

**SPREA AUDIT REPORT** Interim  Final**ADULT PRISONS & JAILS****Date of report:** November 22, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Christy Wyler			
<b>Address:</b> 1934 Wyatt Drive, Suite 100, Cheyenne, WY 82002			
<b>Email:</b> Christy.wyler@wyo.gov			
<b>Telephone number:</b> 307-777-3775			
<b>Date of facility visit:</b> May 16 – 20, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Washington State Penitentiary			
<b>Facility physical address:</b> 1313 N. 13 <sup>th</sup> Avenue, Walla Walla, WA 99362			
<b>Facility mailing address:</b> (if different from above) <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 509-525-3610			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Donald R. Holbrook			
<b>Number of staff assigned to the facility in the last 12 months:</b> 1085			
<b>Designed facility capacity:</b> 2439			
<b>Current population of facility:</b> 2486			
<b>Facility security levels/inmate custody levels:</b> Maximum, Close, Medium, Minimum			
<b>Age range of the population:</b> 18 - 91			
<b>Name of PREA Compliance Manager:</b> Tanner C. Mink		<b>Title:</b> Corrections Specialist 2	
<b>Email address:</b> tcmink@doc1.wa.gov		<b>Telephone number:</b> 509-526-6473	
<b>Agency Information</b>			
<b>Name of agency:</b> Washington Department of Corrections			
<b>Governing authority or parent agency:</b> (if applicable) State of Washington			
<b>Physical address:</b> 7345 Linderson Way SW, Tumwater, WA 98501-6504			
<b>Mailing address:</b> (if different from above) PO Box 41100 Mail Stop 41100, Olympia, WA 98504-1100			
<b>Telephone number:</b> 360-725-8213			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Dan Pacholke/Richard Morgan		<b>Title:</b> Secretary – Department of Corrections	
<b>Email address:</b> rlmorgan@DOC1.wa.gov		<b>Telephone number:</b> 360-725-8810	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Beth L. Schubach		<b>Title:</b> WA DOC PREA Coordinator	
<b>Email address:</b> blschubach1@DOC1.wa.gov		<b>Telephone number:</b> 360-725-8789	

## AUDIT FINDINGS

### NARRATIVE

A PREA Audit was conducted at Washington State Penitentiary (WSP) in Walla Walla, Washington on May 16-20, 2016 by lead auditor Christy Wyler, a DOJ Certified Auditor for Adult facilities, Carl Voigtsberger, DOJ Certified Auditor for Adult facilities, Carrie Caruthers, DOJ Certified Auditor for Adult facilities and Rhoda Frailey who assisted in the audit compiling of audit documents and reports. The audit began with an initial meeting in the WSP command center with the on-site PREA team including Tanner Mink, Lori Scamahorn, and Bonnie Miller. The on-site PREA team supported the audit team by answering questions, assisting with the tour/interview set up, and compiling additional documentation. After an initial briefing and set up, an entrance meeting was conducted with Superintendent Donald Holbrook and the facility executive team.

After the entrance meeting was concluded the audit team finalized the random interviews for both inmates and staff. On May 17<sup>th</sup> a tour of the facility began with the entire audit team. The tour included 98 buildings and 12 housing units within the complex. The size of the complex was so large golf carts were used to accommodate the distance. A full day tour concluded and had to finish the tour the next day.

On May 18<sup>th</sup> two auditors (Wyler and Voigtsberger) completed the tour for half of the day while Caruthers began staff interviews. The remainder of the 18<sup>th</sup> and 19<sup>th</sup> were spent conducting staff and inmate interviews.

During the tour, postings in every unit noted PREA in multiple ways including the posting of the audit coming to WSP. Both staff and inmates were very open to random interviews and answering all questions. Staff and inmates were well-informed about PREA and would ask the audit teams different questions about certain standards/practices. The audit team checked the inmate phones to ensure the hotline number was accessible and it was in every housing location. Materials regarding PREA were well stocked in the units and accessible to all inmates.

The PREA staff at the facility available to the audit team (Lori Scamahorn, Bonnie Miller, and Tanner Mink) were exceptional in assisting with setting up interviews, getting necessary documentation and answering general questions by the auditors. Without them, the audit would not have gone as smoothly given the size of the complex.

An exit report out to comment on initial findings regarding the audit was conducted on May 20<sup>th</sup> at approximately 2:30pm with the Superintendent and the executive team (about 30 people were present) in the WSP command center.

There were 19 formal interviews conducted with inmates both random and those who wrote to the lead auditor prior to the audit week. There were also about 24 informal interviews conducted with inmates during the tour with the tour protocols.

There were 23 formal staff interviews conducted with staff and about 24 informal interviews conducted with staff during the tour with the tour protocols.

A total of 90 interviews were conducted among staff and inmates during the week of May 16-20, 2016.

From all interviews it was evident both staff and inmates have a clear understanding of PREA and the rights of inmates to be free from sexual harm while incarcerated. With a facility of this size, it was impressive to the audit team how well educated everyone was.

Overall, the audit experience at WSP was very positive. This facility cared about the PREA audit and wanted to be sure they were compliant and open to recommendations/suggestions when issues were identified. The on-site PREA team and the Superintendent were extremely helpful and accommodating to our needs for the audit during the week. The facility staff have an overall positive attitude and all of the inmates were respectful and willing to participate in the interviews.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Washington State Penitentiary (WSP) is a multi-custody facility (minimum, medium, close, and maximum custody) including death row inmates. WSP's rated capacity is 2,439 and they are currently housing 2,486 inmates. The facility has specialized housing units including IMU and able to treat inmates with medical and mental health needs. The original facility was built in 1886 and still operates a minimum facility from the original prison. Many housing units and buildings (total of 98) have been built over the years to accommodate the needs of this facility. There are 12 housing units, 294 segregation cells and a Health Services Building.

WSP offers many programs for inmates including education, vocational, and industry opportunities that are exceptional. This includes auto body, metal shop, carpentry, recycling, etc. WSP also has a Sustainable Practices Lab that hosts a creative variety of inmate projects and opportunities to give back to the prison and communities around the world with their programs. Many of these programs have their own building outside the housing units.

### **Facility Size and Staffing:**

Washington State Penitentiary (WSP) is located on 540 acres of farmland near the city of Walla Walla. Four separate facilities exist within the institution, each of which houses a different custody level of offender. There are 1,052 staff at WSP. 671 custody staff, 57 classification services staff, 151 administrative services staff, and 173 support services staff.

### **Capital Programs/Facility Expansion:**

Washington State Penitentiary has met the Governors Executive Order that requires all new State buildings over 5,000 square feet meet the LEED Silver certification, as outlined by the U.S. Green Building Council. Since 2005, WSP has constructed ten new buildings that meet the LEED silver certification standard: West Complex Administration Building, Living Units D, E, F, and G, Building H, Building C (IMU/Segregation), C.I. Warehouse, General Stores Warehouse, and the new Health Care Building. Capital Projects have had numerous projects over the years to include: security upgrades to the IMU North, BAR units, demolition of the BMU, security fencing, steam line replacement, domestic water distribution lines, sewer system upgrades, irrigation modifications and upgrades, laundry remodel, firing range realignment, cemetery security upgrade, and numerous other projects. When new projects are conceived, sustainability is always incorporated into the design.

### **East Complex – Units 6, 8 & 10:**

All East Complex general population housing units are minimum custody units. Units 6 and 8 have 6 tiers, 17 cells per tier, 3 tiers on the east side of the unit and 3 tiers on the west side of the unit, Divided by a pipe chase. There are 102 cells that house up to 3 offenders per cell or 306 offenders. Unit 6 has 1 dayroom and unit 8 has 2 dayrooms. Unit 10 has 8 tiers, 32 cells per tier, 4 tiers on the east side of the unit and 4 tiers on the west side of the unit. There are 258 cells that house 1 offender per cell. Each tier is operated form the head of the tier. It has 1 dayroom and a small yard. There are 2 Correctional Officers, one assigned to West and one assigned to east. Unit 10 is the only exception, with 3 Correctional Officers assigned in their unit. All three Units have 5 Correctional Counselors, a Unit Manager and a Sergeant.

### **Close Custody / West Complex – Delta, Echo, Fox, and Golf:**

All four general population housing units are designed for the direct supervisor of offenders. The housing units are divided into two "units" each containing 66 single and two-man cells as well as a dayroom that doubles as the chow hall. There is also a small yard connected to each of the living units.

The facility has four general population close custody housing 198 offenders each. All units contain a day room where offenders may watch TV, play board games, etc. Unit staff is available to answer routine questions, monitor clean linen exchange, distribute regular mail, store orders and maintain security. Staff are trained to watch for medical issues, mental health concerns, changes in offender behavior, etc., that may indicate the need for a referral to medical, mental health or referral to the offender's risk management team for classification action. Unit logs are maintained to address any behavior concerns or positive changes in behavior.

There are 6 correctional officers assigned to each unit on 2<sup>nd</sup> shift, 7 on 3<sup>rd</sup> shift and 3 on 1<sup>st</sup> shift with two officers on each side of the unit on both 2<sup>nd</sup> and 3<sup>rd</sup> shift and on one side of the unit on 1<sup>st</sup> shift with an officer station within each dayroom. Two and half classification counselors have offices in the support services area.

### **Medium Custody / South Complex – Victor and William:**

Both units are designed for the direct supervisor of offenders. These are the newest Units at WSP. They are designed for direct supervision of the offenders. Both Units have 4 Counselors, a Unit Manager and Sergeant.

The housing units are divided into two sides “A” and “B”, each containing 64 two-man cells as well as a dayroom that doubles as the chow hall. There is also a small yard connected to each of the units.

The unit’s medium population houses 256 offenders, with two day room (“A side & “B” side) where offenders may watch TV, play board games, etc. Unit staff is available to answer routine questions, monitor clean linen exchange, distribute regular mail, store orders and maintain security. Staff are trained to watch for medical issues, mental health concerns, changes in offender behavior, etc., that may indicate the need for a referral to medical, mental health or referral to the offender’s risk management team for classification action. Unit logs are maintained to address any behavior concerns or positive changes in behavior.

### **Special Housing Units/Baker-Adams-Rainier Unit:**

WSP’s SHU/BAR Units has offenders who are assigned to this unit for protection reasons or have mental health issues that require their placement in SHU. The cell capacity for the BAR Units is 324 cells (92 single-man cells and 8 two-man cells in each unit). The offenders placed in the BAR Units on protective custody are given due process hearings through our Administrative Segregation Classification process according to DOC Policy 320.200. Offenders placed in the BAR Units based upon a mental health needs are seen by our mental health professionals through a Multi-Disciplinary Team (MDT) after a thorough review of the offender’s mental health state. All of the BAR Unit offenders are restricted from interactions with the general population offenders at WSP.

### **Intensive Management Units IMU/Segregation:**

WSP’s Segregation IMU North, and IMU/Seg South provide disciplinary segregation, administrative segregation, intensive management placement for offenders that need to be removed from general population. IMU North also houses inmates sentenced to the death penalty. All three units are single-man cells and offender movement is restricted based upon the security threat and risk assessment which caused the offender’s specific placement in one of these units. Movement within the units requires two officer escorts with the offenders handcuffed behind their backs to participate in yard, shower, or medical calls, etc.

The capacities of these units are: Segregation Unit 4 has 100 cells, IMU North has 96 cells, and IMU South has 198 cells.

### **Administrative Segregation:**

Administrative Segregation is to alleviate a possible threat to the general population. An inmate is placed and assigned administrative segregation status when it is determined he:

- Poses a threat to self, staff, other offenders, property, or to the orderly operation of the facility
- Requests protection or is deemed by staff to require protection
- Is pending transfer or is in transit to a more secure facility
- Is a possible escape risk
- Is pending investigation

The offender will be seen weekly by a Corrections Specialist for the purpose of determining a housing placement that will nullify the threat. A recommendation will be made within eight weeks regarding placement. Recommendations include:

- Release back to general population and previous program assignment
- Transfer to another facility
- Referral for an Intensive Management Program

### **Inmates Sentenced to the Death Penalty (ISDP):**

Washington’s capital punishment law requires that capital punishment imposed by the state’s courts be carried out at the Washington State Penitentiary. Procedures for conducting executions are supervised by the Superintendent.

Washington utilizes two methods of execution: lethal injection and hanging. Lethal injection is used unless the inmate under sentence of death chooses hanging as the preferred execution method.

Within 10 days of a trial court entering a judgment and sentence imposing the death penalty, male defendants under sentence of death are transferred to the Penitentiary, where they remain in IMU North, pending appeals and until a death

warrant is issued setting the date for the execution. Female defendants under sentence of death are housed at the Washington Corrections Center for Women before being transferred to the Penitentiary no later than 72 hours prior to a scheduled execution.

**Medical Services:**

- Patient health education materials.
- Outpatient services for general health care issues and illness of offenders.
- Emergency medical services i.e., heart attack, stroke, etc.
- On site appointment medical clinics with contract medical providers for specialty needs, i.e., optical, orthopedics, physical therapy, neurosurgical consultations, Etc.
- Infirmary stays and services or serious and chronically ill persons, persons recovering from acute illnesses, and recovery from post-operative care and/or hospital stay.
- Diabetic clinics for glucose monitoring, patient education and other services.
- Dietary services including patient education, diagnostically prescribed diets.
- Optical services including testing, eye wear prescription and dispensing.
- Pharmaceutical services.
- X-ray and diagnostic testing.
- Blood pressure screening, monitoring and health awareness.
- Confidential HIV screening and testing.
- Colonoscopy procedures are completed on site. Including pre and post procedure care.
- Liver biopsies and ultrasound scans are completed at WSP,
- Advanced cardiac monitoring systems.

**Mental Health Services:**

- Psychological treatment and testing services.
- Psychiatric services in the form of medication management and cognitive change education.
- Mental Health counseling in both group and individual format.
- Emergent mental health services are available 24/7
- Acute care inpatient unit housing for individuals experiencing a mental health crisis.
- 160 bed residential mental health living area.

## **SUMMARY OF AUDIT FINDINGS**

The facility worked hard toward compliance on every standard. Initially, WSP met 35 of the 43 standards, and exceeded in 2 of the 43 standards. Of the 43 standards, 6 were not met. However, the 6 standards are easily attainable for the facility. WSP was already aware of a few and the audit team made recommendations for the facility to ensure guidance was provided. The standards not met are:

115.15 (a) & (d)

115.18 (b)

115.32 (a)

115.41 (b) & (f)

115.42 (f)

115.67 (c)

During the corrective action period all 6 standards were addressed adequately and now meet compliance.

### **Final Outcome:**

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.13 Supervision and monitoring**

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

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

Staffing ratios were very good considering the size of the facility and inmates. Staff were in the locations assigned and appeared to be monitoring and providing supervision for all housing units and in programming/classroom areas. The only location where more security staff would be necessary is at the Sustainable Practices Lab (SPL). There were security in the building during the tour. However, the building's structure allows for many blind spots for inmates. During the tour, there were 2 security staff in the dining area within this building. The dining area did not present blind spots compared to the SPL main area and yet 2 officers were there while inmates were still working in the SPL main area. We talked to inmates about

their level of comfort with security and safety in the SPL and they described a self-policing practice to ensure fellow inmates are following the rules. They said they do this because they enjoy being at the SPL and do not want to have anyone jeopardize the program. Although that may help with the integrity of the program, it does not provide enough supervision in the structurally complex building. The facility may want to **consider** either more staff in the SPL during operating hours or require security staff to increase their roaming areas and not stand together in the dining hall at the same time. This program offers many unique opportunities for releasing inmates and considerations may need to be made to ensure no incidents of sexual assault could occur.

**Meets Standard - Final findings for this standard include:**

- WSP issued requirements for area Correctional Officers and Specialist to conduct random walk-through tours at least every hour; - A memo was sent out to staff notifying them of rounds and to log their rounds.
- WSP issued requirements for the log to be reviewed weekly by the Sergeant and monthly by the Captain to ensure compliance; and
- WSP conducted a review of the area to identify blind spots and address those that can be modified. A vulnerability assessment corrective action plan was completed with identified action completed.
- A capital projects request has been submitted to update security electronics in the building. This is pending budget decisions by the agency as well as the Legislature.

**Standard 115.14 Youthful inmates**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

**Standard 115.15 Limits to cross-gender viewing and searches**

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

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

- (a) For females who observe male offenders conducting the strip searches, it does not differentiate on the log who is observing and who is conducting the search. Although practice showed the difference, reviewing the logs it would be

unclear who is observing the search and who is conducting the search. It would be our **recommendation** to create a log to show the difference. For example, have the option of observation and conducting search and the staff can check what their role was to ensure no cross-gender strip searches were being conducted.

(d) Camera viewing at central control and the officer station at the mental health unit is an issue. Currently, the opposite gender officer can view the suicide watch cells through these two camera areas without the inmate knowing. Because there are cameras in these cells, the male inmate could be nude and not know he is being watched by a female officer. It would be our **recommendation** to either install a system that can censor the viewing of male genitalia or only allow same sex gender to view those cameras.

The facility goes above and beyond for announcing a female presence in all housing units. However, this is causing some level of concern among staff. Female staff are being harassed by male inmates who are in their cell (making it hard to detect who is announcing) because they are announcing their presence and the inmates are taking advantage of it.

Also, the way WSP is conducting opposite gender announcements may be excessive because of how the housing units are set up. It appeared excessive to the audit team for example as a female Unit Manager in one housing area has to go back and forth among the pods and tiers all day long and is having to announce at each pod and tier. The definition of housing unit will be reviewed by the audit team for further clarification. The outcome desired is to have a reasonable level of opposite-gender announcements to satisfy the standard and inmates safety while not disrupting the security environment and addressing staff concerns with constant announcements. The final outcome on this particular issue will be included in the final report.

Inmates all have access to use shower curtains while showering in the housing units. However, not all inmates were using these during the audit tours. During the minimum facility tour Unit 10 it was observed that a set of showers are beneath a double stair case. When walking down the stairs from the 2<sup>nd</sup> floor to the 1<sup>st</sup> floor, if inmates were not using the shower curtain, anyone could see male genitalia very easily. The facility may want to **consider** requiring inmates to use the shower curtains and it not be their choice. This protects opposite gender viewing (on purpose or accident). It will also ensure no pressure is given to inmates to not use their curtains as a means of harassing staff or other inmates.

#### **Meets Standard - Final findings for this standard include:**

- 115.15(a): WSP Superintendent issued a directive for all staff completing strip search logs to add designation of "S" (searcher) and "O" (observer) to all entries to clearly identify which staff filled each role. Additionally, the facility added a notation to each strip log that any female signing the log does so certifying that she participated in the search as an observer only, positioning herself to observe the male employee conducting the search, but not in a direct line of sight with the offender. The memo and new log was provided as supporting documentation.
- 115.15(a): Assistant Secretary Stephen Sinclair also issued a similar directive to make the logging modifications implemented at WSP effective statewide. This correspondence was included as supporting documentation.
- 115.15(d): WSP posted a notice on the outside of the COA cells that says something like: Camera in Use Which May be Viewed by Female Staff. Proof of signage was provided as supporting documentation.
- 115.15(d): When placing an offender in a COA cell or during the first rounds after placement, custody staff will advise the offender that they are under camera observation which may be viewed by female staff. This notification will be documented in the log book. (This directive will also be included in the Post Orders for the positions assigned to this area.) The memo was provided as supporting documentation.
- 115.15: Although a consideration, WSP a memo was sent to all offenders and staff regarding shower curtains/stalls and they must be closed during shower use. The memo and photographs were provided as supporting documentation.
  - WSP Superintendent Holbrook issued a directive to all offenders that they (1) close the shower curtain whenever using the shower; and (2) to dress and undress (at a minimum have their genitalia covered before they step out of the shower area) in the shower area out of the view of staff and other offenders.
  - WSP Superintendent Holbrook also cordoned off / made out of bounds the landing area from which you can look directly into the showers (removing staff and offender access from the area) so no one can look down into the shower any longer.

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

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.17 Hiring and promotion decisions**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.18 Upgrades to facilities and technologies**

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

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

(a) The green zones in the greenhouse areas are very well done for upgrades.

(b) If the facility decides in the future to update the minimum units 6, 8, and 10, you may want to consider if there are any ways (i.e. call button or eliminate blind spots) you can improve the safety for inmates against sexual harm. This would only be a consideration if it is feasible given the design and age of the building.

### **Standard 115.21 Evidence protocol and forensic medical examinations**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.31 Employee training**

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

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

The facility would have exceeded in this area due to the high quality training provided to staff. However, not enough employees trained overall at 88%. The audit team was impressed with such a high staffing level that many staff were trained, however it should still be closer to 100% to meet standards and facility policies.

A male staff did comment that he felt uncomfortable with the female avatar in the PREA training because it was a bit inappropriate having large breasts on the avatar given the topic being discussed. Other staff reported the training was PREA Audit Report

boring and not effective.

**Meets Standard - Final findings for this standard include:**

Although the facility met the initial standard, the facility was able to show 100% of completion for employee training. In addition, to ensure continued compliance with staff training requirements, Associate Superintendents are now responsible for monitoring compliance for those staff within their chain of command.

**Standard 115.32 Volunteer and contractor training**

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

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

- (a) Contractors and volunteers were not trained thoroughly. There were 63 contractors and only 3 were not trained. However, there were 276 volunteers and only 190 had been trained (68.84%). This is not enough to pass the standard. The facility recognized this as an issue and documented as such. Training staff were also aware of this issue and discussed how they are addressing it moving forward. It would be our **recommendation** to improve training for volunteers and show the new method and percentage completed to meet this standard.

**Meets Standard - Final findings for this standard include:**

- WSP Superintendent Holbrook directed that the volunteer roster will be reviewed to delete any volunteers who have not provided services at the facility within the last 6 months per policy.
- He also issued directives to all remaining non-compliant volunteers that they need to complete training by 11/01/2016 or their access to the facility will be restricted. He will issue individual restrictions based on continued non-compliance as of the identified date.
- He implemented a process that at the beginning of each training year (July 1) volunteers will have 90 days to complete training requirements or their access to the facility will be terminated until training is completed.
- The memo and training log was provided as supporting documentation.

**Standard 115.33 Inmate education**

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

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

Inmates were well educated and not one interview did an inmate not know multiple ways to report. In addition, all inmates understood what PREA was and that they have the right to be protected from this type of harm. The facility also provides PREA Audit Report

the PREA video during transports to the Washington State Penitentiary providing an innovative way to increase the knowledge before they even step foot at the facility. Inmates were all very willing to discuss PREA with the audit team. It was clear the facility put tremendous focus on inmate education.

This standard would have been exceeded; however, 14% of inmates missed the initial orientation upon arrival to the facility. Although this is not the intake facility and inmates have already been educated through other prisons in the Washington system, this facility still needs to provide it. This issue has been resolved and quick steps were taken to resolve the 14% of inmates who missed it initially. All inmates understood PREA and were well informed through multiple random interviews. They have been providing education to inmates on PREA since early 2006.

**Exceeds Standard - Final findings for this standard include:**

Because it was documentation error and was fully resolved, this standard was rated as exceeded because the team felt it would have been exceeded initially. This facility does an exceptional job on training materials and ways to receive training for offenders at the facility.

It was determined that the issue was not with the provision of orientation, but with consistency in documentation. Following in-depth review, the Audit Team Lead was provided with documentation showing 100% of offenders having received PREA orientation information.

In order to address the identified documentation issue, the following process was implemented:

- Offenders will be shown the orientation video on the transport bus in both English and Spanish.
- The CPMs' secretaries will use the transport manifest to enter orientation completion information.
- Offenders with low comprehension and offenders who don't speak either English or Spanish be identified on arrival and be provided orientation by their Classification Counselor.
- Counselors provide orientation in IMU and HSB for those offenders who come in on special transport.
- All special orientation provision will be documented as noted above.

The new log for documenting completed PREA training for inmates was provided as supporting documentation.

**Standard 115.34 Specialized training: Investigations**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

#### **Standard 115.41 screening for risk of victimization and abusiveness**

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

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

(b) 12% of new inmates coming to WSP did not receive the risk screening within 72 hours between the dates 11-15-15 and 2-29-16. There was not enough data to support a full 12 months. The concern is that 12% of the time an inmate who has a potential risk for victimization may be in the same unit as a potential predator. Although the policy and procedure is in place the current practice does not support it is being completed consistently. Some inmates were not screened up to 2 months after arrival. It would be our **recommendation** to show documentation that it is happening more consistently over the next few months to show an improvement in compliance.

(f) 23% of new inmates coming to WSP did not receive the follow up (2<sup>nd</sup>) risk screening within 30 days. This data was pulled over a 4 month period; there was not 12 months of data to review. This percentage is higher than the initial screening by almost double. Therefore, it is possible some inmates were missed twice during the set timeframes to have a risk screening completed. It would be our **recommendation** to show documentation that it is happening more consistently over the next few months to show an improvement in compliance.

#### **Meets Standard - Final findings for this standard include:**

- 115.41 (b) (f): To initially correct missing screenings: The Correctional Program Managers (CPM's) distributed a spreadsheet to all housing units, duplicating the log maintained by the WSP PREA Unit. Classification Counselors entered information into the spreadsheet regarding completion dates for initial and follow up PREA Risk assessments. The Correctional Unit Supervisor (CUS) reviewed weekly, the log for compliance and submitted it to the CPM, who also reviewed for compliance and submitted to the WSP PREA Unit for final documentation.
  - The new log process was provided as supporting documentation.
  - The new process for the PREA Risk Assessments/Tracking (7/20/2016) was also provided as supporting documentation.
  - As an example, 95.7% compliance rate was achieved for September 2016.

#### **Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

(f) There was much confusion among staff regarding who knows about which inmates identify as transgender to allow them the opportunity to shower separately. It is our **recommendation** that you establish who needs to know and create a protocol for staff to follow. You have currently 9 inmates who identify as transgender so it should be fairly easy to establish a protocol.

Several transgender inmates were not aware they could request to shower separately. You have staff who don't know which inmates to ask and inmates who don't know they can ask.

It would be our **recommendation** that inmates be asked when it is known they are transgender and share that information to those staff who need to know. Then have them sign accepting or denying if they want to shower separately. This will demonstrate everyone had an opportunity to fully understand.

#### **Meets Standard - Final findings for this standard include:**

115.42(f):

- Made revisions to the initial housing review as well as the 6-month housing review forms to include information on shower structure as well as offender views regarding showers.
- Made revisions to agency policy 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* to require that monitoring plans for all offenders identified as transgender AND either at risk for victimization or predation include check in's regarding issues relative to shower use.
- Made revisions to agency policy 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* to require that Unit staff (CUS, sergeant, and housing officers) be notified whenever alternative shower arrangements have been made for transgender offenders.
- Provided new policy updates (490.820) and form, "Protocol for the housing of transgender and intersex offenders" as supporting documentation.
- WSP PREA Compliance Manager met with each transgender offender currently housed at the facility to ensure any issues regarding shower use are addressed.
  - Interview findings provided as supporting documentation.

#### **Standard 115.43 Protective custody**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.51 Inmate reporting**

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

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

Inmates understood how to report any incident of sexual abuse or assault through multiple ways including the hotline, writing to the outside available contacts in a confidential manner and talk to staff. Multiple inmates reported they would be comfortable telling staff without being prompted the specific question. In addition, we checked the hotline randomly in multiple locations and it worked 100% of the time. The hotline recording clearly stated and provided the right content for the inmate calling. The facility went above and beyond in providing the ways to report in every inmate housing area. The location of the materials was standard allowing for any inmate who was moved to a different location to know exactly where to find the PREA reporting information. All materials had multiple copies were well stocked.

### **Standard 115.52 Exhaustion of administrative remedies**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.53 Inmate access to outside confidential support services**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

There were multiple posters that were well displayed in line of sight from everywhere in the unit. There were accessible forms and envelopes for any inmate wanting to reach an outside advocate or to report. They were all stocked in all housing locations. OVCA is the provider and when contacted they were very aware of the partnership with the facility. Inmates also were well aware there was an advocate available to them if they wanted. Information was also in Spanish. The consistency and availability of these services demonstrated to the audit team it exceed this standard.

#### **Standard 115.54 Third-party reporting**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

#### **Standard 115.61 Staff and agency reporting duties**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

#### **Standard 115.62 Agency protection duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

#### **Standard 115.63 Reporting to other confinement facilities**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

#### **Standard 115.64 Staff first responder duties**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

#### **Standard 115.65 Coordinated response**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

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

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

#### **Standard 115.67 Agency protection against retaliation**

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

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

(c) Currently, there is no retaliation monitoring conducted by industries or medical areas. With other appointing authorities not completing regular monitoring of retaliation, it can be occurring without anyone knowing and it conflicts with the policy. It was confirmed during the audit they are not completing the retaliation checks. It would be our **recommendation** to 1) re-investigate/review for retaliation on all cases known to have been a PREA report in an industry/medical, and 2) send out updated directives to those appointing authorities with the policy and requirements.

One specific case was identified through a random interview that retaliation may have occurred. However, his classification changed and it caused him to move to a different facility and he lost his job. It would be our **recommendation** to communicate with inmates who report PREA and this one in particular the case details so they understand it is not retaliation (i.e. classification change resulting in a move to another facility).

#### **Meets Standard - Final findings for this standard include:**

115.67(c):

- Established procedure within HQ PREA Unit adding reminder information regarding retaliation monitoring to case assignment emails. Memo to PREA Unit was provided as supporting documentation.
- Made revisions to agency policy 490.860 *Prison Rape Elimination Act (PREA) Investigation* to include requirement to include facility Superintendent in any Local Review Committee reviewing an investigation by another appointing authority but impacting the facility (e.g., medical, CI, etc.). Policy 490.860 was provided as supporting

documentation.

- Located investigation assignment showing that cross appointing authority notification is being made per 490.860 to ensure the facility housing the reporter and named victim complete retaliation monitoring as required.
- PREA Monthly Retaliation Monitoring Reports were provided showing completed by other appointing authorities.

#### **Standard 115.68 Post-allegation protective custody**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

#### **Standard 115.71 Criminal and administrative agency investigations**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

#### **Standard 115.72 Evidentiary standard for administrative investigations**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.73 Reporting to inmates**

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

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

Inmates during interviews who had reported an allegation had different levels of understanding of the next steps/their rights following the allegation reported. It was clear to the auditors, not all inmates understood what should happen next. However, some inmates had a good understanding. You may want to **consider** focusing on those who have reported and explaining the next steps or what to expect in the days/months following. Inmates don't always understand that investigations into these allegations can take some time so explaining time frames will help their understanding too. On a few occasions inmates had reported at another facility and when their classification moved them to WSP, they were unsure how they would know what happened in their case from another facility.

#### **Meets Standard - Final findings for this standard include:**

Although the standard was met, there was a consideration for review. WSP made the following changes:

- Develop handout for offenders who report PREA allegations regarding investigation process. Handout was provided as supporting documentation
- Make revisions to 490.850 Prison Rape Elimination Act (PREA) Response to include requirement to provide handout to all offenders who make allegations. Policy 490.850 was provided as supporting documentation.

### **Standard 115.76 Disciplinary sanctions for staff**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.77 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

#### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

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

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

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

The current percentages for following policy are 51.3% and 6.3%. It is our **recommendation** the facility continue with their process revisions to ensure applicable documentations is accessible and maintained.

#### **Meets Standard - Final findings for this standard include:**

- PREA mental health notification form created to be able to document referral, declinations and follow up meetings on one document. The "PREA Mental Health Notification" form was provided as supporting documentation.
- WSP initiated a revised PREA tracker form to include mental health referrals for potential victims and potential predators, ensuring that required referrals are completed.

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

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

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

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.86 Sexual abuse incident reviews**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

### **Standard 115.87 Data collection**

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

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

The annual PREA report is very well done.

### **Standard 115.88 Data review for corrective action**

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

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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

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

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

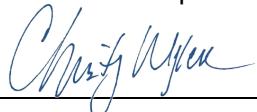
**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These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

This standard meets compliance and no concerns at this time for WSP to maintain compliant for this standard.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



---

Auditor Signature

---

11/22/2016

Date