

**PREA AUDIT REPORT     Interim    Final  
ADULT PRISONS & JAILS**

**Date of report:** April 18, 2017

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> March 23-24, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Stafford Creek Corrections Center			
<b>Facility physical address:</b> 191 Constantine Way, Aberdeen Washington 98520			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 360-537-1800			
<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> Margaret Gilbert, Superintendent			
<b>Number of staff assigned to the facility in the last 12 months:</b> 550			
<b>Designed facility capacity:</b> 1972			
<b>Current population of facility:</b> 1955			
<b>Facility security levels/inmate custody levels:</b> Minimum, Medium and Maximum			
<b>Age range of the population:</b> 18-76			
<b>Name of PREA Compliance Manager:</b> Jeneva Cotton		<b>Title:</b> Associate Superintendent	
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<b>Agency Information</b>			
<b>Name of agency:</b> Washington Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 7345 Linderson Way SW, Tumwater, WA 98501-6504			
<b>Mailing address:</b> <i>(if different from above)</i> 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> Jody M. Becker-Green		<b>Title:</b> Secretary Department of Corrections	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Beth Schubach		<b>Title:</b> WA DOC PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

Stafford Creek Corrections Center (SCCC) is located at 191 Constantine Way, Aberdeen Washington. SCCC is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of March 23-24, 2017. Following coordination, preparatory work and collaboration with management staff at SCCC, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

#### PRE-AUDIT PHASE

On January 9, 2017, the CDCR provided the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. An e-mail received from the Washington Department of Corrections (WADOC) PREA Coordinator confirmed placement of the audit notice. Notices were to be posted in areas accessible to offenders, visitors and staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from WADOC in February, 2017.

Pre-audit section of the compliance tool: In February, 2017, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. This auditor started completing the audit section of the compliance tool by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool. Policies and procedures were reviewed for compliance with the PREA. The auditor took notes to follow-up on any questions about policies that were unclear or did not appear to address the standard adequately. Supporting documentation was reviewed for relevance to the standards and notes were taken to request clarification or to verify accuracy during the on-site tour. This auditor received three letters from offenders at the facility prior to arrival at the institution. Another letter was received from an offender during the audit and three were received two weeks after the audit.

#### ON-SITE PHASE

On March 23, 2017, the audit team arrived at SCCC. The audit team consisted of Roger Benton, certified PREA auditor, Ray Harrington Retired Associate Warden CDCR PREA Unit and myself, certified PREA auditor.

The audit team met with the Superintendent Margaret Gilbert, WADOC PREA Coordinator Beth Schubach, PREA Compliance Manager (PCM) Jeneva Cotton and the management staff of SCCC for greetings, introductions and information sharing. The team was escorted to a training classroom room which served as a home base for audit preparation and organization.

Upon arrival at SCCC, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who might be interviewed during the on-site portion of the audit. The audit team selected the names of staff who would be interviewed. Also on this date, the audit team received a roster of all offenders at the facility with identification numbers and assigned bed numbers, sorted by housing unit. The auditor also requested a list of offenders classified into any of the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The audit team also received a list of all custody staff scheduled to work on the days of the on-site review, sorted by shift. There are three different shifts that the custody staff are assigned to at SCCC. The auditor explained that these rosters were required for the audit team to select random custody staff and offenders for interviews. The auditor informed the PCM that audit teams would compile lists of custody staff and offenders selected randomly for interviews. SCCC did not have any offenders housed in restricted housing based on the offender's risk of victimization.

On-site Review: The audit team conducted a thorough site review of the facility. The audit team was provided a map of the facility with a list of all buildings and areas that offenders have access to. The Chief of Maintenance and the PCM escorted one of the auditors during a tour of the facility. The auditor toured the entire facility, including all of the housing units, medical, mental health, main kitchen, warehouse, intake processing area, the laundry, main control, the pharmacy, maintenance shops, industries areas, education, recreation yard, gym, chapel, visiting and all program areas that offenders have access to. As the tour moved through the facility, the auditor would

make a notation on the map indicating that that area had been visited. Additionally staffing levels were observed to insure that there was adequate security coverage and the offenders could not move around the facility unsupervised.

During the tour, the auditor asked impromptu questions of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, inspected bathrooms, showers and strip search areas to identify potential cross gender viewing concerns. In offender dayrooms, the auditor tested offender phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. In offender work areas, the auditor assessed the level of staff supervision and asked questions to determine whether offenders are in lead positions over other offenders. The auditor also noted the placement of PREA information posters in offender housing areas and placement of the PREA audit notice provided to the facility. In some areas, the auditor took photos to document the on-site review.

While the one auditor was touring the facility, the other auditors were reviewing supporting documentation and conducting interviews of staff and offenders.

**PREA Management Interviews:** The audit team members split up the interviews of the Superintendent, the PCM and other designated management staff. The auditors worked with facility staff to schedule a time for each of these interviews; audit team members were escorted to the office of the respective manager and conducted the interviews using the applicable interview protocols and recorded the responses by hand.

**Specialized Staff Interviews:** Using the list of specialized staff received from the PREA Compliance Manager, the audit team members utilized private offices to conduct confidential interviews.

The audit team identified specialized staff to be interviewed. Interviews included the following:

- Medical and Mental Health
- Incident Review Team Members
- Staff who Conduct Intake Screening
- Classification Staff
- Case Workers
- Investigations and Intelligence Staff (facility level investigations)
- Sexual Assault Nurse Examiner
- Human Resources
- Person Responsible for Contractor, Volunteer and Vendor Clearances
- Segregated Housing Staff
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisors
- Contractors
- Religious Volunteers
- First Responders
- Training Director

During interviews with investigative staff, the team learned that any allegations of PREA are forwarded to the Shift Commander. The Shift Commander creates an incident report in the Incident Report Management System (IRMS). Headquarters PREA Unit staff review all PREA allegations and make a determination if the allegation meets the prima facie of PREA. If the allegation is determined to be a PREA incident, the PREA unit assigns an investigation log number and sends the incident back to the institution for investigation. Any grievance received by the Grievance Coordinator that makes an allegation of PREA is removed from the grievance process and handled similar to all other PREA allegations. Where the circumstances dictate, the interviewer would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards. During these interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand.

**Random Staff Interviews:** The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and various shifts. The random interviews included line staff, supervisory staff, managers and non-custody staff. The interviews were conducted in the privacy of the training classroom or private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 13 random staff interviews were conducted.

**Random Offender Interviews:** The auditor determined that at least one offender from each housing unit would be interviewed. One audit team member was assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders from their assigned housing units and selected other offenders while in the housing units. The audit team member completed the interviews in the attorney visiting room or private interview rooms in the housing unit. The audit team member introduced himself, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random offender interview protocols and recorded the offender answers by hand using the designated form.

Clarification was requested, as needed to ensure the offender's responses were clear. A total of 19 offenders were interviewed as part of the random offender interviews.

PREA-Interest Offender Interviews: One audit team member was assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards. These categories are:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender and Intersex Offenders (None Currently at Facility)
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization (None Currently at Facility)
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The audit team member selected offenders from the list received from the PREA Compliance Manager. Each offender's housing location was determined from the alphabetical roster and audit team member was escorted to an office in the program area of the facility. The interviews were conducted in the private office in the program area. The auditor introduced himself, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. The audit team member also conducted these interviews if a random offender interviewee disclosed information suggesting that one of the above categories of PREA interest applied to him. The audit team member interviewed three limited English proficient (Spanish and Vietnamese) offenders. SCCC did not have any offenders classified as blind or hearing impaired. Three offenders were interviewed that identified as being transgender. Two offenders who reported prior sexual abuse and one offender who disclosed prior victimization during intake were also interviewed. Four offenders who requested to see the auditors via mail were interviewed with focus on their expressed concerns. A total of 11 offenders were interviewed based upon these interview categories. Facility staff did not identify offenders in any of the other categories.

Document Reviews: The document review process was divided up between the three auditors. The auditors reviewed all documents related to allegations of sexual abuse (including investigation files). One auditor reviewed all training records, personnel records, contractor and volunteer records; one auditor reviewed the records maintained through the offender intake process, offender records and relevant medical documentation and; one auditor reviewed the investigation files. These auditors collected copies of documents to support the audit findings. The training records reviewed included a computer printout of all staff and contactors who have taken the required training over the past fiscal year. 20 training files were reviewed at random to verify compliance the WADOC PREA training procedure. 20 personnel files were reviewed randomly for compliance with the hiring/promotional requirements.

The PREA Compliance Manager provided Sexual Incident Report (SIR) for all 55 allegations received during the audit period. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and investigative reports from the PCM for each allegation. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Disposition
- Is Disposition Justified
- Investigating Officer
- Notification Given to Inmate

Audit team members recorded this information for each case reviewed and provided additional relevant information in the space provided for additional notes. A total of 55 cases were reviewed. 23 cases were sexual harassment and 32 were sexual abuse. 20 cases involved staff-on-offender allegations (11 were sexual harassment) and 35 involved offender-on-offender allegations (12 was sexual harassment). Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. Either team member would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the Superintendent and the SCCC staff on March 24, 2017. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

## POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. The auditor gathered written information and feedback from the other team members and took responsibility for completing the interim report. The auditor and PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via email and provided by the PREA Compliance Manager. All of the concerns that the audit team had addressed during the exit interview with the SCCC Administrative Staff on March 24, 2017, were addressed and satisfactorily corrected by April 14, 2017.

Audit Section of the Compliance Tool: The auditor reviewed onsite document review notes, staff and offender interview notes and site review notes and began the process of completing the audit section of the compliance tool. Auditors used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the “overall determination” section at the end of the standard indicating whether or not the facility’s policies and procedures exceeds, meets or does not meet standard. This auditor did not find any standards that were not in compliance.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Stafford Creek Corrections Center (SCCC) is located at 191 Constantine Way, Aberdeen, Washington. SCCC was built in 2000 as a minimum, medium and maximum security men's prison by Washington Department of Corrections (WADOC) about 10 miles south of Aberdeen, Washington. The design capacity is 1936 offenders however the current population is 1955 offenders.

The prison is has six housing units for minimum custody offenders, one housing unit for medium custody offenders and one housing unit for maximum custody offenders. All eight housing units are celled housing and split in two sections. SCCC also has a medical building that is utilized for short term medical housing and offenders with mental health concerns.

The program area of SCCC contains education classrooms, libraries, food services, gymnasium, religious services, intake, medical and mental health services and offices and classrooms for various other programs. Offenders from all of the housing units share these services. SCCC offers offenders vocational and work opportunities in laundry services, furniture manufacturing, and office services. Academic classes are available that include drywall, building maintenance, roofing and siding, welding, technical design, bookkeeping, computer skills, and basic education.

SCCC has two Sustainability in Prison Projects (SPP) on grounds. The SPP is a partnership with Evergreen State College to bring science and nature to the offenders in prison. Both projects at SCCC involve growing plants to transplant in wetlands, repairing damaged environments. SCCC has a tilapia farm that provides the nutrients that the plants need for healthy growth.

SCCC provides substance abuse counseling and stress/anger management classes. One of the housing units is dedicated to veterans of the armed forces. The vets in this housing unit can also participate in a dog training program. The dogs are trained to assist disabled vets or vets who suffer from PTSD.

In several of the open spaces on the facility grounds, the offenders have planted gardens. Some of the gardens are ornamental while others are used to grow vegetables. When to vegetables are harvested, they are given to the food services and feed to the offenders.

## SUMMARY OF AUDIT FINDINGS

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff were attentive to the needs of the auditors and were extremely hospitable. The audit team thanks the Superintendent, PREA Compliance Manager and the entire staff at Stafford Creek Corrections Center.

Overall, it is evident that Stafford Creek Corrections Center facility staff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with all of the PREA standards.

Some of the positives observed by the audit team included:

- The documents provided to the audit team prior to arriving at SCCC were complete and highly organized. All clarification questions were responded to quickly and with sufficient detail to eliminate any confusion.
- PREA posters were in place in all housing units, visiting and offender work/recreational areas. Additional signs with the PREA hotline phone number were located at the entrance to the housing units and by the offender telephones.
- Supervisory and management staff have a clear understanding of the policy. The WADOC headquarters staff are very involved in the PREA process and proactive in helping the institutions prevent, respond to and report PREA incidents.
- The training provided to the staff is effective and thorough. Every staff member that the audit team talked with knew the policy and their responsibility to prevent and report PREA incidents. Training records reflected that mandatory staff training had been completed. All of SCCC staff, contractors and volunteers are trained on PREA every year.
- The offender population understands their rights to be free from sexual abuse and could explain to the auditors how they would report an allegation. The offenders stated they felt sexually safe at this facility. It appears that the offenders would feel comfortable going to staff to report any safety issues.
- Classification staff has taken ownership of the PREA intake process and are very thorough in their reviews of newly arriving offenders.

Any issues of concern that were addressed during the audit were corrected to the satisfaction of the audit team by the staff at Stafford Creek Corrections Center prior to the completion of this report.

Number of standards exceeded: 3 (7.0%)

Number of standards met: 39 (90.7%)

Number of standards not met: 0 (0.0%)

Number of standards not applicable: 1 (2.3%)

### 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.**

DOC 490.800, Prison Rape Elimination Act Preventing and Reporting Policy, Page 2, Section I. A. states the Department has zero tolerance for all forms of sexual misconduct. Page 3 of this policy defines sexual misconduct as aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. Additionally staff-on-offender sexual harassment and staff sexual misconduct are defined as sexual misconduct. This policy addresses the departments approach toward preventing, detecting and responding to such conduct.

The responsibilities of the Washington Department of Corrections PREA Coordinator's duties are defined on page 3 and 4 of this policy. The PREA Coordinator for WADOC is Beth L. Schubach. Ms. Schubach's classification is a manager and she reports directly to the Deputy Secretary. During the audit process Ms. Schubach was available to clarify some of the questions about the WADOC's PREA policies that this auditor had. She is extremely knowledgeable and well versed in PREA. She appears to know how to effectively manage PREA in a correctional setting.

Policy requires each prison to have a PREA Compliance Manager (PCM) appointed by the Superintendent of the prison. The duties of the PCM are addressed in this policy on pages 4 and 5. SCCC's PCM is Jeneva Cotton, Associate Superintendent of Programs as appointed by Superintendent M. Gilbert. As an Associate Superintendent, the PCM reports directly to the Superintendent and has the authority to coordinate the facilities efforts to comply with the PREA standards. Ms. Cotton has been the PCM for SCCC about 16 months. Ms. Cotton worked with the audit team through out the process. She provided the required documentation to prepare for the audit and provided the audit team with access to all of the areas at SCCC that we requested during the tour. Ms. Cotton and her assistant insured that all of the supporting documents were provided upon request during the onsite visit. Additionally her and her staff made sure that the audit team had access to all of the staff and offenders that we needed to interview.

### 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)

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Policy DOC 490.800, page 9 requires that any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with DOJ PREA standards and that the WADOC be allowed to monitor the PREA compliance.

According to a memorandum signed by the WADOC PREA Coordinator, there are currently five public/private agencies that are contracted to house WADOC offenders. Copies of all five contracts were reviewed by this auditor. All five contained language specific to the requirement that the facility/agency comply with the DOJ PREA standards. All five contained a clause allowing for WADOC to inspect the facility/agency for PREA compliance.

During the interview with the Contract Administrator for WADOC, he stated that all five contracts have been monitored for PREA compliance within the past year. The agency has verbiage that goes in all new contracts for offender housing, which covers the PREA compliance and monitoring requirements.

### 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)

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DOC 490.800, section VI, requires that each superintendent use the PREA Compliant Staffing Plan template to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and establish a staffing model.

The WADOC staffing model is based on an extensive review of national correctional practices and has been approved by the Washington State Legislature. According to a memorandum dated December 22, 2016, signed by WADOC Assistant Secretary, Prison Division, the staffing model has been in place since 1988. Revisions were made in 2013 to add additional staff at medium and minimum facilities. On an annual bases quality assurance audits are conducted to insure compliance with the staffing model. Additionally SCCC Superintendent is required to conduct a quarterly review of the staffing and submit reports to the Deputy Director.

According to the Superintendent of SCCC, there are no findings of inadequacies by a judicial decision, a Federal Investigation or internal/external oversight bodies. The staffing plan at SCCC is based on the custody level of the offenders, the physical design of the facility and the composition of the offender population.

WADOC requires each institution to complete a PREA Vulnerability Assessment. Once the initial assessment is complete it must be reviewed and up dated at least annually to insure the corrective action plan is up to date. Any time there is a risk identified, it is tracked in the vulnerability assessment and a corrective action item is created. As corrections are made, these are documented in this assessment tool.

SCCC has a minimum staffing requirement. In the event that a mandatory post is vacant the post is filled with overtime or redirection from non-mandatory posts. Additionally programs are closed if non-custody staff are not available to run the program. In the event that a program is modified or closed due to lack of staffing, the reason for the modification/closure is documented. This program modification is documented in the Incident Reporting Management System (IRMS). Any report filed in the IRMS is reviewed by WADOC headquarters staff. According to the Superintendent, SCCC has not been below the minimum staffing requirement for mandatory posts during this audit period.

The policy requires the staffing plan review to be completed in consultation with the PREA Coordinator and that the PREA Coordinator receives a copy of the PREA Compliant Staffing Plan. This auditor was provided with a copy of the staffing plan review forwarded to the WADOC PREA Coordinator that was completed by the Superintendent as required by policy. This review discussed the staffing plan, video monitoring and the resources available to adhere to the staffing plan. The last staffing model was submitted and approved in April 2016.

WADOC Policy DOC 110.100 requires that the facility executive team make unannounced tours of selected areas of the facility at least weekly. Policy prohibits employees from alerting one another that these tours are occurring. Policy requires correctional staff to log these tours in the post logs. The housing unit logs were reviewed during the audit. The supervisors sign in red ink in the log while conducting their tours. This auditor observed a supervisors signature on every shift in the log books. When supervisors were asked about the tours they informed the audit team that they do not announce rounds and they make their rounds at different times of day in random order. Some of the housing units have supervisors assigned to them during the shift.

During the tour the audit team noticed sufficient numbers of staff to provide adequate coverage during each shift. There were not any areas that offenders had access to that did not have a staff member present. SCCC has 290 video cameras to enhance the security of the facility. Every offender interviewed stated that he felt safe at SCCC.

### 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)

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Washington Department of Corrections does not house youthful offenders at Stafford Creek Correctional Center. There are other facilities in the state designated for housing youthful offenders sentenced as adults. This standard does not apply.

### 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)

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Policy 420-310, Searches of Offenders, requires that a strip search must be conducted by two trained employees. During the search of the male offender, at least one employee must be male. In the event that the other employee is female, she will position herself so that she observes the other employee, but will not be in direct line of sight with the offender. If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed before the end of the shift. Policy 420.312, Body Cavity Search, Requires that all cavity searches will performed by staff of the same gender as the offender. A review of the strip search logs did not reveal any incident where a cross gender strip search was conducted.

Policy 490.800, section VIII, requires that offenders be provide the opportunity to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This includes video surveillance. This policy requires staff of the opposite gender to announce their presence when they enter a housing unit.

All showers, toilets and strip search areas have the appropriate modesty screens in place. All of the offenders and staff stated that female staff announce themselves when entering the housing units. This was observed during the tour. None of the offenders claimed to have been strip searched by a female staff member. The officers that were interviewed in the strip search areas were male. They all said that female staff do not work these posts.

During the tour of SCCC, this auditor observed four offender restrooms where offenders would not be able to toilet without female staff being able to observe their private areas. These observations were pointed out to the staff at SCCC. All for

areas were corrected by the next day. The audit team re-inspected the four offender restrooms in question and all were fixed to allow offenders modesty without creating blind spots.

The video cameras are monitored in several different locations throughout the facility. A review of the monitoring screens revealed that all strip search areas, restrooms and showers are not visible via camera.

Policy 490.820, section VII, prohibits employees and contract staff from searching an offender for the sole purpose of determining their genital statuses. If the offender's genital status is unknown, it will be determined by health care providers. Generally the offender's disclosure of statuses is the determining factor which would then initiate housing review protocols. Offenders that are received at SCCC have already been determined to be male at the reception center. SCCC has no reason to strip search an offender to determine his genital statuses.

In 2014 all security staff were trained in pat-down searching of transgender/intersex offenders. This training was integrated into the academy training schedule at the same time to insure that all security staff receives the training. A review of the lesson plan complies with the PREA requirement. A review of the training documents provided during the audit confirmed that all custody staff had been through this training.

#### **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.**

Policy 450.500, Language Services for Limited English Proficient (LEP) Offenders, states that the department will provide interpretive and translation services through Department and/or contract services at all Department Facilities. The policy also requires non-Spanish limited English Proficient offenders, including those requiring American Sign Language, to receive orientation in a language that they understand. The orientation includes the WADOC PREA policy. The offenders are shown a video during orientation that explains the PREA policy. This video is in either English or Spanish and has subtitles for the hearing impaired. This auditor was provided copies of PREA brochures provided to offenders with limited intellectual capacities.

The department has several contracts with individuals who are certified in sign language. Additionally this auditor was provided a list of individuals and firms that are contracted with WADOC to provide interruptive services. There are two telephone vendor interpretive services, CTS Language Link and Linguistica International, available 24 hours a day, seven days a week. SCCC has PREA information posters located in all of the housing units and common areas in both English and Spanish.

WADOC requires that only professional interpreters or translation services, including sign language, are available to assist offenders in understanding the PREA policy, reporting allegations, and/or participating in investigations of sexual misconduct. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.

While interviewing staff, several of them were able to tell me about the interpretive services and how to use these services if needed. None of the staff interviewed stated that they would use another offender to interpret for them in PREA cases. During the interview process the audit team requested to interview non-English speaking offenders. Every offender identified spoke some English. One offender, who spoke Vietnamese, had been incarcerated for some time and he claimed to no longer need an interpreter. He told the auditor that he was provided an interpreter when he was first received by WADOC. SCCC did not have any offenders that had hearing or vision disabilities that were not corrected with assistive devices. All of the offenders interviewed knew the WADOC PREA policy.

## 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.**

Policy 490.800, section V, outlines the WADOC's staffing practices related to PREA. The policy states that the Department will not knowingly hire, promote, or enlist the services of anyone who: Has engaged in sexual misconduct in a prison, jail, lockup, community confinement center, juvenile facility or other institution; Has engaged in sexual misconduct with an offender on supervision; Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or; Has been civilly or administratively adjudicated to have engaged in activity described above. WADOC requires perspective employees and contractors to disclose if they have had any of the previously stated sexual misconduct in their history.

Additionally policy requires that the department consider any incidents of sexual harassment in determining whether or not to hire, promote, or enlist the services of anyone who may have contact with an offender.

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

Policy 400.320, Terrorism Activity, requires a criminal record check will completed for all employees, contractors and volunteers. Additionally contracts between workforce agencies and WADOC require the employment agency to complete background checks that comply with PREA hiring and promotion policy on all temporary employees that will have contact with offenders.

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

Policy allows for WADOC to provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom such employee has applied for work.

While reviewing the personnel files it was discovered that all staff background checks are completed by the HR department upon initial hiring. WADOC then completes a background check on all custody staff every year. This background check is completed by the training department as part of the firearms qualification. Non-custody staff's background checks are completed state wide every fifth year. Contractors and volunteers must have a background check completed to receive an identification card. The card expires after five years.

When employee candidates, contractors and volunteers are initially hired they must self-certify that they have not had any criminal, civil or administrative action as a result of any sexual misconduct in a confinement setting. They are required to self-certify again, annually, as part of the training curriculum. A review of the training documents and personnel files demonstrated 100% compliance with this requirement.

When a perspective candidate applies for a position at SCCC, they are asked to disclose any previous employment with any other correctional employer. Every personnel file that the employee disclosed such previous employment had records to show that an information request was submitted to the previous employer to check that the employee did not have any criminal, civil or administrative action as a result of any sexual misconduct in a confinement setting in the employment history.

### 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.**

Policy 490.800, PREA Prevention and Reporting, section VII, B, states that the Department will consider the possible effects on its ability to protect offenders from sexual misconduct when: Designing a new facility; Planning substantial expansions or modifications of existing facilities, and; Installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.

SCCC has had four building modification projects since the last year. In all four projects particular attention was given to having open sight line to avoid any possibility of victimization. During the tour all four projects were toured. One was a small warehouse with no internal walls, one was an aqua farm with see through plastic tenting, one was an open air recycle center and one was expanded office space. Each of the four projects were in the process of being completed. None of the designs created concerns that would be contradictory to the PREA policy.

### 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.**

Policy 490.850, PREA Response, section III, B, addresses the WADOC's policy for responding to allegations of aggravated sexual assault. This policy contains a checklist that clearly addresses the process to preserve evidence for possible administrative proceeding or criminal prosecution. This process closely mirrors the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Forensic Examinations, Adults/Adolescents". SCCC staff do not complete criminal investigations. In the event that a case appears to be criminal in nature, the case and evidence collection is turned over to the Washington State Police or Grays Harbor Sheriff's Office. The Shift Commander for SCCC was interviewed and he was able to articulate the entire response process and demonstrated how he would ensure compliance with PREA policy.

Policy 490.850, section III, 5, a, requires that all offenders alleging sexual acts perpetrated by either staff or another offender that occurred within the previous 120 hours and involved penetration or exchange of body fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic exam. The department's response checklist also addresses the proper process to insure the victim is seen by a forensic examiner. SCCC does not complete forensic medical exams. All cases that require SAFE/SANE services are transferred to Grays Harbor Community Hospital. There were two documented cases that were seen by the SAFE/SANE nurse during this audit period. A review of these investigative files showed compliance with the PREA policy and procedures. The SAFE/SANE nurse was interviewed telephonically. She confirmed that Grays Harbor Medical Center handles all of the forensic exams for SCCC.

WADOC requires that victims of sexual assault be offered a victim advocate. WADOC has a contract in place with Washington Department of Commerce, Office of Crime Victims Advocacy to provide victim advocates for SCCC. There was one case that a victim advocate was requested and provided during this audit period. In the two cases currently being investigated, victim advocates were offered. One of the offenders declined, the other accepted. The Office of Crime Victims Advocacy was contacted to confirm their role in a sexual assault.

WADOC is responsible for conducting administrative investigations. WADOC staff do not have law enforcement powers and are not authorized to conduct criminal investigations. All felonies are referred to Grays Harbor Sheriff's Department for investigation /prosecution. In the event that Grays Harbor is unable to respond, SCCC is required to contact the Washington State Police.

#### **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.**

Policy 490.860, PREA Investigation, requires the Department to thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.

When there is a reported PREA incident, regardless of how the information is received, the Shift Commander completes an incident report on the Incident Report Management System (IRMA). The IRMS is monitored by WADOC headquarters staff. All PREA incident reports are reviewed by the Headquarters PREA Unit to determine if the allegation meets the prima facie of PREA. If the allegation is determined to be a PREA incident, the report is returned to the institution and assigned an investigation number. This process takes as little as a couple of hours or as long as two days to assign an investigator. A memorandum dated January 18, 2017, signed by the Superintendent of SCCC, states that SCCC has investigated all allegations referred to the facility by the DOC PREA Unit. According to the PREA Coordinator, this process is tracked very closely and any delayed investigations are researched by the PREA Unit.

WADOC staff are not sworn peace officers, therefore cannot conduct criminal investigations. If at any point during the administrative investigation, it appears that a felony was committed, the case is referred to the Grays Harbor Sheriff's Office for criminal investigation. According to a memorandum authored by the Superintendent of SCCC, one case was referred to an outside agency for possible criminal investigation during the past year. The management staff at SCCC meet with the representatives from Grays Harbor Sheriff's office periodically to discuss and coordinate each agency's responsibility during a criminal investigation. This auditor reviewed copies of the minutes from the last meeting between the two agencies.

#### **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.**

Policy 490.800, section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. A review of the training guide (PREA 101) revealed that the training covers policies and operational memorandums related to the Prison Rape Elimination Act, and the criminal and disciplinary penalties for engaging in prohibited behavior. The training also covers: The WADOC zero tolerance policy; How to prevent, detect, report, and respond to sexual misconduct; Offender's rights to a sexual abuse and sexual harassment free environment; offender's and staff's right to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamic of sexual abuse and sexual harassment in confinement; The common reactions of victims; How to detect and respond to signs of threatened or actual sexual abuse; How to avoid inappropriate relations with offenders; How to communicate effectively with LGBTI offenders and; How to comply with laws related to mandatory reporting.

The training provided by WADOC, addresses both male and female issues in some detail. Employees at SCCC receive training gender specific to both male and female offenders.

The current training was initiated in 2014. All staff were required to take the training at that time. Since that date, all staff are required to take the training on PREA annually. All of the training is completed through a computer delivered class. In addition to the annual PREA training, all staff, contractors and volunteers must self-certify that have not had any civil, criminal or administrative action taken against them for sexual misconduct involving an incarcerated individual. During the past year, of the 555 employees that are assigned to the facility, only seven have not attended the required training. That is 99.45% compliant. All seven of those employees were out of work due to long term illness or other excusable absence. All 20 random training files reviewed demonstrated compliance with the training.

### 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.**

Policy 490.800, section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. The training that volunteers and contractors are required to take is the same training that employees must take (PREA 101). This training exceeds the requirement for this standard. Of the 228 contractors and volunteers currently approved to enter SCCC, all of them have received the training within the past year.

During an interview with the Community Coordinator (CC), she explained how she tracks the training for the volunteers. Each volunteer must complete the training every fiscal year. Just prior to June, the CC runs a training report to see who has not completed the training. If the volunteer is delinquent, the CC will not allow them to volunteer until the training is complete.

Contractors or volunteers visiting SCCC only one time, due to a special event or need, are provided the PREA brochure that explains the WADOC PREA policy.

### 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.**

Policy 490.800, PREA Reporting and Preventing, section XII, requires that all offenders will be provided PREA related information, which will include information on the department's zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manner allowing offenders to ask questions of the staff member facilitating the orientation.

During the transport to SCCC, the PREA video is played on the bus. Offenders are provided with a brochure (English or Spanish) that explains the Department's policies and how to report sexual misconduct when they arrive at SCCC. Offenders are scheduled and attend an orientation class within a couple of days after arrival. The offenders watch the video again and receive the offender handbook which explains the PREA policy and how to report any allegations. The offenders sign a document demonstrating that they attended the class. Copies of signed documents were provided to this auditor.

WADOC implemented training offenders on the PREA policy in March 2006. At that time all offenders currently housed within the Department were given a copy of the PREA brochure and allowed to attend orientation. Additionally, PREA information is available via posters throughout the facility.

WADOC has several versions of PREA brochures available for low functioning offenders. SCCC plays a video that explains the PREA policy and how to report sexual misconduct. The video is close captioned for the hearing impaired. This video is also in Spanish.

During the offender interviews and while touring the facility, the audit team could not find any offenders that did not know the PREA policy and how to report it. Every housing unit and program area had PREA posters in English and Spanish posted on the wall.

#### **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.**

Policy 490.800, PREA Prevention and Reporting, requires that all PREA Investigators be trained in: Crime scene management and investigation, including evidence collection in Prisons and Work Releases; Confidentiality of all investigation information; Miranda and Garrity Warnings, compelled interviews, and the law enforcement referral process; Crisis intervention; Investigating sexual misconduct; Techniques for interviewing sexual misconduct victims and; Criteria and evidence required to substantiate administrative action or prosecution referral.

A review of the lesson plan provided to the auditor demonstrates compliance with this standard. All of the required topics are covered in the 14 hour training required by investigators. A list of WADOC PREA trained investigators revealed that 64 employees at SCCC attended the training and 54 are still active and qualified to conduct PREA investigations.

While interviewing the staff trained for PREA investigations, they were able to articulate the investigation process and their responsibility. The training that they attended prepares the investigator on how to conduct an investigation without compromising the integrity of the investigation. If at any time the investigation appears to reveal possible criminal activity, the investigation is suspended and the case is referred to the local law enforcement agency.

All allegations that appear to be felonious crimes are referred to either the local Sheriff's Officer or the State Police. WADOC is not responsible for the training of these agencies.

### 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.**

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

A review of the provided lesson plan demonstrates compliance with this training requirement. A random review of training records reflects that all of the medical staff have received the required training. During the interview process with random medical and mental health staff, the staff explained the training that they received relative to PREA.

Medical staff at SCCC do not conduct forensic exams.

### 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.**

Policy 490.820, PREA Risk Assessments and Assignments, requires Classification Counselors and designated Work Release employs will complete a PREA Risk Assessment within 72 hours of arrival for all offenders arriving at any Department facility. Facilities will establish procedures to ensure compliance within 72 hours, even on weekends and holidays. Operational Memorandum SCCC 490.820 is SCCC's local policy to address proper assessment and assignments based on PREA concerns. This policy requires that a follow-up assessment be completed on each offender between 21 and 30 calendar days after the offender's arrival at the facility. Additional assessments will be completed within 10 days by the assigned Classification Counselor when additional information is received, or the offender discloses information, that suggests potential for victimization or predation.

WADOC uses an objective screening program called Offender Management Network Information (OMNI) to screen all offenders for risk of victimization and abusiveness. The OMNI program has "yes" and "no" check boxes and data fields for the screening staff to enter data about each offender. Based on the data entered, the offender is rated on their potential for victimization or abusiveness. Nine of the ten criteria listed in PREA 115.41 (d) are included for entry in OMNI. There is not a location to enter information on civil immigration statues. SCCC does not house offenders solely for civil immigration processing. OMNI also includes field to enter information about prior acts of sexual abuse, violent offences, and history of prior institutional violence or sexual abuse. Offenders are not disciplined for refusing to respond to these questions. Only a limited classification of staff have access to this program and offenders do not have access.

While touring the facility this auditor was walked through the intake process. Prior to arriving at SCCC, an offender is placed in a bed based on his case factors (including potential victim or potential predator). Once the offender arrives at SCCC, his case factors are checked again and he is interviewed to insure that there are no conflicts with the assigned housing. Within 72 hours the case worker interviews the offender and reassesses him in OMNI noting any changes. After day 21 the caseworker re-interviews the offender and re-reviews the case factors to insure that no new information has been received. In each interview the offender is asked about their perceived safety. Every offender interviewed told the audit team that they went through this process when asked. A list of offender's arrival dates and dates of evaluations demonstrates compliance with this standard.

#### 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.**

WADOC requires each facility to utilize the data obtained from the OMNI program to place offenders in the proper housing, bed, work, education and program assignment ensuring separation of potential victims and potential predators. Each offender is evaluated on his or her own case factors to ensure their safety.

Per policy each transgender or intersex offender is reviewed for any threats to their safety. WADOC utilizes form DOC 02-384, Protocol for the Housing of Transgender and Intersex Offenders, to evaluate each transgender and intersex offender prior to housing. The DOC 02-384 is a thorough assessment of the offender's case factors and these reviews take into account the offender's own view of their safety. Every six months each transgender and intersex offender is re-evaluated utilizing form DOC 02-385, Protocol for Housing Review for Transgender and Intersex Offenders. These reviews are a comprehensive assessment of the offender's safety concerns, including the offender's own perceived views of his or her safety.

LGBTI offenders are housed in several different units within SCCC. They are not housed in just one location. While interviewing transgender offenders, they stated that they are reviewed for program concerns twice each year. They also stated that they are frequently asked about their perceived safety. The physical design of the showers at SCCC allow for every offender to shower separately. However transgender offenders are allowed to take showers during count time, while all other offenders are in their cells.

#### 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.**

Policy 490.820, PREA Risk Assessment and Assignment, states that offenders, who score at potential risk for sexual victimization, may be placed in Administrative Segregation if necessary to separate potential victims from potential predators. This placement shall only occur if no alternative housing is available. In the rare case that the offender is in Administrative Segregation for more than 30 days, a review will be conducted every 30 days to determine continued placement. Offenders on this type of placement will have access to programming and job assignments to the extent possible. When unavailable, the reason and duration will be documented in the offender's electronic file.

According to a memorandum dated February 16, 2017, authored by the Superintendent, SCCC has not had any offenders placed in involuntary segregation as a result of risk of victimization. When this auditor was asking staff about extreme cases where no available housing was available what would you do? The response was that the offender would be placed in the Medical Building so that he would have access to more programs than can be provided in Administrative Segregation. The restrictions to program imposed on the offender would be documented in his file. Staff informed me that the longest the offender would have to stay, before transfer to another facility would be about a week.

### 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.**

WADOC provides several methods to report sexual abuse and sexual harassment, retaliations for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders can correspond through legal mail (which is not read), call a toll free phone number to the WADOC PREA unit, tell staff, send a note to a staff member or have a friend or family member report it. Many of these options allow for anonymous reporting. When calling the headquarters' PREA Unit, offenders do not need to utilize their IPIN to identify the caller. WADOC has a contract in place with the Colorado Department of Corrections to serve as each other's external reporting entity.

The audit team reviewed the various forms of reporting. The information on how to report is posted in different locations, in various formats throughout SCCC. The PREA hotline phone number is painted on the floor in front of the offender telephones. Each housing unit had pre-addressed envelopes for the Colorado PREA Unit in Colorado Springs, with complaint forms.

Policy requires, and staff are trained, to document all reported PREA allegations, whether they receive it as writing, a verbal report, anonymously, or a third party report. A review of the PREA case log reveals that allegations were received verbally, from notes, anonymously, from the PREA hotline and third party reports.

Staff are required to report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor.

While interviewing staff each employee stated that if they received information about a PREA incident, they would report it immediately to the shift Commander. They would not share the information with any other staff noting that PREA reports are confidential.

## 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.**

PREA standard 115.52(a) states that an agency is exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. Memorandum dated December 20, 2016, signed by the Secretary of Washington department of Corrections, states that WADOC does not process PREA-related allegations through the offender grievance process.

If an offender files a grievance alleging sexual misconduct, a copy of the grievance is forwarded to the WADOC PREA unit. If it determined that the issue of the grievance is not related to PREA, the offender may pursue the issue through the grievance process. If the issue has been determined to be PREA related, the case is referred to the Appointing Authority who assigns the case to an investigator. The investigation is pursued like any other PREA investigation. This process requires that the allegation is investigated by a PREA trained investigator and that the Appointing Authority makes the final decision. Additionally, since PREA allegations are removed from the grievance process, offenders do not have to exhaust administrative remedies before attempting to resolve the issue through litigation. This information is available to the offenders in the grievance policy handbook and the offender handbook.

There are no time limits to reporting an allegation of sexual misconduct. Since the PREA unit forwards the grievance to the appointing authority to initiate an investigation, the grievance is not submitted to the staff member who is the subject of the complaint.

A review of the PREA allegation log revealed that SCCC received six PREA allegations through the grievance process during this audit period. Four of these allegation's investigations were completed within 90 days of when the allegation was received. The other two were received within 90 days of this audit and were still pending completion of the investigation.

Even though WADOC is exempt from this standard because it does not process PREA allegations as grievances, the policies and practices that are in place comply with 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.**

WADOC and SCCC have several outside advocacy groups that offenders can contact both via mail or telephone for emotional support services related to sexual abuse. Offenders have access to a brochure that lists all of the community sexual assault programs in Washington State. Additionally the facility has posters in several locations with the phone number and hours of operation for the Office of Crime Victims Advocacy. WADOC does have an interagency agreement with the Office of Crime Victims Advocacy to provide support services to offenders who are victims of sexual assault.

Communication with victim advocacy groups is handled in the same manner as attorney correspondence. Any phone calls or written correspondence is confidential. This auditor contacted the OCVA and discussed the confidentiality concerns with the advocate. The advocate assured this auditor that all correspondence is confidential unless the offender signs a consent to release the information.

### 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.**

Policy DOC 490.800, PREA Prevention and Reporting, assigns responsibility to the PREA Coordinator for ensuring that the WADOC website is current with information on how friends and families can report sexual abuse and sexual harassment. The PCM is responsible to ensure that posters are viewable by visitors and the public providing information on how to report an allegation of sexual abuse or sexual harassment.

During the audit tour, posters and visitor handbooks relative to PREA were visible in the visiting room. Additionally the WADOC website has information on how to report a PREA allegation on behalf of an offender.

A review of the completed investigations revealed that seven PREA investigations were initiated as a result of third party reporting.

### 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.**

Policy DOC 490.850, PREA Response, requires that staff immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

Information related to allegations or incidents of sexual misconduct is confidential and will only be disclosed when necessary for treatment, investigation, and other security and management decisions.

DOC 490.850 requires that medical or mental health staff must disclose the limits to confidentiality to an offender who displays signs of sexual misconduct or discloses sexual misconduct that occurred in a correctional setting. The offenders are informed of this during reception center processing and the information is posted in the Health Services area.

All allegations of sexual abuse or sexual harassment at SCCC are reported to the Shift Commander. The Shift Commander enters the information into the Incident Management Reporting System (IMRS). Once in IMRS an email is forwarded to the PREA Coordinator. The PREA Coordinator, or designee, reviews the allegation to determine if it falls under the definition of PREA. If it does, the investigation is assigned to the appropriate Appointing Authority.

Every staff member that the audit team talked to reiterated the importance of reporting any PREA allegation to the Shift Commander. All of them said they would report it immediately. When the issue of maintaining confidentiality was discussed all of the staff stated that they would not share the information with anyone other than staff who had a need to know.

The medical staff interviewed stated that they disclose the limits of confidentiality to offenders during exams or sessions. The limits to confidentiality were posted on the billboards in the medical area.

### 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.**

Policy DOC 490.850, PREA Response, states that upon receipt of an allegation of offender-on –offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses. The accused may be placed in restrictive housing. Placement decisions will be based on the seriousness of the allegation. Least restrictive housing should be considered. In the event that the allegation involves staff sexual misconduct, the one-on-one contact between the accused and alleged victim is prohibited while the allegation is investigated. The Appointing Authority can redirect or modify the duties of the staff member during the investigation. If the accused is a contract staff or volunteer, the Appointing Authority may restrict their entrance into the institution until the conclusion of the investigation.

The Superintendent and the Shift Commander both explained to the audit team the steps that the facility takes when they receive information that an offender is in imminent risk of sexual assault. They would separate the potential victim from the potential predator (if known) by completing a housing assignment change. They would interview the potential victim in regards to their own perceived safety and they would investigate the claim.

### 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.**

Policy DOC 490.850, PREA Response, requires that the Appointing Authority notify the appropriate Appointment Authority or facility administrator within 72 hours of receipt of an allegation when an alleged incident occurred within another Department or another jurisdiction or involves a staff who reports through another Appointing Authority.

SCCC reported eight cases during the audit period when offenders reported a sexual assault to SCCC staff that allegedly occurred at another facility. Because the PREA Coordinator assigns the investigations to WADOC facilities, the allegations that happened within the WADOC are reported to the Appointing Authority by the PREA Coordinator. Documents were provided demonstrating notice to outside agencies within compliance of this standard. During the audit interview, one offender alleged that he had been sexually assaulted while housed at two other facilities within WADOC. This auditor reported it to the Shift Commander via incident report. Within three hours the PREA Coordinator had assigned investigations to the two other facilities' Appointing Authorities to investigate the offender's claim.

Any allegations received by SCCC from another facility are handled in the same manner as any PREA allocation.

### **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.**

Policy DOC 490.850, PREA Response, address how each facility shall respond to an allegation of sexual assault. Each institution is required to establish a response team consisting of a sergeant, investigator, medical staff, mental health staff and other classifications as necessary. This policy includes a checklist for the Shift Commander to follow. This checklist includes: separating the victim from the suspect; preserving the crime scene for evidence and; requesting the victim and accused do not destroy any evidence by washing, toileting, changing clothes, eating, drinking, or smoking.

Each employee is provided with a First Response Pocket Guide that gives direction on how to respond effectively to emergencies. Even though this guide is not specific to PREA, it does follow the same general guideline of responding to emergencies.

The PREA training that all staff, volunteers and contractors receive, identifies any staff, volunteer or contractor, whoever receives the information first, as first responders. As a first responder, these employees are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the suspect, remove uninvolved offenders and relay observations.

During an interview with the shift commander, he was able to tell this auditor, step by step, how SCCC responds to a PREA incident. All of the staff, volunteers, and contractors knew to separate the suspect and victim, preserve the crime scene and other physical evidence, seek medical aid (if needed) and report the incident.

### **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.**

Policy DOC 490.850, PREA Response, address how each facility shall respond to an allegation of sexual assault. Each institution is required to establish a response team consisting of a sergeant, investigator, medical staff, mental health staff and other classifications as necessary. This policy includes a checklist for the Shift Commander to follow.

As mentioned in Standard 115.64, the shift commander was able to tell this auditor, step by step, how SCCC responds to a PREA incident. In addition to the policy and check list, the Shift Commander has contact information for managers who play a more significant role in the response to PREA so that they can be reached at any time of day. All of the staff, volunteers, and contractors knew what their specific role was when responding to a PREA incident.

### **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.**

A review of the Collective Bargaining Agreements provide to this auditor demonstrate compliance with this standard. Management does have the right to separate the offender from a staff member who is the subject of an investigation either by temporarily reassigning the employee, redirecting the employee or restricting that employee from grounds during the investigation.

During the audit interview, the Superintendent explained when and how employees may be removed from specific posts or prohibited from coming on grounds. Depending on the nature of the allegation, an employee will be moved from their post to separate the alleged victim from the alleged suspect during the investigation. If there appears to be retaliation or the allegation is more serious, the employee may be restricted from grounds until the completion of the investigation.

### **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.**

Policy 490.860, PREA Investigation, explains the WADOC retaliation prevention policy. The Appointing Authority at the facility where the victim is housed will notify the PCM that monitoring is required. The PCM will ensure alleged victims and offender reporters are monitored and meet with at least monthly. Retaliation against employees is monitored by the Human Resource Manager at the direction of the Appointing Authority. While monitoring, the PCM looks for housing unit/job changes, negative performance reviews or disciplinary reports. The monitoring is conducted for at least 90 days unless the Appointing Authority determines that the monitoring period should be extended.

The PCM documents the monitoring of offenders on a form DOC 03-503, PREA Monthly Monitoring Report, and forwards that to the Appointing Authority.

SCCC PCM's assistant conducts the retaliation prevention monitoring. She reviews the offender's file and interviews them over a period of 90 days. She maintains a spread sheet that contains the dates that she interviewed the offender, the date and results of the investigation, the date the monitoring was concluded and any relevant information. Offenders that were interviewed, that were subject to retaliation monitoring, acknowledged that they had spoken with staff responsible for monitoring during the 90 period after reporting a PREA incident.

### **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.**

Policy 490.820, PREA Risk Assessment and Assignment, states that offenders, who score at potential risk for sexual victimization, may be placed in Administrative Segregation if necessary to separate potential victims from potential predators. This placement shall only occur if no alternative housing is available. In the rare case that the offender is in Administrative Segregation for more than 30 days, a review will be conducted every 30 days to determine continued placement. Offenders on this type of placement will have access to programming and job assignments to the extent possible. When unavailable, the reason and duration will be documented in the offender's electronic file. This is the same policy that SCCC uses for placement of offenders who alleged to have suffered sexual abuse.

According to the Superintendent, SCCC has not had any offenders placed in involuntary segregation as a result of reporting a sexual assault. The Administrative Segregation Sergeant stated that he does not recall any offenders placed in Ad-Seg solely due to suffering a sexual assault. When this auditor was asking staff about extreme cases where no available housing was available and what they would do? The response was that the offender would be placed in the Medical Building so that he would have access to more programs than can be provided in Administrative Segregation. The restrictions to program imposed on the offender would be documented in his file. Staff informed me that the longest the offender would have to stay, before transfer to another facility would be about a week.

### **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.**

Policy DOC 490.860, PREA Investigations, require that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. Staff investigating PREA allegations will be trained in: Crime scene management, including evidence collection; Confidentiality; Maranda and Garrity warnings; Crisis intervention; Investigating sexual misconduct; Techniques for interviewing victims of sexual misconduct and; Criteria and evidence required to substantiate administrative action or prosecution referral. The investigation will be completed even if the offender is no longer under the jurisdiction of the Department or the accused staff is no longer employed by the Department.

Investigators are trained to follow the evidence protocol as called out by Policy DOC 420.375, Contraband and Evidence Handling. Training documents revealed that all of the certified investigators have received the required training.

A review of the 55 PREA cases investigated during the audit period demonstrates that all incidents reported were investigated promptly, thoroughly and objectively. Of the 55 allegations received, six were received through the grievance process, seven were from a third party report and six were reported anonymously. Most of the cases reviewed were based on circumstantial evidence, however if there was any physical evidence to collect it was done according to policy.

All potential felony cases are referred to the Grays Harbor County Sherriff's Office or the Washington State Police. WADOC investigators only conduct compelled interviews if the District Attorney has declined prosecution. Once the case is referred to the local law enforcement agency, that agency determines if the case will be referred for prosecution. Two cases were referred to the local law enforcement agency for investigation during the audit period. Both cases are still pending completion of the investigation.

WADOC policy does not allow the use of a polygraph on alleged victims, reporters or witnesses in PREA investigations. Both the Superintendent and the investigators informed the audit team that SCCC does not use any form of polygraph or voice stress analysis on victims, reporters or witnesses during interviews. While reviewing the cases, the audit team did not see any indication that one individual's testimony was given more credibility than another. All of the staff involved in the investigation process, which were interviewed, claimed that each individual's testimony is weighed on its own merit.

The investigations include all physical evidence, testimony, reasoning behind credibility assessments and investigative facts and findings. All administrative investigations are forwarded to the Appointing Authority who will make a determination if the staff actions of failure to act contributed to the abuse. The Appointing Authority then makes a determination of unfounded, unsubstantiated or substantiated. Once a case is closed all cases are discussed in the PREA Committee to evaluate policy, procedure, staff actions, investigative practices and other prevention and response concerns.

Office of the Secretary of State, Washington State Achieves, Record Retention Schedule requires all PREA investigation documents be retained 50 years after the close of the investigation. A memorandum dated Mach 29, 2017, signed by John Aldana, Deputy Secretary WADOC, states that "If a review of the investigatory records reveals that the accused individual does not meet the 5-year requirement outlined above (PREA standard 115.71 i), the records will be maintained until this requirement is meet, even if it exceeds the 50 year retention time frame."

WADOC policy requires that investigations are completed thoroughly even if the victim or suspect (offender or staff member) is no longer with WADOC. The Superintendent confirmed that this is the practice at SCCC.

#### **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.**

Policy DOC 490.860, PREA Investigation, requires the Appointing Authority to determine if the allegation is substantiated, unsubstantiated, or unfounded. Substantiation is based on a preponderance of evidence.

The training that all Appointing Authorities attend teaches that substantiation is 51% sure that the event occurred. The Appointing Authority is the individual charged with determining the conclusion of the investigation. During the interview the Superintendent stated that she uses the standard of preponderance of evidence to determine if a case is substantiated.

### **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.**

Policy DOC 490.860, PREA Investigations, requires that the alleged victim will be informed in person, in a confidential manner, of the results of the investigation (substantiated, unsubstantiated or unfounded). If the allegation was investigated by the local law enforcement agency, the results of the investigation will be retained with the PREA case file and the offender will be notified of these results. In the event that the case was substantiated or unsubstantiated, and involves a staff member, the alleged victim will be notified if the accused staff member is no longer assigned to the unit, works at the same facility or the Department learns that the accused has been indicted on or convicted of staff sexual misconduct within the facility. In the event that the case was substantiated or unsubstantiated, and the suspect is an offender, the alleged victim will be notified if the Department learns that the accused has been indicted on or convicted of sexual misconduct within the facility.

Once the Superintendent determines the result of the investigation, she notifies the Supervising Counselor who then informs the offender. This is documented in the investigative file. In all 55 investigations reviewed during the audit there was proof that the offender was notified of the outcome of the investigation.

### **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.**

Washington State Human Resources policies state that the Secretary shall immediately institute proceedings to terminate the employment of any persons who is found to have had sexual intercourse or sexual contact with an inmate or pled guilty or convicted on a sex crime where the victim was an inmate.

Per WADOC policy, staff may be terminated for violation of the PREA Policies. In the event that the employee resigns prior to the completion of the investigation, the investigation is continued. If the nature of the staff sexual misconduct is criminal in nature, the case is forwarded to the local law enforcement agency to conduct the investigation.

SCCC has had one case substantiated against an employee for sexual harassment during this audit period. The employee received appropriate disciplinary action.

#### **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.**

Policy DOC 490.860, PREA Investigations, requires any substantiated PREA allegation that is criminal in nature be referred to law enforcement and any applicable licensing board. Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with offenders. For any other violations of Departmental PREA policies, appropriate actions will be taken.

The Superintendent confirmed that she would not allow a contractor or volunteer on ground if they had committed a sexual assault. During this audit period there were no substantiated investigations involving a contractor or volunteer according to the memorandum dated February 16, 2017, authored by the Superintendent of SCCC.

#### **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.**

Policy DOC 460.000, Disciplinary Process for Prisons, sets the due process requirements for offender disciplinary hearings. This includes a right to have copies of all non-confidential documents, a notice of when the hearing will be held, a right to call witnesses, a right to be present at the hearing, a right to written results of the hearing and a right to appeal. These are the same policies for all disciplinary hearings including offender-on-offender sexual abuse.

In the event that the offender is found guilty of a disciplinary violation, the Disciplinary Hearing Officer (DHO) will determine the appropriate sanctions based on the Departmental guidelines. When determining sanctions, the DHO may consider factors in mitigation or aggravations based on the offender's mental health status, prior conduct or overall prison adjustment. An offender that is found guilty of committing sexual abuse/assault/harassment against an offender may be sanctioned to a multidisciplinary review for consideration of available interventions (e.g. Mental Health Therapy, Sex Offender Treatment Program, and Anger Management).

SCCC had one offender receive a PREA related disciplinary action during the audit period (sexual harassment of an offender). After reviewing the disciplinary action it appears that all policies were followed.

#### **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.**

Policy DOC 490.820, PREA Risk Assessment and Assignment, requires that, at the time of the PREA Risk Assessment, the Classification Counselor complete a referral for mental health services if the screening indicates that the offender has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institution or in the community. The referring employee will ask the offender if they wish to meet with a mental health provider. Policy DOC 630.500, Mental Health Services, require that offenders be seen within 14 days of referral.

This auditor reviewed 18 mental health referrals. Only two were not seen within 14 days. Most were seen within two or three days.

WADOC Health Records Guidelines require that confidentially be maintained by Health Care staff. The only information that shall be disclosed is the information determined to be essential for management of the offender's health and safety. Medical and Mental Health providers are required to gain informed consent prior to reporting any sexual abuse that occurred outside of an institutional setting. Interviews with medical staff confirmed this practice was in place.

#### **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.**

WADOC policy requires that victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental health care. The response to a PREA allegation is designed so that offenders are seen by emergency medical staff before being transferred out to the hospital for a forensic exam. In non-emergency cases, the medical/ mental health staff must assess the victim within 24 hours. Prior to being transported for the SAFE/SANE exam, the clinician will provide the offender with information on post-exposure prophylaxis for sexually transmitted infections. All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender while housed in a Department of contracted facility.

Medical and mental health staff stated that they provide emergency medical treatment when necessary on PREA incidents. If the offender is sent to be seen by the SAFE/SANE nurse at Grays Harbor Medical Center, the mental health clinician sees them within 24 hours of their return. If they do not go out for a forensic exam the offenders are seen within 24 hour of the reported incident.

### **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.**

Policy DOC 610.025, Health Services of Offenders in Cases of Alleged Sexual Misconduct, requires the facility to transfer the alleged victim to the designated health care facility within 2 hours when an offender makes an allegation of sexual assault within 120 hours of the alleged assault occurring. The offender is offered a mental health appointment and, unless the offender declines, will be seen by mental health within one business day. Policy requires immediate access to mental health services if the offender is in crisis. Once evaluated a treatment plan is put in place. This treatment plan may include individual/group therapy, referral to medical/mental health specialists, medication or outside medical/mental health treatment. The offender's file is transferred from facility to facility so that the treatment plan can be continued at the next institution.

When an offender is received at SCCC who claims prior victimization, he is evaluated by mental health within 14 days of arrival. If, during the initial evaluation, follow-up therapy or counseling is indicated a treatment plan is established. If the offender's medical file indicates that he was already under a treatment plan, that plan is continued at SCCC. Any medical treatment that the offender was receiving prior to arrival at SCCC is continued.

During the tour of the healthcare unit at SCCC the auditor noted how clean and well-staffed the facility was. The unit has sufficient resources to handle basic medical needs. In the event that the offender needs more advanced medical care, he is transferred to Grays Harbor Medical Center.

Part of the medical response plan for PREA victims is to offer the offender tests for sexually transmitted infections. All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender while housed in a Department or contracted facility.

### **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.**

Policy DOC 490.860, PREA Investigation, states that for each substantiated or unsubstantiated finding of offender-on-offender sexual assault and staff sexual misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case. The committee will meet every 30 days or as needed. The committee will consist of facility managers, supervisors, investigators and medical/mental health practitioners. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.

The form DOC 02-383 includes the questions: As a result of the investigation, is a change in policy or local procedure indicated; Was the incident motivated by race, sexual orientation, transgender or intersex status, gang affiliation or other group dynamic; Did physical barriers or other physical plant layout enable the abuse; Did the incident take place in an area subject to video monitoring; Were the Department approved staffing models followed and; Was monitoring technology available/adequate?

Of the 55 PREA cases reported at SCCC during this audit period, only two required committee review. The committee notes were provided to this auditor. Both cases were in compliance with WADOC policy and PREA requirements. Even though only two cases required a committee review, SCCC reviews every PREA allegation. The audit team sat in on the weekly PREA Committee Review while at the facility. The committee was well represented by several different disciplines of staff. The committee completed a thorough review of the investigations, including the unfounded and sexual harassment cases.

#### **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.**

WADOC policies set standard definitions utilized in PREA reports, investigations and documentation. The policies also include an Investigation Report Template that is a standardized instrument for investigations utilized throughout WADOC.

WADOC has established a PREA allegation and case database within the Offender Management Network Information (OMNI) system. This system allows for a standardized collection of data. The data collected in OMNI is sufficient to complete the SSV-IV forms.

The PREA Coordinator collects the data annually from all WADOC facilities and contracted facilities and compile an annual report. The collected data is analyzed to identify factors contributing to sexual misconduct in Department Facilities and offices. In 2016, DOJ requested the 2015 PREA report information from WADOC. This information was provided as requested.

#### **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.**

Policy DOC 490.860, PREA Investigations, requires the PREA Coordinator to generate an annual report of findings. This report includes an analysis of PREA prevention and response for the Department and each facility, including high-level summary information and detained facility data analysis. The report also includes findings and corrective action at the facility and Departmental levels. The PREA Coordinator completes an assessment of the Department’s progress in addressing sexual misconduct, including a comparison with data and corrective action from previous years. The Secretary of Corrections approves the report. This auditor reviewed the WADOC website and was able to easily find the annual PREA report. The report contained no confidential information.

**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.**

WADOC maintains the PREA reporting data in the OMNI system. The access to the data in this system is limited to staff who have a need to know. Access to the system is reviewed by the Emergency Operations Administrator to insure the integrity of the system. The PREA report is completed annually in accordance to PREA standard 115.88. This report is posted on the WADOC website. A review of the report posted on the website confirms that all personal identifier were removed prior to posting.

Office of the Secretary of State for the State Washington Record Retention Schedule requires that all PREA investigations be retained for 50 years.

**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.

John Katavich

April 18, 2017

Auditor Signature

Date