers performed strip searches or visual body cavity searches on male inmates. Thus the facility meets this element.

The fourth element requires that the facility have policies and procedures that enable inmates to shower, perform bodily functions and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances, and that opposite gender staff announce themselves when entering the housing unit. DOC 420.370 requires that inmates be allowed to engage in the above activities without being viewed by opposite gender staff. A tour of the shower and toilet areas in the housing units indicates that there are adequate visual barriers to prevent opposite gender viewing from the floor and the officer's station. The tour of the facility also evidenced that female staff entering the unit are announced by the control officer on the unit intercom when entering. Thus the facility meets this element.

The fifth element in the standard requires that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. DOC 490.820 prohibits such searches. The interviews with the intake staff, unit officers, and medical staff indicate that such searches are not performed and that there is sufficient information in the inmate medial record to make a determination of the inmate's genital status.

The sixth element requires that security staff receive training in conducting cross-gender pat down searches and searches of transgender and intersex inmates in the least intrusive manner possible, consistent with security needs. The lesson plan on searches includes training on cross gender pat searches and pat searches of transgender and intersex inmates. The facility also produced documentation that staff had received the training. Thus the facility meets this element.

RECOMMENDATION: None.

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

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.16 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency shall take *appropriate* steps to ensure inmates with disabilities have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse, including the use of written materials, interpreters, etc. The facility produced a DVD for sight impaired inmates and written material for hearing impaired inmates. The facility also uses graphic novels to provide PREA information to inmates with learning disabilities. The facility also produced documentation indicating that there were no inmates in the facility who had a hearing disability.

The second element of the standard requires that the agency shall take *appropriate* steps to ensure meaningful access to the facility's efforts for inmates who are limited English proficient, including the use of interpreters. The facility produced written Spanish language PREA materials for LEP inmates and a Spanish language PREA DVD. A tour of the facility revealed PREA posters in Spanish. The facility also has Spanish-speaking staff members who can provide interpreter services.

The third element of the standard requires that the facility shall not rely on inmate interpreters except in limited circumstances. CCCC has numerous officers who may act as an interpreter for each shift.

Officers working in the unit indicated that they only use staff interpreters and that the use of inmate interpreters was prohibited.

RECOMMENDATIONS: None.

Standard **Number here: 115.17** Hiring and promotion decisions.

☐ Exceeds Standard (substantially exceed requirement of standard)

☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.17 has eight elements that a facility must meet for a finding of "meets standard".

The first element of the standard requires that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates, who have engaged in certain prohibited behaviors. A review of DOC 490.800 revealed policy language stating that prohibited behaviors preclude the hiring or promotion of those who have engaged in those prohibited behaviors. A review of the applicant packet for WDOC indicates that questions regarding past conduct are asked and answered.

The second element requires that the agency consider incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. DOC 810.015 requires considering incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. Thus the facility meets this element.

The third element requires that the agency conduct a criminal background check on new employees and make best efforts to contact prior institutional employers for information of substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation. DOC 810.015 requires such background checks and reviews. There was documentation in the file that CCCC would secure signed permission from applicants to make inquiries from former employers and then make best efforts to contract all prior institutional employers.

The fourth element requires that criminal background checks are conducted on contractors. CCCC indicates that they do not employ contractors who may have contact with inmates to provide services in the facility. DOC 810.015 requires criminal background checks on contractors. Thus the facility meets this element.

The fifth element requires that the facility conduct criminal background checks on employees at least every five years, or have some other system of capturing such information. DOC 810.015 requires criminal background check every five years, and a system is in place for capturing such information. A review of personnel files shows that current NCIC documentation is in the obtained and that a record of it is kept in the personnel file.

The sixth element requires that the agency ask all applicants and employees about misconduct in written applications or interviews or self-evaluations, and that employees have an affirmative duty to disclose misconduct. DOC 810.015 requires the inquiry for applicants and disclosure during self-evaluations as part of the performance evaluation process.

The seventh element requires that material omissions or false information are grounds for termination. DOC 810.015 provides that material omissions or false information are grounds for termination. Thus the facility meets this element.

The eighth element requires that unless prohibited by law, the agency shall provide information on substantiated allegations involving former employees upon receiving a request from an institutional

employer for whom the employee has applied to work. DOC 810.015 permits the release of such information and interviews with human resources staff indicate that requested information is provided. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard
Number here: 115.18 Upgrades to facilities and technologies.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.18 has two elements that a facility must meet for a finding of "meets standard".
The first element requires that when designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect on the agency's ability to protect inmates. The facility has not had a substantial expansion or modification since August 20, 2012. The audit tool has a finding of N/A if the agency has not acquired a new facility or made a substantial expansion since August 20, 2012. Thus, the facility meets this element.
The second element requires that when installing or updating a video monitoring system or other monitoring technology, the agency must consider how it will enhance the agency's ability to protect inmates from sexual abuse. The audit tool has a finding of N/A if the agency has not updated or installed monitoring technology since August 20, 2012. CCCC has received approval to issue a small works roster bid to upgrad its video monitoring capabilities. When asked, Superintendent Cole indicated that the new video monitoring system will increase the ability of the facility to monitor and record inmate activities, including sexual assaults, and that the higher quality recording will assist in the prosecution of sexual assaults. Thus, the facility meets this element.

RECOMMENDATION: None

Standard
Number here: 115.21 Evidence protocol and forensic medical exams.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.21 has eight elements that a facility must meet for a finding of "meets standard".
The first element requires the facility follow a uniform evidence protocol. DOC 420.375 contains the facility's uniform evidence protocol. Interviews with a facility investigator indicated that they are versed in the evidence protocol. Thus the facility meets this element.
The second element requires that the protocol be based on or adapted from the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. The facility produced documentation establishing that the evidence protocol referenced the *National Protocol*. Thus the facility meets this element.

The third element requires that the agency shall offer all victims access to forensic medical exams without cost where medically or evidentiarily appropriate performed by a SANE or SAFE and that the facility shall document efforts to provide SANEs or SAFEs. An interview with Superintendent Cole confirmed that victims are transported to the hospital in Olympia for the SANE exams, and reviews of investigation records show that victims are being transported when medically or evidentiarily appropriate.
The fourth element requires that the facility attempt to make available to the victim a victim advocate from a rape crisis center and if unavailable, the facility shall document its attempts to make one available. The facility produced an MOU with A Safe Place, a local advocacy group to provide advocacy services. Thus the facility meets this element.
The fifth element requires that, as requested by the victim, the victim advocate shall accompany and support the victim through the exam process and the investigatory process and provide emotional support, crisis intervention, information and referrals. A Safe Place is the provider for this requirement. Thus the facility meets this element.
The sixth element requires the agency request that outside investigating agencies follow the requirements enumerated thus far. CCCC produced documentation showing a close collaboration with the County Sheriff's Department and that they follow the requirements above. Thus, the facility meets this element.
The seventh element requires that outside state agencies or DOJ component that conduct investigations comply with all the elements of this standard. However, guidance from the PRC indicates that this element is to be counted as N/A.
The eighth element requires that those persons providing advocacy services be screened for appropriateness and received education concerning sexual assault and forensic exams. However, guidance from the PRC indicates that this element is to be counted as N/A.

RECOMMENDATIONS: None

Standard
Number here: 115.22 Policies to ensure referrals for investigations.

☐ Exceeds Standard (substantially exceed requirement of standards
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.22 has five elements that a facility must meet for a finding of "meets standard".
The first element requires that an administrative or criminal investigation be completed for all allegations. The facility produced a log of PREA allegations made by inmates at CCCC within the past 12 months. A review of investigation files shows that investigations were being completed in a timely manner. Thus the facility meets this element.
The second element requires that the agency shall have a policy that all allegations rising to the level of criminal violations are referred for investigation by an agency with legal authority to conduct criminal investigations and that the referral is documented, and that policy is on the website. DOC 490.860 addresses referrals for criminal investigations and is available on the WDOC website. Thus the facility meets this element.
The third element requires that if a separate entity is responsible for criminal investigations, that the policy describes the responsibilities of the agency and the investigating entity. This information is available on the Department's website, thus the facility meets this element.

The fourth element requires that any state entity responsible for investigations in a prison or jail shall have a policy governing the conduct of investigations. The audit tool designates this element as N/A.
The fifth element requires that any DOJ component responsible for conducting criminal investigations or administrative investigations have in place a policy governing the conduct of such investigations. The audit tool designates this element as N/A.

RECOMMENDATIONS: None

Standard
Number here: 115.31 Employee Training

☑ Exceeds Standard (substantially exceed requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.31 has four elements that a facility must meet for a finding of "meets standard".
The first element requires that the agency train all employees on 10 different topics related to PREA. A review of the lesson plan determined that the topics are covered. A review of training logs determined that staff are receiving the training. Interviews with staff confirm that they have received several trainings and understand the material presented in the training.
The second element requires that training is tailored to the gender of the inmates at the employee's facility and that if an employee is re-assigned to a facility that houses a different gender then they will receive additional training. CCCC is a male facility and a review of the lesson plan shows that it is consistent with the needs of a male population, but also provides information that is appropriate for a female population. Management reports that no new staff have been transferred from a female facility in the past 12 months so no additional training has been required. Thus the facility meets this element.
The third element requires that all current employees who have not received training shall be trained within one year of the effective date of PREA and shall receive refresher training every two years, and the facility provides refresher information in years when refresher training is not given. An interview with the PREA Compliance Manager and with random facility staff indicates that all staff have received the training and are scheduled for refresher training annually. Additionally refresher information on sexual abuse and sexual harassment policies is available for staff. Thus the facility exceeds this element.
The fourth element requires that the agency document through employee signature or electronic verification that employees understand the training they have received. The facility provided documentation maintained in the PREA Compliance Manager's office all that employees electronically acknowledged that they understood the training they received. Thus the facility meets this element.

RECOMMENDATION: None.

Standard
Number here: 115.32 Volunteer and contractor training.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.32 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that all volunteers and contractors receive training on their responsibility under the agency's PREA policy. A review of the lesson plan shows that PREA is explained and a review of training records show that volunteers and contractors are receiving the training. An interview with a contractor confirms that they receive training. Thus the facility meets this element.

The second element requires that the level and type of training received by volunteers and contractors is based on the level of contact they have with inmates and includes the agency's zero-tolerance policy and how to report sexual abuse. A review of the lesson plan finds that it includes the zero-tolerance statement and information on reporting sexual abuse. Thus the facility meets this element.

The third element requires that the facility maintain documentation confirming that volunteers and contractors understand the training they have received. CCCC maintains a log of volunteers and contractors who have been informed of WDOC PREA policy and have submitted documentation. Thus the facility meets this element.

RECOMMENDATION: None.

Standard
Number here: 115.33 Inmate Education

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.33 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that inmates are informed at intake of the agency's zero tolerance policy and how to report. DOC 490.800 requires that inmates receive this information at intake. Interviews with inmates at CCCC confirmed that they are aware of the zero-tolerance policy and that they know how to report. Thus CCCC meets this element.

The second element requires that inmates receive comprehensive information about their right to be free from sexual abuse and to be free from retaliation for reporting, and the agency's procedure for responding to such incidents. The facility produced training logs documenting that inmates have received comprehensive training on the about topics and inmate interviews confirm that inmates receive the comprehensive training. Thus the facility meets this element.

The third element requires that current inmates who have not received the training receive it within one year of the effective date of the standards and upon transfer to a new facility. The facility produced a roster showing the names of the inmate population and the date when they received the training, consistent with the documentation of the inmates' participation in the training. Interviews with a sample of inmates confirmed that they all had received the training. Thus the facility meets this element.

The fourth element requires that the agency provide training in formats accessible to all inmates who are LEP, deaf, visually impaired, and inmates with limited reading skills. CCCC produced documentation of written PREA materials in English for deaf inmates and in Spanish for LEP inmates, a DVD in English and Spanish for sight impaired inmates, and graphic novels for inmates with limited reading skills or other developmental disabilities. Thus the facility meets this element.

The fifth element of standard requires the facility to maintain documentation of inmate participation in these education sessions. The facility produced documents showing that they received the training. This was further substantiated by inmate interviews in which they unanimously indicated that they had signed

documents acknowledging that they had received training. Documents for every inmate are also maintained in the OMNI system.
The sixth element requires that the facility shall ensure that key information is continuously available to inmates through posters, inmate handbooks, and other written formats. A tour of the facility confirmed that posters are posted in the units, and inmates stated that they had received PREA pamphlets the facility has provided to them.

RECOMMENTATION: None.

Standard
Number here: 115.34 Specialized training: investigations.

☑ Exceeds Standard (substantially exceed requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard
Standard 115.34 has four elements that the facility must meet for a finding of "meets standard".
The first element requires that investigators received training in conducting sexual abuse investigations in confinement settings. The facility produced a lesson plan, sign-in rosters, and training certificates for 36 investigators who participated in the training. Additionally, interviews with investigators confirmed that they received the training. Thus the facility meets this element.
The second element requires that the training include techniques for interviewing, Miranda/Garrity warnings, evidence collection and the criteria and evidence required to substantiate a case. The lesson plan includes instructions on the use of Miranda/Garrity warnings, and an interview with a facility investigator indicates that they received training on Miranda/Garrity warnings. Thus the facility meets this element.
The third element requires that the facility maintain documentation that the investigators have completed the training. The facility produced copies of training rosters showing the names of eleven investigators who have completed the training. Thus the facility exceeds this element.
The fourth element requires that any state entity that investigates sexual abuse in confinement settings provides training to it agents and investigators. The facility was unable to produce documents showing that state agents had received training. However, under interpretive guidelines promulgated by the PRC, the facility cannot be held accountable for agents not under its direct control. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard
Number here: 115.35 Specialized training: medical and mental health care

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard
Standard 115.35 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that medical and mental health staff received training in detecting and assessing signs of sexual abuse, preserving evidence, responding to victims, and how to report allegations or suspicions of sexual abuse. The facility produced training documents showing medical and mental health staff received training. Additionally, interviews with medical and mental health staff confirmed that they had received this training. Thus the facility meets this element.
The second element requires that ***if*** medical staff conduct forensic exams, that they shall receive the training referenced in this standard. Medical staff at CCCC do not perform forensic exams. They are performed at local Hospital. In this case, the audit tool instructions are to find as this element as N/A.
The third element requires that the agency maintain documentation that medical and mental health staff received the training. The facility produced training documentation showing medical and mental health staff received the training. Additionally, interviews with medical and mental health staff indicate that they have received the training. Thus the facility meets this element.
The fourth element requires that medical and mental health staff also receive the training mandated for employees. The facility produced documentation showing that they had received this training, and interviews with staff confirmed that they had received it. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard
Number here: 115.41 Screening for risk of victimization and abusiveness.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.41 has nine elements that a facility must meet for a finding of "meets standard".
The first element requires that all inmates are assessed during the intake process. The facility produced documents showing that inmates were assessed. The facility produced documentation that confirmed that inmates were being assessed during the intake process. Thus the facility meets this element.
The second element requires that the screening take place within 72 hours of arrival. The facility produced an inmate roster showing dates-of-arrival. This was compared with the dates on the screening forms, confirming that the screening was taking place within 72 hours of arrival.
The third element requires that the assessments shall be conducted using an objective screening instrument. A review of the screening instrument confirms that it uses the objective criteria promulgated in the standards for screening inmates. Thus the facility meets this element.
The fourth element requires that the screening consider 10 criteria for the risk of sexual victimization. A review of the screening instrument shows that it uses the 10 criteria. Thus the facility meets this element.
The fifth element requires that the screening consider three criteria to measure an inmate's the risk of sexual abusiveness. A review of the screening instrument shows that it uses five criteria. Thus the facility meets this element.
The sixth element requires that inmates are rescreened within 30 days. The facility produced documents showing that those inmates were being rescreened within 30 days of the initial screening. Thus the facility meets this element.
The seventh element requires that an inmate's risk level will be re-assessed when warranted, requested, or additional information is received. A review of investigations documents identified inmates who had

need of re-assessment and a review of documentation from inmate files confirmed that those inmates had been re-screened. Thus the facility meets this element.

The eighth element mandates that inmates may not be disciplined for refusal to answer questions or disclose information during screening. DOC 490.800 prohibits disciplining inmates for refusing to disclose or answer questions. No evidence was produced that inmates had been disciplined for refusing to answer or disclose, and no inmates indicated in their interviews that they had received such disciplinary action. Thus the facility meets this element.

The ninth element requires that the agency implement controls on the dissemination within the facility to ensure sensitive information is not exploited to the inmate's detriment. DOC 280.515 requires that the screening tool and information is kept confidential in the inmate files and that information entered into OMNI is restricted based on the classification of the data to those with appropriate user permissions. Interviews with officers also confirmed that they understand that sensitive information is required to be kept confidential. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard **Number here 115.42:** Use of screening information.

☐ Exceeds Standard (substantially exceed requirement of standard)

☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.42 has seven elements that the facility must meet for a finding of "meets standard".

The first element requires that the agency shall use screening information to inform housing and program decisions with regard to inmates' safety. Charlie Washburn explained how this was accomplished during his interview and that inmates who scored high for risk of sexual victimization were not housed in the same cell or assigned to programs with an inmate who scored high for risk of being sexually abusive and to whom they might be vulnerable. Thus the facility meets this element.

The second element requires that the agency makes individualized determinations to ensure the safety of each inmate. An interview with a facility counselor demonstrates that decisions are made on an individualized basis. Thus the facility meets this element.

The third element requires that decisions are made on a case-by-case basis regarding the placement of transgendered inmates in male or female facilities. The screening tool and classification tool are specific to individual inmates, thus the facility meets this element.

The fourth element requires that placement and programming assignments for transgendered or intersex inmates are reassessed at least twice each year. DOC 300.380 requires that all inmates have their programming and housing assignments reviewed every six months. A review of random inmate file documentation shows that their placement and programming assignments have been reassessed at least twice in the year. Thus the facility meets this element.

The fifth element requires that a transgender or intersex inmate's views are given consideration. DOC 300.380 requires that inmates received due process in the classification and programming assignment process, and that inmates have the opportunity to challenge the facts used to make decisions. Thus the facility meets this element.

The sixth element requires that transgender and intersex inmates can shower separately from other inmates. CCCC identified three transgendered inmates, and shower facilities are built as stalls for each

shower including three walls and a shower curtain, allowing for disrobing in the stall. Based on direction from the PRC, this shower arrangement meets the element.
The seventh element requires that the agency does not place LGTBI inmates in dedicated facilities, wings, or units based solely on such identification or status. Superintendent Cole indicated in his interview that no such units exist in the facility. A review of the unit roster shows that inmates are not segregated by sexual orientation or gender identity. Thus the facility meets this element.

RECOMMENDATION: None.

Standard
Number here: 115.43 Protective custody

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".
The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. DOC 300.200 prohibits placing inmates in involuntary segregation based solely for scoring as at risk for sexual victimization. Interviews with inmates identified as scoring at high risk for sexual victimization were interviewed and all confirmed that they were in general population units. Thus the facility meets this element.
The second element requires that inmates placed in segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. A site visit to the segregation unit confirmed that inmates in the unit have visiting opportunities, recreation opportunities, and access to a phone. Thus the facility meets this element.
The third element requires that inmates are only placed in segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. As discussed in the previous element, all the inmates identified as scoring as high risk confirmed in their interviews that they were in general population units. Thus the facility meets this element.
The fourth element requires that if such an inmate is placed in segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. As discussed in the previous element, all the inmates identified as scoring as high risk confirmed in their interviews that they were in general population units. Thus the facility meets this element.
The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. DOC 490.800 establishes this requirement. Thus the facility meets this element.

RECOMMENDATION: None

Standard
Number here: 115.51 Inmate reporting

☑ Exceeds Standard (substantially exceed requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.51 has four elements that a facility must meet for a finding of "meets standard".
The first element requires that the agency provide multiple ways for inmates to privately report sexual abuse and harassment, retaliation, or staff neglect. DOC 490.800 establishes that inmates at CCCC have several independent ways to report sexual victimization, including writing directly to the State Attorney General, WADOC Headquarters, and an outside agency not affiliated with Washington State Government. Thus the facility meets this element.
The second element requires that the facility provide at least one way for inmates to report to a private entity or office that is not part of the agency and that is able to immediately forward reports to agency officials, allowing the inmate to remain anonymous. The WADOC has entered into an innovative MOU with the Colorado DOC as the outside agency to which inmates may report sexual victimization. Thus the facility exceeds this standard.
The third element requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. DOC 490.800 requires staff to accept verbal, written, and anonymous reports, document verbal reports in OMNI, and the agency webpage lists a phone number where third party reports can be made. Thus the facility meets this element.
The fourth element requires that the agency provide a method for staff to privately report sexual abuse and harassment of inmates. DOC 490.800 facilitates confidential reporting by staff and interviews with facility staff indicate that they have several options for reporting incidents of sexual misconduct in a confidential manner. Thus the facility meets this element.

RECOMMENDATION: None

Standard
Number here: 115.52 Exhaustion of administrative remedies.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.52 has six elements that a facility must meet for a finding of "meets standard". WADOC does not use the grievance process as the means for inmates to exhaust administrative remedies and CCCC produced a memo from Superintendent Cole stating that this standard did not apply to CCCC. Instead, PREA Coordinator Beth Schubach produced a directive from Deputy Secretary Pacholke that elevates the importance of the process for exhausting administrative remedies by diverting it from the grievance process to the Incident Management Reporting System (IMRS), integrating it into the formal PREA investigations system, and allowing inmates to be informed of the outcome of the investigation and to exhaust this administrative process before pursuing litigation for PREA incidents. Since exhausting administrative remedies in a PREA allegation would require an investigation to make a finding on a

grievance, diverting a PREA allegation to the formal investigation process ensures that inmate allegations are investigated. The facility investigator produced documents showing that PREA grievances filed by inmates are in fact diverted to the formal investigations process and are completed within 90 days. DOC 490.860 requires that all investigations are completed promptly, and that when an investigation exceeds a ninety-day period, an internal process prompts WADOC to review the progress of the case. Further, the directive from Deputy Secretary Pacholke requires that PREA grievances are sent directly to the appointing authority and are not submitted or referred to a staff member who is the subject of the complaint, places no time limits on when an inmate may file a PREA grievance, and does not require that inmates use an informal grievance process prior to making a formal complaint.

The Department's formal position is that because PREA allegations are removed from the established grievance process, submission of formal grievances would not be a prerequisite for an offender to file PREA related litigation and that this standard does not apply. Nevertheless, the alternative system in place for inmates to report allegations and for the investigation of those allegations is rigorous and in fact operational at CCCC. In view of the Department's formal position on this standard (requiring a finding of N/A per 115.52(a)), and the alternative system for the reporting and investigation of PREA allegations, I have determined that CCCC meets the intent of this standard.

RECOMMENDATION: None.

Standard
Number here: 115.53 Inmate access to outside confidential support services.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.53 has three elements that a facility must meet for a finding of "meets standard".
The first element requires that the facility shall give inmates access to outside victim advocates by providing mailing addresses and telephone numbers of local, state, or national advocacy programs and that the facility shall enable reasonable communication in as confidential manner as possible. The printed material given to inmates lists the phone number and mailing address to, A Safe Place, the local rape crisis center, and provides unmonitored phone access to the rape crisis center. A phone message from A Safe Place confirmed that they have an agreement with CCCC. Thus the facility meets this element.
The second element requires that facility inform the inmates the extent to which their communication will be monitored and the extent to which the report will be forwarded to authorities in accordance with mandatory reporting laws. RCW 5.60.060 governs the extent to which inmates' communication will be monitored. Interviews with inmates also indicated that inmates were aware of the extent to which their communications would be monitored. Thus the facility meets this standard.
The third element requires that the facility enter into or attempt to enter into MOUs with community service providers who can provide inmates with confidential emotional support services. The facility produced documentation of their MOU with A Safe Place, a community service provider. Thus the facility meets this element.

RECOMMENDATION: None.

Standard
Number here: 115.54 Third-party reporting.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard.
Standard 115.54 has one element that a facility must meet for a finding of "meets standard".
The standard requires that the facility shall establish a method to receive third-party reports of sexual abuse and harassment and publicly distribute information on how to report on behalf of an inmate. The agency website has instructions on how to make a third party report. In their interviews, inmates also stated that they were aware that third party reports could be made on their behalf. Thus the facility meets this standard.

RECOMMENDATION: None.

Standard
Number here: 115.61 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard
Standard 115.61 has five elements that a facility must meet for a finding of "meets standard".
The first element requires that staff are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect. DOC 490.800 have this requirement. Interviews with staff, including medical and mental health staff, also confirm that this is practice at the facility. Thus the facility meets this element.
The second element requires that staff shall not reveal information to anyone other than make treatment, investigation, and other security/management decisions. DOC 490.850 establishes this requirement. Interviews with medical and mental health staff also confirm that this is practice at the facility. Thus the facility meets this element.
The third element requires that medical and mental health practitioners are required to report sexual abuse pursuant to this standard and that they are required to inform the inmate of this duty. DOC 490.800 has this requirement. Interviews with medical and mental health staff also confirm that this is practice at the facility. Thus the facility meets this element.
The fourth element requires that if a victim is under the age of 18 or is considered a vulnerable person under statute, the agency shall report the allegation to the designated state or local services agency. DOC 490.850 requires the facility to report the allegation to the designated state agency. Interviews with Superintendent Cole, as well as medical and mental health staff also confirm that they are required to make these reports. Thus the facility meets this element.
The fifth element requires that all third-party reports are reported to the designated investigators. Policy DOC 490.800 contains this requirement and interviews with investigators confirm that this is the practice at the facility. Thus the facility meets this standard.

RECOMMENDATION: None

Standard
Number here: 115.62 Agency protection duties

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.62 has one element that a facility needs to meet for a finding of "meets standard".
The standard requires that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. DOC 490.820 has this requirement, and interviews with facility staff indicate that this is the practice at CCCC. Additionally, a review of investigation files confirms that when the allegation is made, a referral for investigation is immediately made and that the inmate is separated from the potential threat. Thus the facility meets this standard.

RECOMMENDATION: None

Standard
Number here: 115.63 Reporting to other confinement facilities.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.63 has four elements that a facility must meet for a finding of "meets standard".
The first element requires that upon receiving an allegation that an inmate was sexually abused at another facility, the head of the facility shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. DOC 490.850 contains this requirement thus the facility meets this element.
The second element requires that such notification is provided as soon as possible but no later than 72 hours after receiving the allegation. DOC 490.850 contains this requirement, and CCCC has taken action to ensure that these notifications take place. Thus the facility meets this element.
The third element requires that the agency shall document that it has provided such notification. The facility produced evidence that notifications are entered into OMNI and emails showing that this in fact has occurred. Thus the facility meets this element.
The fourth element requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. DOC 490.850 contains this requirement, and the interview with the facility warden confirmed that this in fact has occurred. Thus the facility meets this element.

RECOMMENDATION: None.

Standard
Number here: 115.64 Staff first responder duties.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.64 has two elements that a facility must meet for a finding of "meets standard".
The first element requires that upon learning that an inmate was sexually abused the victim and the abuser are separated, the crime scene is preserved, and that the victim is requested to take no actions that could destroy evidence. A review of DOC 490.850, attachment 1, and the staff training lesson plan confirms that staff are trained to do this. Interviews with inmates and staff show that this is the practice at the facility. Thus the facility meets this element.
The second element requires that if the first staff responder is not a security staff member, the responder is required to request that the victim not take any action that could destroy evidence and then notify security staff. A review of DOC 490.850 and the lesson plan given to staff shows that staff are informed of this requirement. Interviews with non-custody employees confirm that this is the practice at this facility. Thus the facility meets this element.

RECOMMENDATIONS: None

Standard
Number here: 115.65 Coordinated responses.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.65 has one element that a facility must meet for a finding of "meets standard".
This standard requires that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. CCCC 490.850 documents such a plan to guide staff in responding to incidents of sexual abuse. Interviews with facility staff confirm that they are familiar with this plan. Thus the facility meets this standard.

RECOMMENDATION: None.

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

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.66 has two elements that a facility must meet for a finding of "meets standard".
The first element requires that agency not enter into any collective bargaining agreement that limits the agency's ability to remove alleged staff abusers from contact with inmates pending the outcome of an investigation. The WADOC has a collective bargaining agreement with the Teamsters and with AFSCME but the CBAs allow for the removal of staff abusers from contact with inmates. Interviews with human resource staff also confirm that the CBAs do not prohibit the facility from removing alleged staff abusers from contact with inmates during the investigation, therefore the facility meets this element.
The audit tool marks the second element as non-applicable.

RECOMMENDATION: None.

Standard
Number here 115.67 Agency protections against retaliation.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.67 has five elements that a facility must meet for a finding of "meets standard".
The first element requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other inmates or staff, and designates staff members or departments with monitoring retaliation. DOC 490.860 protects inmates and staff from retaliation and Associate Superintendent Charlie Washburn is designated as the person who monitors for retaliation. Thus the facility meets this element. In an interview with Mr. Washburn, he identified the elements that would indicate if an inmate was experiencing retaliation.
The second element requires the agency to employ multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating. Mr. Washburn outlined in his interview the multiple measures used at CCCC to protect inmates and staff who fear retaliation, including status checks, re-assignment and monitoring. Interviews with staff and inmates confirm that they know what these steps are. Thus the facility meets this element.
The third element requires monitoring those staff or inmates who make reports or cooperate with investigations for retaliation for 90 days. DOC 490.860 establishes a 90-day monitoring period to protect inmates and staff from retaliation. Interviews with staff and inmates confirm that they advised of this monitoring. Thus the facility meets this element.
The fourth element requires that monitoring includes periodic status checks. The facility produced documentation showing that periodic status checks are part of the monitoring. Additionally, interviews with staff also indicated that status checks are part of the retaliation monitoring process. Thus the facility meets this element.
The fifth element requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. WADOC has included language in policy to apply to "any other individual".

RECOMMENDATIONS: None

Standard
Number here: 115.68 Post-allegation protective custody.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.68 has one element that the facility must meet for a finding of "meets standard".
The standard requires that the use of segregation to house inmates who are alleged to have suffered sexual abuse shall be subject to the requirements of 115.43.
Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".
The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. DOC 300.200 prohibits placing inmates in involuntary segregation based solely for scoring as at risk for sexual victimization. Interviews with inmates identified as scoring at high risk for sexual victimization were interviewed and all confirmed that they were in general population units. Thus the facility meets this element.
The second element requires that inmates placed in segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. A site visit to the segregation unit confirmed that inmates in the unit have visiting opportunities, recreation opportunities, and access to a phone. Thus the facility meets this element.
The third element requires that inmates are only placed in segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. As discussed in the previous element, all the inmates identified as scoring as high risk confirmed in their interviews that they were in general population units. Thus the facility meets this element.
The fourth element requires that if such an inmate is placed in segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. As discussed in the previous element, all the inmates identified as scoring as high risk confirmed in their interviews that they were in general population units. Thus the facility meets this element.
The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. DOC 490.800 establishes this requirement. Thus the facility meets this element.

RECOMMENDATIONS: None

Standard
Number here: 115.71 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.71 has twelve elements that a facility must meet for a finding of "meets standards".

The first element requires that when an agency conducts its own investigations, it does so promptly. DOC 490.860 meets this requirement. The facility also produced documentation showing that investigations occur promptly. Thus the facility meets this element.

The second element requires that the facility uses investigators that have received the specialized training required by 115.34. CCCC has trained eleven staff members to conduct sexual assault investigations and the finding of meets for standard 115.34 means that the facility meets this element also.

The third element requires that investigators collect evidence, interview those named in the investigation, and review prior complaints against the suspected perpetrator. DOC 490.860 and 420.375 contain the investigative protocol with these requirements. An interview with an investigator confirms they know this protocol, and a review of investigative case files confirms that this protocol is followed. Thus the facility meets this element.

The fourth element requires that when the quality of evidence supports criminal prosecution, the investigators conduct interviews only after consulting with prosecutors. DOC 490.860 has this requirement. Interviews with investigators show that they regularly consult with the Department's legal counsel. Thus the facility meets this element.

The fifth element requires that the credibility of a person is not determined by their status as an inmate or staff member and that there is no requirement that a person submit to a truth telling device as a condition for proceeding with the investigation. DOC 490.860 includes this requirement, thus the facility meets this element.

The sixth element requires that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. DOC 490.860 attachment 02-383 includes this requirement.

The seventh element requires that criminal investigations shall be documented in a written report with thorough descriptions of evidence. CCCC investigators do not conduct criminal investigations and the facility relies on outside law enforcement to conduct those criminal investigations. An interview with an investigator confirms that they are obligated to obtain written criminal investigation documentation, and there have been five criminal investigations in the past 12 months, with copies of the criminal investigations provided. The evidence supports the conclusion that the facility meets the intent of this element.

The eighth element requires that substantiated allegations of conduct that appear to be criminal are referred for prosecution. DOC 490.800 has this requirement. An interviews with an investigator shows that this is the practice at CCCC. Thus the facility meets this element.

The ninth element requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. The audit cycle has not yet gone far enough to unequivocally say that records are kept for five years beyond the subject's exit date. Due to the absence of any evidence that this is not happening, the facility meets this element.

The tenth element requires that the departure of accused employees from employment does not provide a basis for terminating the investigation. DOC 490.860 has this requirement. Thus the facility meets this element.

The eleventh element requires that any State component that conducts investigations shall do so pursuant to the above requirements. Pursuant to the interpretive guidelines promulgated by DOJ, The facility is not held accountable for other investigation components.

The twelfth element requires that when outside agencies investigate, the facility has to cooperate with outside investigators and remain informed of the progress of the investigations. The facility produced written a written directive from Superintendent Cole requiring cooperation with outside law enforcement

agencies and designating Michael Gleason to remain informed of the progress of criminal investigations. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard
Number here: 115.72 Evidentiary standard for administrative investigations.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.72 has one element that the facility must meet for a finding of 'substantial compliance". The standard requires that the agency impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated. The facility produced a written directive establishing the preponderance of evidence as the standard of evidence in administrative investigations. The interview with the facility investigator confirms that this is the standard of evidence used to make a finding of substantiated.

RECOMMENDATIONS: None.

Standard
Number here: 115.73 Reporting to inmates.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.73 has six elements a facility must meet for a finding of "meets standard".
The first element requires that at the completion of an investigation, the facility must inform the inmate whether the allegations were substantiated, unsubstantiated, or unfounded. DOC 490.860 requires inmates to be informed of investigation outcomes. The facility produced copies of documentation informing inmates of the outcomes of the investigations into their allegations. Thus the facility meets this element.
The second element requires that if the agency did not conduct the investigation, it will request relevant information in order to inform the inmate. DOC 490.860 requires the facility to request relevant information in order to inform the inmate of the outcome of the investigation. Thus the facility meets this element.
The third element requires that inmates must be informed when an accused staff member is no longer posted in the inmate's unit, no longer employed, has been indicted, and has been convicted. DOC 490.860 has this requirement, and Superintendent Cole has issued a directive requiring this action. However, during the past 12 months, no employees have had any of the above actions taken, so there is no supporting documentation for this element. Based on the available documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

The fourth element requires that when another inmate is indicted or convicted on a charge of sexual abuse, the facility will inform the victim. Even though during the past 12 months, no inmates have had been indicted or convicted on a charge of sexual abuse, the facility demonstrated the tracking system used for making and tracking notifications. Based on the available documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

The fifth element requires that all such notifications are documented. As no employees or inmates have had any of the above adverse actions taken against them, there is no supporting documentation for this element. However, the facility produced documentation of the system in place for making and tracking notifications. Based on the available documentation, the tracking system, and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

The sixth element requires that an agency's obligation to report the above is terminated if the inmate is released from the agency's custody. No finding is required for this element.

RECOMMENDATION: None.

Standard
Number here: 115.76 Disciplinary sanctions for staff.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.76 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that staff who engage in sexual abuse or harassment are subject to discipline up to and including termination. DOC 490.800 and 490.860 have this requirement. As no employees have had any of the above adverse actions taken against them, there is no supporting documentation for this element. Based on the available documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

The second element requires that termination is the presumptive disciplinary sanction for staff who have engaged in sexual touching. DOC 490.800 and 490.860 have this requirement. However, as no employees have had a finding against them for substantiated for sexual touching, there is no supporting documentation for this element. Based on the available policy documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

The third element requires disciplinary sanctions for violations of agency policy shall be commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses by other staff. RCW 72.09.225 has this requirement. However, as no employees have received a finding of substantiated for violations of policies against sexual abuse and harassment, there is no supporting documentation for this element. Based on the available policy documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

The fourth element requires that all terminations or resignations for violations of the agency's policies are reported to law enforcement agencies and relevant licensing bodies unless the activity was not criminal. DOC 490.860 has this requirement. However, as no employees have received a finding of substantiated for violations of policies against sexual abuse and harassment, there is no supporting documentation for

this element showing that this reporting has taken place. Based on the available policy documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

RECOMMENDATIONS: None

Standard
Number here: 115.77 Corrective actions for contractors and volunteers.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.77 has two elements that a facility must meet for a finding of "meets standard".
The first element requires that any contractor of volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was not criminal, and to relevant licensing bodies. RCW 72.09.225 has this requirement. However, as no contractors or volunteers have received a finding of substantiated for violations of policies against sexual abuse and harassment in the past 12 months, there is no supporting documentation for this element showing that this reporting has taken place. Based on the available documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.
The second element requires that facilities take remedial measures and consider whether to prohibit further contact with inmates when contractors or volunteers violate sexual abuse or harassment policies. RCW 72.09.225 has this requirement. However, as no contractors or volunteers have received a finding of substantiated for violations of policies against sexual abuse and harassment in the past 12 months, there is no supporting documentation for this element showing that this reporting has taken place. Based on the available documentation and in the absence of any evidence that the facility is not doing this, the facility is determined to have met the intent of this element.

RECOMMENDATIONS: None

Standard
Number here: 115.78 Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.78 has seven elements that a facility must meet for a finding of "meets standard".
The first element requires a formal disciplinary process for inmates who engage in sexual abuse. DOC 460.000 is the formal disciplinary process. Thus the facility meets this element.

The second element requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates. DOC 460.000 meets this requirement, thus the facility meets this element.
The third element requires that the disciplinary process consider an inmate's mental disabilities or mental illness when determining what type of sanction is imposed. DOC 320.150 has an explicit statement that an inmate's mental disabilities or mental illness be considered when determining the type of sanction to be imposed.
The fourth element requires that if the facility offers interventions to address the abuse, the facility shall consider requiring the inmate to participate in such interventions as a condition of access to programming or other benefits. DOC 320.150 and interviews with mental health staff confirm that such intervention can be considered.
The fifth element requires that inmates are sanctioned for contact with staff only if staff did not consent to it. DOC 320.150 has an explicit statement on the discipline of inmates only for nonconsensual contact with staff. Thus the facility meets this element.
The sixth element requires that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. DOC 490.860 has this explicit statement supporting this element.
The seventh element requires that a facility may prohibit all sexual activity between inmates, but that non-coerced activity does not constitute sexual abuse. DOC 490.800 has an explicit statement supporting this element.

RECOMMENDATIONS: None.

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

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.81 has five elements that a facility must meet for a finding of "meets standard".
The first element requires inmates who disclose past sexual abuse during screening shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. DOC 630.500 has this requirement. CCCC also provided copies of referral documents. Interviews with medical and mental health staff also confirm that this is the practice at this facility. Thus the facility meets this element.
The second element requires that if intake screening indicates that a prison inmate has perpetrated sexual abuse, staff shall ensure that the inmates is offered a follow up meeting with a mental health practitioner within 14 days of the screening. DOC 630.500 has this requirement. CCCC also provided copies of referral logs showing that inmates had been referred for a follow up meeting with mental health. Interviews with mental health staff also confirm that this is the practice at this facility. Thus the facility meets this element.
The third element applies to jails and is non-applicable to prisons.
The fourth element requires that any information related to sexual victimization or abuse shall be strictly limited to staff as necessary to inform treatment plans, and security and management decisions. DOC 630.500 has this requirement. Thus the facility meets this element.

The fifth element requires that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. DOC 610.025 has this requirement. Interviews with mental health staff also confirm that this is the practice at this facility. Thus the facility meets this element.

RECOMMENDATIONS: None

Standard
Number here: 115.82 Access to emergency medical and mental health services.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.82 has four elements a facility must meet for a finding of "meets standard".
The first element requires that victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined appropriate by practitioners according to their professional judgment. Interviews with medical and mental health staff indicate that inmates have unimpeded and timely access to medical and mental health services. Thus the facility meets this element.
The second element requires that if no qualified medical or mental health staff are on duty, first responders take steps to protect the victim and notify medical and mental health staff. DOC 490.850 has this requirement and interviews with security staff indicate that they know this requirement. Thus the facility meets this element.
The third element requires that inmates are offered timely information about pregnancy related medical services and sexually transmitted infections prophylaxis. DOC 610.025 has this requirement. Inmates indicated in interviews confirmed they receive information and interviews with medical staff confirm that this is the practice. Thus the facility meets this element.
The fourth element requires that treatment services are provided to victims without cost regardless of whether they name the abuser. DOC 600.000 has this requirement. Interviews with inmates demonstrate that they are aware that treatment services are provided without cost. Thus the facility meets this element.

RECOMMDATION: None

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

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.83 has eight elements that the facility must meet for a finding of "meets standard".
The first element requires that ongoing medical and mental health evaluations and treatment are offered to victims who, during the time of their current incarceration have been victimized. DOC 610.025 has

this requirement, and inmates indicated in their interviews that they were aware that receiving ongoing medical and mental health evaluations was available. Thus the facility meets this element.
The second element requires that evaluation and treatment include follow up services, treatment plans, and referrals for conduced care following transfer, placement in, or release from custody. Inmates who were interviewed reported that they were aware of the follow up services available. DOC 610.040 requires that follow up services, treatment plans, and referrals are included in evaluation and treatment. Thus, the facility meets this element.
The third element requires that the level of care provided is consistent with community levels of care. In an interview with the medical services director, he affirms that medical and mental health services are consistent with community standards of care. Thus the facility meets this standard.
The fourth element requires that victims of vaginal penetration are offered pregnancy tests. This facility is an all-male facility and this element is listed as N/A for this facility.
The fifth element requires that victims receive timely and comprehensive access to all pregnancy-related medical services. The audit tool indicates that for facilities housing male inmates this element is also N/A.
The sixth element requires that victims are offered tests for STIs as medically appropriate. DOC 610.025 contains this requirement. Interviews with inmates confirm that they have access to these tests. Thus the facility meets this element.
The seventh element requires that on-going treatment is provided without cost. DOC 490.850 has this requirement. Interviews with inmates also indicate that this is the information they received at this facility. Thus the facility meets this element.
The eighth element requires that known inmate abusers have a mental health evaluation within 60 days of learning of such abuse history and are offered treatment DOC 490.850 has this requirement and interviews with mental health staff confirm that this is the practice at this facility. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard
Number here: 115.86 Sexual abuse incident reviews.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.86 has five elements a facility must meet for a finding of "meets standard".
The first element requires that the facility conducts an incident review at the conclusion of every investigation, including where the finding is unsubstantiated, unless the finding is unfounded. DOC 490.860 has this requirement. The policy requirement and the interviews with members of sexual abuse incident review team members supports a conclusion that the intent of this element is being met, thus the facility meets this element.
The second element requires that such reviews occur within 30 days of the conclusion of the investigation. A directive by Superintendent Cole and copies of sexual abuse incident reviews support a conclusion that the intent of this element is being met, thus the meets this element.
The third element requires that the review team include upper management officials with input from line supervisors, investigators, and medical or mental health practitioners. The requirement in DOC 490.860

and the interviews with members of sexual abuse incident review team members supports a conclusion that the intent of this element is being met, thus the facility meets this element.
The fourth element requires the incident review team to include six specific requirements in the incident review. Members of the sexual abuse incident review team all identified the six requirements to be addressed in the incident review, supporting a finding that the facility meets this element.
The fifth element requires that the facility shall implement the recommendations for improvement or shall document the reasons for not doing so. Because there have been no findings of substantiated or unsubstantiated on allegations of sexual abuse, there have been no sexual abuse incident reviews in the past 12 months. Documentation provided and the interviews with members of sexual abuse incident review team members supports a conclusion that the intent of this element is being met, thus the facility meets this element.

RECOMMENDATION: None.

Standard **Number here: 115.87 Data** Collection

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.87 has six elements a facility must meet for a finding of "meets standard".
The first element requires that the agency collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Under DOC 490.800 this function is performed at the agency level, and the facility provided documentation showing that the required data is being collected. Thus the facility meets this element.
The second element requires that the agency shall aggregate incident based data annually. A review of the Department's website showed that data was being aggregated. Thus the facility meets this element.
The third element requires that the incident based data includes the data necessary to answer all the questions from the Survey of Sexual Victimization (SSV). The facility produced documentation showing that the data collected included that data necessary to complete the SSV and the information is available on the Department's website. Thus the facility meets this element.
The fourth element requires that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. DOC 490.860 requires this collection of data and the facility produced documentation which demonstrates that this is the practice. Thus the facility meets this element.
The fifth element requires that the agency to collect information from every privately operated facility with which it contracts to hold inmates. DOC 490.860 has this requirement and the annual report on the WDOC website includes privately operated facilities. Thus the facility meets this element.
The sixth element requires that the agency provides all such data to the DOJ no later than June 30. The DOJ did not request that WADOC submit this data for 2013. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard
Number here: 115.88 Data review for corrective action.

☑ Exceeds Standard (substantially exceed requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.88 has four elements a facility must meet for a finding of "meets standard".
The first element requires that the agency review aggregated data to identify problem areas, take corrective action, and prepare a report of its findings and corrective action. The Department has developed and published on its website a very thorough and extraordinarily detailed report and analysis identifying problem areas and corrective action. Thus the facility exceeds this element
The second element requires that the report contain a comparison to the data of the previous year and provide an assessment of the agency's progress in addressing sexual abuse. The Department has produced and published a report with a comparison with previous years' data and an assessment of the agency's progress in addressing sexual abuse. Thus the facility meets this element.
The third element requires that the report be approved by the agency's head and that it is made readily available to the public through its website. A review of the report on the Department's website confirmed that the information available on the Department's website was approved by the agency Director and the Department has provided a means for public access to the report. Thus the facility meets this element.
The fourth element requires that the agency redact information that, if published, would present a clear and specific threat to the safety and security of the facility and that the nature of the redacted material is indicated. The report contained no victim or perpetrator identifiers or other information that, if released, would present a clear and specific threat to the safety and security of the facility that needed to be redacted from the report, thus the facility meets this element.

RECOMMENDATION: None

Standard
Number here: 115.89 Data storage, publication, and destruction.

☐ Exceeds Standard (substantially exceed requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.89 has four elements that a facility must meet for a finding of 'meets standard".
The first element requires that the agency ensure that the data collected is securely retained. The data kept by the agency is stored at the agency headquarters with restricted access. Thus the facility meets this element.
The second element requires that the agency makes aggregated data available to the public at least annually through its website. The WADOC website includes the aggregated data in its annual report. Thus the facility meets this element.

The third element requires the agency to remove all personal identifiers before making the data publicly available. A review of the aggregated data determined that no personal identifiers were included in the report. Thus the facility meets this element.
The fourth element requires that the agency maintain the data for at least 10 years after the date of its initial collection unless Federal, State, or local law require otherwise. The data collected by the agency only goes back to the promulgation of the standards, so the ten-year threshold has not yet been met. Having determined that the data goes back to at least 2013, the date of the first year of the audit cycle, the Department meets the intent of this element.

RECOMMENDATION: None.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review

Auditor Signature

August 26, 2014
Date