

# PREA Facility Audit Report: Final

**Name of Facility:** Olympia Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/11/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Lori M. Fadorick	<b>Date of Signature:</b> 12/11/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Fadorick, Lori
<b>Email:</b>	lfadorick@gmail.com
<b>Start Date of On-Site Audit:</b>	10/21/2024
<b>End Date of On-Site Audit:</b>	10/21/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Olympia Reentry Center
<b>Facility physical address:</b>	1800 11th Avenue Southwest, Olympia, Washington - 98502
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Laura Deckard
<b>Email Address:</b>	lddeckard@doc1.wa.gov
<b>Telephone Number:</b>	360-355-0348

<b>Facility Director</b>	
<b>Name:</b>	Laura Deckard
<b>Email Address:</b>	lddeckard@doc1.wa.gov
<b>Telephone Number:</b>	3603550348

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Laura Deckard
<b>Email Address:</b>	lddeckard@doc1.wa.gov
<b>Telephone Number:</b>	(360) 586-2731
<b>Name:</b>	Marlene Robbins
<b>Email Address:</b>	marlene.robbins@doc1.wa.gov
<b>Telephone Number:</b>	(360) 586-2731

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	26
<b>Current population of facility:</b>	25
<b>Average daily population for the past 12 months:</b>	19
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both womens/girls and mens/boys
<b>Which population(s) does the facility hold?</b>	

<b>Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	22 - 59
<b>Facility security levels/resident custody levels:</b>	M11
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	17
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	16
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Washington Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	State of Washington
<b>Physical Address:</b>	7345 Linderson Way Southwest, Tumwater, Washington - 98501
<b>Mailing Address:</b>	
<b>Telephone number:</b>	3607258213

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

## Agency-Wide PREA Coordinator Information

<b>Name:</b>	Michelle Duncan	<b>Email Address:</b>	miduncan@doc1.wa.gov
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

#### Number of standards exceeded:

1	<ul style="list-style-type: none"><li>115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li></ul>
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#### Number of standards met:

40
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#### Number of standards not met:

0
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-10-21
2. End date of the onsite portion of the audit:	2024-10-21

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	26
15. Average daily population for the past 12 months:	19
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	22
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>None</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>13</p>
<p><b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<p><b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>13</p>
<p><b>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>None</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>9</p>
<p><b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Spoke with both males and females</p>
<p><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	All inmates arrived within the last 12 months
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees</p>
<p><b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees</p>
<p><b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees</p>
<p><b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees</p>
<p><b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees</p>
<p><b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees</p>
<p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees</p>

<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Not applicable for facility</p>
<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>None</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>6</p>

<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input checked="" type="checkbox"/> None</p>
<p><b>If "None," explain:</b></p>	<p>Interviewed all available staff</p>
<p><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>None</p>

## Specialized Staff, Volunteers, and Contractor Interviews

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

<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	6
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



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

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

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	4
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	None

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>68. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The Auditor had full, unimpeded access to Olympia Reentry Center and to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of Residents, security rounds, interaction between staff and Residents, shower and toilet areas, placement of PREA posters, observation of availability of PREA information located adjacent to and in the Resident housing areas, observation of communication and search procedures. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room.</p>
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**Documentation Sampling**

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

<p><b>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The Auditor conducted a document review of employee and Resident files, and a spot check of documents that were previously provided to the auditor along with the PAQ, including log books and other institutional forms. The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for officers and contract staff. The auditor reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. Staff explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training. Random Resident case files (10) were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify Resident PREA education. In addition, the intake and receiving procedures were observed and intake screenings are conducted in private. The Auditor requested additional supporting documentation to include: training records, randomly chosen Resident classification records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions. Investigative files for the previous 12 months were reviewed for compliance to applicable standards.

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

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

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

**78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

1



<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>86. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>No allegations of SH during audit period</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>None</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

### Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

## AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

AB Management & Consulting LLC

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. WADOC Policy 490.800 - Prison Rape Elimination Act Prevention &amp; Reporting</li> <li>2. WADOC OM - 490.850 PREA Response</li> <li>3. WADOC Correctional Operations Organizational Chart</li> <li>4. WADOC Position Description - PREA Coordinator</li> <li>5. Staff Interviews</li> <li>6. Resident Interviews</li> <li>7. Olympia Reentry Center Completed PAQ</li> </ol> <p>Findings:</p> <p>The Auditor reviewed the WADOC Policies. The Department has a comprehensive PREA policies which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The Department has 5 different policies which cover all aspects of the PREA standards. The language in the policy provides definitions of prohibited behaviors in accordance with the standard and includes notice of</p>

sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy details the agency's overall approach to preventing, detecting, and responding to sexual abuse and harassment.

Informational posters are posted in the facility. Agency policy states that, "The Department has zero tolerance for all forms of sexual misconduct."

The Auditor recommended that the facility post additional posters in prominent areas of the facility, including the living areas. Interactions and interviews with both residents and staff also reflect that staff and residents are aware of the zero-tolerance mandate.

The agency's policy stipulates the Department has designated a Director as the statewide PREA Coordinator to work in the office of Deputy Secretary, Office of Correctional Operations with sufficient time and authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act standards in all DOC facilities. The WADOC has designated an upper-level staff as the agency-wide PREA Coordinator for the department. Agency policy specifically lists duties and responsibilities of the PREA Coordinator. By virtue of her position, she has the authority to develop, implement and oversee the Department's efforts to comply with PREA standards. There are two Regional PREA Compliance Managers that report directly to the PREA Coordinator. Olympia Reentry Center is in the Western Region of the state. The Regional PREA Compliance Manager is knowledgeable about the facility and requirements of the Prison Rape Elimination Act. She works closely with facility staff and acts as a liaison on PREA related matters.

There is a PREA Compliance Manager for each facility, usually the Center Manager for re-entry facilities. For PREA related matters, the PCM reports to the Appointing Authority for Re-Entry Centers. There appears to be an open line of communication between all levels of staff at the Department and facility levels. The PREA Coordinator and Regional PREA Managers are directly involved in the implementation efforts, as well as handling and reviewing individual resident issues for the agency.

The Olympia Reentry Center has designated an upper-level staff member as the PREA Compliance Manager. Her position is Center Manager. A review of the organizational chart reflects this position in the organizational structure. The PCM reports that she has sufficient time and by virtue of her position, the authority to develop, implement and oversee the facility's efforts to comply with PREA standards. There appears to be an open line of communication between all levels of staff at the facility, including the PCM. The PCM is involved in the implementation efforts, as well as handling and reviewing individual Resident issues at the facility level. The PREA Compliance Manager appears to understand the role and importance of the position and ensures that all facets of the Olympia Reentry Center PREA program are completed per policy and the PREA standards.

A review of the Position Description for the PREA Coordinator reveal the agency has outlined PREA compliance related duties and responsibilities for the PREA

	<p>Coordinator, and Regional PREA Compliance Managers. The plans specify the duties at each specific level and include the employee’s immediate supervisor. The established the chain of command allows each staff member in a PREA related role to take steps to improve and/or address PREA related compliance efforts and/or responses.</p> <p>Interviews with facility staff indicated that they were trained in and understood the zero-tolerance policy established by the Olympia Reentry Center and WADOC. They understand their role regarding prevention, detection, and response procedures for PREA allegations. The agency trains all staff on an annual basis.</p> <p>In a targeted interview with the PREA Coordinator, she stated that Washington State takes all PREA matters seriously. They welcome reviews of their facilities and operations and are always looking for opportunities to improve their PREA Program.</p> <p>In a targeted interview with the Center Manager, she stated that any allegations would be investigated immediately and she is apprised of the progress of each allegation. The Appointing Authority reviews all allegations and will assign an agency investigator to conduct the investigation. All allegations are investigated thoroughly, and each one is looked at on a case-by-case basis on its own merits. The Center Manager stated that the staff do their due diligence and assist as needed with any allegations.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. Policy 490.800</li> <li>3. ABHS Contract K10802, expires 6-30-2025</li> <li>4. Interstate Agreement Iowa</li> <li>5. Interstate Agreement Minnesota</li> <li>6. Interagency Agreement with Department of Social and Health Services</li> <li>7. Secretary Memo</li> <li>8. DOJ ruling</li> <li>9. PREA Coordinator Memo</li> <li>10. Interviews with Staff including the following:</li> </ol>

a. PREA Coordinator

b. Contract Monitor

Findings:

WADOC Policy is written in compliance with the standard and requires confinement of residents in any new contract or contract renewal include the entity's obligation to adopt and comply with PREA standards. The WADOC policy requires contracts include a provision for contract monitoring to ensure the contract facility is complying with the PREA standards. Policy does not allow the DOC to enter a contract with an entity that fails to comply with PREA standards except in emergency situations. DOC Policy 490.800 section IX.A states, "Any new or renewed contracts for the confinement of individuals will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance." WADOC currently contracts with American Behavior Health Systems (ABHS). The contract with ABHS was initiated in 2015 and has been extended by amendments through June 2025. Section VII of the contract requires the contractor to comply with PREA.

DOC Policy 490.800 section IX.A states, "Any new or renewed contracts for the confinement of individuals will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance." The ABHS contract, section VII states "The department is required to monitor the Contractor's compliance with the PREA standards. Monitoring may include, but is not limited to site visits, access to contractor's data, and review of applicable documentation." The contract also states that should the contractor fail to comply with PREA standards, the Department will terminate the agreement. The auditor reviewed the website for ABHS at <https://www.americanbehavioralhealth.net/prea/>. The website has PREA audit reports, annual reports, and reporting information.

Language required by the standard is included in each contract for confinement. WADOC utilizes interstate compacts for the transfer of inmates/residents with Minnesota and Iowa and contain language that they must comply with PREA. The PREA Coordinator reports that a process of self-evaluation and on-site visits coupled with review of Department of Justice audit results was established to monitor these facilities during this audit cycle.

The WADOC has included language in all contracts to ensure that all contracted facilities comply with provisions of PREA. There is a provision in the contract that allows the WADOC to monitor compliance with PREA standards.

A memo from the PREA Coordinator reviewed by the auditor details the monitoring activities for the contracted agencies/facilities.

Olympia Reentry Center does not house Residents contracted by other entities or contract with other entities to house Olympia Reentry Center Residents. Any contracts for confinement of DOC Inmates/Residents are done at the agency level.



	<p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. WADOC Policy 110.110</li> <li>2. Annual Staffing Plan</li> <li>3. Rosters/Staff Lists</li> <li>4. Post Logbooks</li> <li>5. Olympia Reentry Center Completed PAQ</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Center Manager</li> <li>• Random Staff</li> </ul> <p>Observation of the following:</p> <ul style="list-style-type: none"> <li>• Observation of documenting rounds in the daily logbooks during the site review</li> </ul> <p>Findings:</p> <p>WADOC policy states that, "Each Superintendent and Work/Training Release CCS will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model." DOC Policy 110.110 states the Reentry Center Community Corrections Supervisor (CCS) will annually review staffing levels to ensure adequate staffing plans are in place. The Olympia staffing plan includes information on the physical layout of the facility, composition of resident population, prevalence of substantiated and unsubstantiated abuse incidents, video monitoring, and other relevant factors. Additional supporting documents are included such as budget requests, union discussions regarding staffing, PREA Vulnerability Assessment, etc.</p> <p>Each reentry center has an annual audit per the Washington Administrative Code. During that audit the staffing pattern is reviewed to ensure staffing meets the reentry centers staffing model developed for that facility. Any unique staffing deficiencies are identified and reviewed. Requests for additional positions are then requested as part of a budget proposal to the Washington State Legislature. Part of the annual audit and the PREA audit include a review of safety and security, to include security camera systems with video capability. A component of this plan is a</p>

facility vulnerability assessment, completed to identify and address areas or processes

The most recent review of the staffing analysis for Olympia Reentry Center was completed on April 4, 2024. The staffing plan addresses staffing in each area, staffing ratios, programming, facility layout, composition of the Resident population, video monitoring and other relevant factors.

Per the PAQ and verification from the Center Manager, there have been no deviations from the staffing plan for this audit cycle.

The average daily population since the last PREA Audit is 19. Per the PAQ, the staffing plan is predicated on a population of 19. The auditor reviewed the facility's current staffing plan as well as the most recent staffing plan review. In that review, they have documented that they have considered all the elements from standard 115.13 (a) (1-15) as part of the review. During a targeted interview with the Center Manager and Contract Director, they verified that if there were an instance where the facility did not comply with their staffing plan, they would ensure that coverage was maintained by calling in staff or the Contract Director filling in as needed.

Olympia Reentry Center uses video monitoring and has 44 cameras around the facility. These cameras are stationary but have zoom capabilities. The cameras also have tracking capability to show movement.

The auditor reviewed the most recent annual review, and the facility's review was in compliance with the elements of 115.13(a). In addition, during the on-site review, the auditor reviewed the deployment of CCTV monitoring. The facility has a camera surveillance system used in conjunction with staffing. The most recent review of the staffing plan indicated the video monitoring system and placement of cameras were reviewed. There are 44 cameras, which are accessible from multiple locations in the facility.

The staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. Adequate staffing was considered to ensure safety for the facility's current and potential population. The facility has both male and female staff available.

The Auditor observed cameras in the facility. There appeared to be open communication between staff and Residents. The Auditor observed formal and informal interactions between staff and Residents.

After a review, the Auditor determined that the facility meets the requirements of the standard.

Corrective Action: None

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Relied upon to make Compliance Determination:

1. Olympia Reentry Center Completed PAQ
2. WADOC Policy 420.310, 420.325, 490.800, 490.700
3. Logbooks
4. Lesson Plan for Searches
5. Memo
6. Training Rosters

Interviews with the following:

- Center Manager
- Random Staff
- Random Residents

Observation of the following:

- Observation of Resident housing area
- Observation of CCTV coverage of housing areas
- Observation of staff announcing the presence of opposite gender staff during site review

Findings:

The WADOC policies are written in accordance with the standards and prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances. WADOC Policy 420.325 states that strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she positions herself to observe the employee doing the strip search but is not in direct line of sight with the offender. The gender of the searching officers is noted on the strip search log. Strip searches of females will be conducted by female employees.

WADOC Policy 490.700 outlines the requirements for searches of transgender, intersex, or gender non-conforming residents. The search will be conducted in accordance with the stated preference of the resident unless circumstances do not allow for the preference to be implemented. If unable to accommodate, the employee will notify the Center Manager and document the search in the individual's electronic file.

Per the PAQ and staff interviews, residents would be transferred to a local community healthcare facility in the event of a need for a body cavity search. Cross-gender strip searches would only be conducted in exigent circumstances.

Strip searches of female residents require two female staff. The gender of the searching officers is noted on the strip search log. Strip and Pat searches of transgender, intersex, nonbinary residents are conducted based on the individual's search preference. Cross gender strip searches or cross-gender body cavity

searches will be documented in the Incident Reporting Management System.

The facility reports they have not had to conduct cross-gender strip or visual body cavity searches in the past 12 months.

WADOC Policy 420.325 requires the Work Release Administrator to approve transport to a designated facility to conduct a body cavity search. Per policy, body cavity searches must be based on reasonable suspicion and emergent circumstances. Body cavity searches would not be performed at the Re-entry Center. If there was a need for such a search, the resident would be transferred to the prison. Likewise, strip searches would not be conducted at the Re-entry Center. A resident requiring a strip search would be transferred to the prison.

Olympia Re-Entry Center is operated by contract staff through A Beginning Alliance.

DOC Policy 420.325 states pat searches will be conducted by a trained employee of the same gender as the individual being searched, except in emergency situations. If a male employee pat searches a female, a report must be completed in the Incident Management Reporting System (IMRS). Policy requires employees to document all searches including when the search was done, by whom and the results of the search. Strip searches are to be documented as a report in the IMRS. The facility reports there were no cross-gender strip searches or body cavity searches in the previous 12 months.

The facility reports that females are not restricted access to regularly available programming or other opportunities if a female staff member is not available to conduct a pat search. Staff and resident interviews confirm female residents are not restricted from programming if there are no female staff onsite.

The Olympia Reentry Center holds both male and female residents.

Interviews with facility staff indicate operational practice is consistent with this policy. The facility reports in the PAQ and verified through staff interviews that no cross-gender strip searches or visual body cavity exams have occurred.

WADOC policy states that Residents are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. This includes viewing via surveillance systems. An announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for individuals to disrobe or change their clothing (e.g., bathrooms, showers). In addition, the facility has signs posted which state opposite gender personnel may be in the area at any given time and that incarcerated individuals are responsible for their own privacy and maintaining proper clothing attire.

The toilet and shower areas are adequately private. A review of CCTV coverage revealed that the cameras did not show or were pointed away from any toilet areas. Resident interviews revealed that the Residents felt as if they have sufficient privacy to change and shower without staff of the opposite gender being able to view them undressed. Olympia Reentry Center is in compliance with the provisions of the standard.

The WADOC policy states that staff of the opposite gender shall announce their presence when entering a Resident housing area. Residents stated that announcements are being made on a consistent basis when opposite gender staff enter the housing units. Staff interviews also indicate the Residents' privacy from being viewed by opposite gender staff is protected. Current procedures in place at Olympia Reentry Center afford Residents appropriate privacy while still affording staff the ability to appropriately monitor safety and security. Cameras are placed appropriately so that shower and toilet areas are not in direct view. The auditor observed all areas in the facility where Residents may be in a state of undress and concluded that these areas are sufficiently private to prevent viewing by opposite gender staff. The auditor observed announcements being made during the site review.

WADOC policy prohibits searching or physically examining a transgender or intersex Resident for the sole purpose of determining the Resident's genital status. Policy 490.820 states that employees/contract staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner. This language is also in Policy 490.700.

During staff interviews, staff were clear in their understanding and were able to articulate that they could determine this information other ways, including asking the Resident. Per staff, there have been no transgender or intersex searches performed for the sole purpose of determining genital status by the facility at Olympia Reentry Center.

Per WADOC policy, security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex Residents in a professional and respectful manner, in the least intrusive manner possible. WADOC Policy 490.800 states, "Employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex individuals." The auditor reviewed the facilitator guide for pat search training and training materials. The instructions for training employees on conducting cross-gender and transgender searches are in accordance with this standard. New employees receive this training during Reentry Center Academy. The back of the hand/blade of the band technique is taught.

The Auditor reviewed the training records for Olympia Reentry Center and found that all staff are trained in accordance with the policy.

	<p>During the pre-audit portion of the audit, the auditor reviewed the training presentation that is provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex Residents in accordance with this standard. According to the staff, all employees hired in the last 12 months received the required training. WADOC policies require all staff to be trained on how to conduct searches, including those of transgender and intersex Residents. Staff indicated that they are trained to do cross-gender searches at the academy and were able to articulate to the Auditor how they would accomplish a search of a transgender Resident. The Auditor reviewed the training outline and found it to be in compliance with the standard. The facility provided the auditor with a spreadsheet listing training dates for all DOC and contract staff.</p> <p>During the random staff interviews, employees recalled being provided training on how to perform cross-gender pat down searches, as well as how to search transgendered or intersex Residents. All staff who would be responsible for searches reported that they do not conduct unclothed/strip searches. All reported they were trained to conduct all clothed body searches using the back of the hand/ blade of the hand technique. They do not conduct cross-gender searches. All female staff said they do not search the male residents and all male staff said they do not search female residents. Staff could articulate an understanding of how to conduct a cross-gender search in exigent circumstances.</p> <p>Olympia RC housed 22 residents at the time of the onsite. The auditor interviewed ten residents, both male and female. All confirmed they can dress, shower, and use the toilet without being seen by opposite gender staff. They all confirmed that staff routinely announce their presence when entering housing unit.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 310.000, 490.800, 690.400, 450.500</li> <li>3. Forms and pamphlets</li> <li>4. Sign Language Contract Interpreter List</li> <li>5. Notice of Rights for Individuals with Disabilities</li> </ol>

6. Deaf Services Coordinator Position
7. Resident information
8. Employee training rosters for the past 12 months
9. PREA Training Video in English and Spanish and with subtitles
10. Contract with Cross Cultural Communications
11. Contract with Centerpoint Language
12. Contract with ASAP Translation Services
13. List of in-person interpreters
14. Language Link information
15. Contract with Simeamativa Aga
16. Contract with Avantpage
17. Contract with Pablo Interpreters
18. Contract with Spokane International Language
19. Contract with Universal Language Service
20. Spanish Orientation Manual

Interviews with the following:

- Center Manager
- Random Staff
- PREA Coordinator

Observation of the following:

- Observation of posted information in facility

Findings:

The Olympia Reentry Center, in accordance with WADOC Policies takes appropriate steps to ensure that Residents with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment. WADOC Policy is written in accordance with the standard and indicates that Residents determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. WADOC policy 310.000 outlines orientation, including that residents are given information on ADA accommodations. Orientation is provided in Spanish and closed-captioned. The orientation script is also provided in both English and Spanish for individuals to read. This orientation includes information on PREA. The offender handbook is provided in English and Spanish.

WADOC Policy 690.400 outlines the process of identifying individuals with disabilities and providing reasonable accommodations. WADOC Policy 490.800 states the confidential PREA hotline is available for teletype (TTY) for residents who are deaf or hard of hearing. PREA posters and brochures are provided in English and Spanish. During the documentation period, the facility did not have any residents requesting/needing an accommodation related to PREA. However, all residents arriving to the facility go through an intake process with their case manager to identify any disabilities, including the need for translation services. In the event a

resident is identified to have any disabilities the staff would consult with the Statewide ADA Coordinator to ensure orientation, allegation reporting and the ability to participate in investigations is provided to the resident.

The facility provided a list of available sign language interpreters. WADOC also has a Deaf Services Coordinator. The auditor reviewed the position description. A Facilitator Guide for offenders with limited intellectual capacity was also provided. This has cartoon images to help explain the purpose of PREA. Staff review the work release health screening form for each resident during orientation which will give them the information to know if a resident will need assistance. Residents in a Reentry Center are not required to view the PREA orientation video. However, residents arriving at the Olympia Reentry Center, as a part of their intake/ orientation watch the video and receive a brochure.

During the documentation period, the facility did not have a need to use language line or interpreter Services to assist with limited English proficient residents with orientation, reporting and/or investigatory functions.

DOC Policy 490.800 states, "Professional interpreter or translation services, including sign language, are available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient Individuals." DOC 450.500 details how to access language services.

The auditor was provided interpreter service contract information and a list of available interpreters for a variety of languages. Interpreters are available by phone and in-person. The facility has not had to utilize interpreter services over the last year. They maintain a Language Log to document when services are provided.

DOC Policy 490.800 states individuals are not authorized to use interpretation/ translation services from other individuals, family members, or friends for the purposes of understanding PREA policy, reporting allegations, and/or participating in investigations. The policy instructs staff to use professional interpreter or translation services.

Interviews with the Center Manager and facility staff indicate that Olympia Reentry Center ensures that any Residents with significant disabilities that required any special accommodations would be identified at intake. Staff would ensure the Resident was able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment. Staff are typically aware if they are receiving a Resident with special needs and would make accommodations as necessary. Due to the classification of the facility, Residents with significant disabilities would likely not be placed at the facility. There were no residents identified with disabilities or needing accommodations during the onsite review.

Interviews with staff confirm that they have a process in place to ensure that all Residents, regardless of disability would have equal access to PREA information. The Auditor observed PREA informational posters in both English and Spanish.



	<p>Spanish is the prevalent non-English language in the area. Staff indicated that any situations requiring accommodations would be handled on a case-by-case basis.</p> <p>The staff are generally aware of the availability of interpretive services for LEP Residents. Staff can read the PREA information provided during Intake for Residents who are blind or have low vision or who cannot otherwise read or understand the information. The PREA video is both audible and closed captioned for those who may be deaf or blind. If Olympia Reentry Center receives a Resident with an intellectual or cognitive disability, this is handled on a case-by-case basis. A staff member conducts an individual session with the Resident to ensure the Resident receives and understands the agency's PREA information and will make a community referral if necessary.</p> <p>WADOC Policy indicates that Residents who are limited English proficient have access to all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. The Auditor determined through staff interviews and a review of the multiple contracts that the Olympia Reentry Center, through the agency, has interpreters available for limited English proficient Residents using a telephone-based interpreter service, as well as the availability of in-person translation services if needed.</p> <p>Olympia Reentry Center offers the PREA Education video with closed-captioning. Staff can also communicate with hearing impaired or deaf Residents through written communication.</p> <p>The WADOC Policy prohibits the use of Resident interpreters except in instances where a significant delay could compromise the Resident's safety. Interviews with staff indicate that Residents are not and would not be used as interpreters. During the random staff interviews, no staff member said it was appropriate to use a Resident interpreter when responding to allegations of Resident sexual abuse due to confidentiality issues.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 810.800, 490.800</li> </ol>

3. ORC CHRI check and training spreadsheet
4. PREA 5 Year checks
5. Review of recently promoted employee files from the past 12 months
6. Reviews of randomly selected employee files
7. Sexual Misconduct Disclosure
8. Background Information on Contract Employees hired within the last 12 months
9. Employment application
10. CHRI Check
11. Background verification
12. Interviews with PREA Coordinator and Center Manager

Findings:

The Olympia Reentry Center does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard. The language in the policy is written consistently with that in the standard. WADOC Policy 490.800 states, "To the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who: a. Has engaged in sexual misconduct in a Prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997, b. Has engaged in sexual misconduct with an individual on supervision, c. 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 d. Has been civilly or administratively adjudicated to have engaged in the activity described above."

Each person hired or promoted and each contractor who may have contact with offenders completes form DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure. This form asks the individual to disclose information relevant to this standard. Contractors are required in the contract language to comply with the PREA standards and to certify that they have not engaged in the acts listed in this subsection. Contractors complete an online PREA and Sexual Misconduct training at the beginning of service. The course requires them to complete the PREA Disclosure and Training Acknowledgement form 03-523.

Olympia Reentry Center will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with Residents. Interviews with the PREA Coordinator, Center Manager and Contract Director revealed that instances of sexual harassment would be a factor when making decisions about hiring and promotion. Every employee and contractor undergo a background check and is not offered employment if there is disqualifying information discovered. WADOC Policy 490.800 states, "The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with the individuals under its jurisdiction." DOC 03-506 asks applicants/new employees if they have ever engaged in any incident of sexual harassment. The reference check form asks the applicant's references if they are aware of any corrective or disciplinary action, including sexual harassment. If there is any

information found, the consideration for hire is made by the appointing authority and is dependent on the type of allegation, frequency, recency, etc.

WADOC Policy 810.800 requires completion of DOC 03-506 Sexual Misconduct and Institutional Employment /Service Disclosure and completion of a criminal background check. The disclosure form requires applicants to provide the names and locations of any previous institutions where they worked. WADOC Policy 810.800 states that to the extent possible for external candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contacted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct. Policy 810.015 requires a criminal background check and fingerprinting prior to hire. This check is a Washington State Identification System, Washington Crime Information Center, and National Crime Information Center (NCIC) national database check. Policy 810.800 also has an attached hiring checklist to remind the hiring manager to ensure the steps required in this standard are completed

The document review conducted by the auditor during the pre-audit phase and on-site, as well as interviews with the PREA Coordinator, Center Manager and Appointing Authority confirmed that they have complied with this policy and no employee with such a history has been hired during the audit period.

Per the PAQ, In the past 12 months there have been 3 persons hired who may have contact with residents who have had criminal background record checks.

There is a written policy that requires inquiry into a promotional candidate's history of sexual abuse or harassment. Documentation reviewed supports compliance with the standard in accordance with agency policy. During the on-site portion of the audit, the Auditor reviewed files of employees that were hired in the last 12 months. All the employees' files contained background checks and pre-employment questionnaires where employees were asked the questions regarding past conduct and their answers were verified by a background investigation. In addition, the PREA database maintained within the resident Management Network Information (OMNI) system is reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring review.

WADOC Policy requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. Consistent with agency policy, all employees and contractors must have a criminal background record check prior to employment. Verification of the background check is sent to the staff at Olympia Reentry Center when completed. The Contract Director verified this information in interviews discussing the background process. The auditor reviewed examples both during the pre-audit phase and during the onsite file review. A review of personnel records by the Auditor found that all contractors and volunteers have had a background investigation and answered the PREA related questions as required by the standard.

DOC Policy 810.015 states, "Any contract staff or intern will be fingerprinted if, as part of his/her duties s/he has access to offenders and/or Department criminal

records.” Fingerprints are processed by the Washington State Patrol. DOC Policy 400.320 requires a full criminal background check for all contractors and volunteers. The auditor reviewed background checks for the contractor staff interviewed during the onsite review.

In accordance with the standard, WADOC Policy requires background checks be conducted on facility staff and contract staff a minimum of every five years. Olympia Reentry Center does five-year background checks in accordance with the standard. Documentation of five-year background checks was provided by the facility and reviewed by the auditor. There is a spreadsheet maintained by the Center Manager, listing all employees, both DOC and Contract. This list includes date of hire or most recent promotion, CHRI check, next CHRI check due date, and PREA Acknowledgement date. Targeted interviews with the Center Manager revealed that an employee engaging in any type of misconduct such as listed in the standard would not be retained. As agency employees are not required to complete a background check authorization form each time a criminal background check is completed following the start of employment, every five (5) years, Human Resources from Headquarters generate a spreadsheet of all employees currently assigned to the facility for the documenting of required criminal background checks. These checks are completed by certified staff members and the spreadsheet includes the information typically found on the DOC 05-370 Request for Criminal History Record Information WASIS/NCIC III Check/NCIC/WACIC form. The auditor confirmed this practice through interviews and a review of documentation including the references spreadsheet.

The Olympia Reentry Center asks applicants and contractors directly about misconduct as described in the standard using a Self-Declaration form during the application process. These forms are maintained in their respective personnel files. The Auditor reviewed random files and verified these forms are being completed. Interviews with staff indicated that the forms are being completed as required by the standard and agency policy. WADOC Policy stipulates a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as annual refresher training. Training records verifying that employees acknowledge that they have read and understand the policy were reviewed by the auditor.

In accordance with the standard, policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. Interviews with staff verified that the Olympia Reentry Center would terminate employees for engaging in inappropriate behavior with Residents, upon learning of such misconduct. WADOC requires that each individual who is hired or promoted and each contractor who may have contact with residents complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Service Disclosure. The PREA database is reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring review. In addition, in order to satisfy the requirement to ask current employees about prohibitive conduct, WADOC incorporated true/false statements into its annual PREA Training which is administered to all employees and contract staff via the electronic Learning Center.

	<p>Current employees and contract staff are required to answer the following questions in the electronic Learning Center (LC) as part of annual PREA training:</p> <ul style="list-style-type: none"> <li>• I acknowledge and understand that I have a continuing affirmative duty to disclose and immediately report to my Appointing Authority my involvement in any form of sexual misconduct. Therefore, I confirm the following: I have not knowingly engaged in sexual misconduct with an offender on supervision. I have not engaged in sexual abuse in a prison/jail/lockup/community confinement/juvenile or other institution...I have never been convicted of or otherwise found (e.g., civilly, administratively) to have engaged or attempted to engage in sexual abuse/assault in any setting. I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above...I understand that untruthful answers or deliberate omissions may be cause for disciplinary action or termination of services.</li> </ul> <p>WADOC Policy 810.015 requires employees to report all arrests, criminal citations, and court-imposed sanctions that may affect their fitness for duty. The Auditor reviewed the training curriculum for the Annual Inservice (AIS) training. The curriculum lists PREA as part of the training, including the annual disclosure form related to this standard.</p> <p>The Olympia Reentry Center uses a disclosure/acknowledgement form that asks the required questions of applicants to determine prior prohibited conduct. The hiring process includes requiring the investigator to make his/her best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.800</li> <li>3. Schematic of facility</li> <li>4. Interviews with staff</li> <li>5. Observation of camera placement and footage</li> <li>6. Interview with Center Manager</li> </ol> <p>Findings:</p>

	<p>The facility has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit.</p> <p>WADOC Policy 490.800 states, "The Department will consider possible effects on its ability to protect individuals from sexual misconduct when: 1. Designing or acquiring a new facility, 2. Planning substantial expansions or modifications of existing facilities..."</p> <p>WADOC Policy 490.800 states, "The Department will consider possible effects on its ability to protect individuals from sexual misconduct when: ...3. Installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology."</p> <p>Currently at Olympia Reentry Center, 44 cameras are utilized through the facility. The Center Manager has access to utilize and view cameras. There have been no cameras installed during the last 12 months.</p> <p>The cameras are used to monitor Resident movement within the facility; it is also used in investigative cases, where staff must review incidents that have been alleged to occur.</p> <p>A targeted interview with the Center Manager indicates that the camera coverage is sufficient to protect Residents from sexual abuse. They stated that Olympia Reentry Center is always evaluating the camera coverage in the facility and will make recommendations as needed to increase the coverage and eliminate any potential blind spots. In addition to the cameras, there are a lot of mirrors throughout the facility.</p> <p>Per interview with the Center Manager, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, Olympia Reentry Center considers how such technology may enhance Olympia Reentry Center's ability to protect Residents from sexual abuse.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 610.300, 610.025, 490.800</li> </ol>

3. Forensic Medical Exam Procedures
4. Uniform Evidence Protocol
5. Forensic Medical Exam Procedure for DOC Health Care Staff
6. Review of incident logs
7. Training Guidebook for in-person community advocates
8. Advocate selection excerpt
9. Advocate training requirements
10. OCVA Brochures
11. OCVA Contract
12. OCVA Poster – English and Spanish
13. List of designated advocates and hospitals
14. Mutual Aid Agreement with Washington State Patrol (WSP)
15. Annual LE Meeting

Interviews with the following:

- Investigator
- Center Manager
- PREA Coordinator

Findings:

WADOC is responsible for administrative investigations. The agency follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff who may be first responders in this protocol. WADOC developed evidence protocols based on the following documents: A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents; and, Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the US Department of Justice's A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents.

A review of the agency's policies and procedures on evidence protocol indicated the agency has included the elements of this standard in its policies and procedures.

WADOC Policy 490.800 states that if an individual requires a forensic medical exam, the CSAP (Community Sexual Assault Program) Victim Advocate will be notified prior to transport to the designated community health care facility. Unless the individual declines services directly to the advocate, the advocate will be present during the exam and any investigatory interview.

WADOC has an interagency agreement with the Office of Crime Victims Advocacy to provide services described under this standard. Specially designated and trained advocates respond to the community health care facility whenever an offender is transported for a forensic medical examination. Olympia is partnered with Safe Place to provide victim advocates.

WADOC Policy 490.800 requires each superintendent to meet with law enforcement officials annually to review investigation requirements under the PREA standards, establish procedures for conducting criminal investigations, and establish points of contact. Olympia Police Department would be the first notified in a criminal

allegation. WADOC maintains an MOU with the Washington State Patrol in the event they must respond to a criminal event at a WADOC facility. For criminal cases, state law outlines rights of victims and how sexual assault investigations must be conducted.

Interviews with Olympia Reentry Center staff indicate that they are trained and familiar with the evidence protocol and what to do if they are the first responder to a sexual assault.

The agency does not have criminal investigators and allegations that are potentially criminal in nature are referred to Law Enforcement. Administrative investigations are conducted by specially trained WADOC staff. Criminal investigations are conducted by the Olympia Police. If this agency refuses, the facility can make a referral to the Washington State Patrol.

WADOC agency trained investigators conduct administrative investigations. All allegations of sexual abuse and sexual harassment are reported to the Appointing Authority (or the on-duty officer (OD) after hours and weekends.) The Appointing Authority will open a report in IRMS (Incident Report Management System), which will create and send an email to PREA triage. The staff will review and determine if the allegation falls under the scope of PREA and will then send back to the Appointing Authority. The Appointing Authority will assign an investigator to complete the investigation.

In the meantime, the facility staff will complete the checklist for first responders. The checklist outlines the response duties for staff at the facility. For an aggravated sexual assault that was reported within 120 hours, the resident would be transferred to the hospital. Olympia Re-entry Center uses St. Peter's Hospital in Olympia.

Facility staff are required to preserve any crime scene until the Investigator and/or local police department arrives to collect or process physical evidence from the scene. According to interviews with random staff, they understand their duties with regard to the standard.

The Olympia Reentry Center does not hold youthful Residents.

WADOC Policy stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost including prophylactic testing/treatment for suspected STIs. These exams would be performed off-site at St. Peter's Hospital. Examinations will be conducted by qualified SANE/SAFE experts in accordance with the guidelines of the National Protocol for Sexual Assault Medical Forensic Examinations from the Department of Justice. Persons performing these exams will be Registered Nurses licensed by their respective State Board of Nursing and possess training and/or certification in the Sexual Assault Nurse Examination or a Physician with training specific to the sexual assault medical forensic examination.

The availability of these services was confirmed by the Auditor with the hospital, as well as the Center Manager. They indicated that there was a SANE/SAFE nurse available 24 hours per day and 7 days per week and there would be no charge to the victim for this exam. If SAFE/SANE is not available, the examination can be



performed by a qualified medical practitioner. The nurse/health care practitioner will document unavailability in the health record.

The Olympia Reentry Center reported on the PAQ, and verified by staff, that there have been no forensic exams conducted during the past 12 months.

WADOC Policy indicates they will make a victim advocate from a rape crisis center available to a Resident victim of sexual assault upon request. Per the PREA Coordinator, the local rape crisis center would be contacted to have an advocate meet the resident at the hospital. The resident would then accept or decline this service directly to the advocate.

The Olympia Reentry Center, through WADOC has an MOU the Office of Crime Victim Advocacy (OCVA) to provide services to the facility. They are available to serve as a victim advocate to victims of sexual assault at the Olympia Reentry Center. The MOU was provided to the Auditor for review. As stipulated in the MOU, OCVA is available to provide an advocate to accompany and support the victim through the forensic exam process, if requested and shall provide any needed or requested emotional support or crisis intervention services. WADOC Policy stipulates these services are available. The auditor conducted a telephone interview with an advocate at OCVA and verified the availability of these services.

WADOC has established resident advocacy support through an interagency agreement with the Department of Commerce, Office of Crime Victim Advocacy (OCVA). Each facility has been partnered with a Community Sexual Assault Program. Specially designated and trained advocates respond to the community health care facility whenever a resident is transported for a forensic medical examination. Providence St. Peter's Hospital and SafePlace Victim Advocacy.

The MOU with OCVA covers WADOC facilities and provides a statewide toll-free Hotline for reporting sexual abuse or assault, to victims who desire an external method of reporting. In accordance with the confidentiality and release information policies, the calls are confidential. If the victim agrees to the release of information, OCVA will immediately forward any report of sexual abuse or assault and maintain a record of calls from WADOC victims. They provide confidential crisis intervention and emotional support services related to all sexual abuse or assault to the victims.

Targeted interviews with the PREA Coordinator and Center Manager also confirmed that the MOU was in place. The MOU is a renewal of a previous one and is effective July 1, 2023 for two years (exp June 30, 2025) with an option to renew. There have been no requests for an advocate at Olympia Reentry Center during this review period. WADOC requires a victim advocate be contacted prior to the resident being transported to the designated community health care facility for a forensic medical exam. The advocate responds to the community health care facility and is present during the forensic medical exam unless the resident declines services to the advocate. Each facility is required to establish procedures for scheduling and conducting investigatory interviews following a forensic medical examination.

Olympia Reentry Center did not have an incident requiring the presence of a designated advocate.

	<p>The WADOC has standardized this process across the state. All suspected criminal PREA allegations are referred to local police, receiving guidance from them to ensure all allegations are handled appropriately. In addition, the WADOC has a statewide contract and MOU with OCVA to ensure that advocacy services are available to all Resident victims of sexual assault.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.860, 490.800</li> <li>3. Review all investigative files for allegations of sexual abuse or harassment for the past 12 months</li> <li>4. Website</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Center Manager</li> <li>• Random Residents</li> </ul> <p>Findings:</p> <p>The WADOC Policy is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Policy also dictates that allegations are referred for a criminal investigation, if warranted. WADOC has established a process whereby all allegations are triaged by the Headquarters PREA Unit to determine if the allegation falls within established PREA definitions. Allegations resulting in the initiation of an investigation are returned to the applicable Appointing Authority for investigation.</p> <p>Agency staff work very closely together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly. If a Resident alleges a sexual assault or sexual harassment has taken place, the staff member will immediately notify the appointing authority, who will take the initial report and assign it to one of the investigators for further action.</p> <p>The Olympia Police Department is the primary investigative agency for criminal investigations. If they decline the facility can make a referral to the Washington</p>

State Patrol (WSP). WADOC maintains an agreement with WSP for assistance as needed/requested. Additionally, the Reentry Center Manager meets with law enforcement officials annually to discuss investigation processes and review procedures. DOC Policy 490.860 outlines the referral process to law enforcement and that investigation reports from law enforcement will be attached to the final PREA investigation report submitted internally.

The WADOC Policy is posted on the website under the PREA section. The policy can be accessed at: <https://doc.wa.gov/corrections/prea/resources.htm>. The auditor reviewed the WADOC website and the agency policy is posted and publicly available.

Interviews with multiple staff, including the PREA Coordinator and Center Manager verified that all allegations of sexual abuse or harassment are investigated promptly and thoroughly. They described the process for investigations, which is a collaborative approach. According to the interviews, once an allegation is received, it is referred to the Appointing Authority. In the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and takes steps to preserve any evidence. The on-duty supervisor would brief the Center Manager and depending on the situation, initiate a call to the PD to begin a criminal investigation. All reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PCM and a determination is made whether to initiate a criminal investigation. If there is no exigency and no evidence that a crime has occurred, the appointing authority will direct an administrative investigation. The incident is investigated and if during the investigation, it is determined that there is evidence to support a crime was committed, the investigator will consult with the Appointing Authority as necessary. If there is no evidence that a crime was committed, then the investigation is completed as an administrative investigation by the assigned investigator.

Interviews with staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation if it involves criminal behavior and notify the PREA Compliance Manager of all allegations. The Appointing Authority maintains oversight of facility investigations.

The Olympia Reentry Center reports there has been 1 allegation of sexual abuse or harassment in the past 12 months. A review of the investigative file indicates that the allegation was promptly and thoroughly investigated in accordance with both WADOC policy and the provisions of the standards. There have been no allegations in the past 12 months that warranted referral for criminal investigation. In accordance with the standard, Olympia Reentry Center would refer criminal allegations of sexual abuse and sexual harassment to the PD, who maintains the legal authority to conduct criminal investigations in the facility. Law Enforcement Referrals forms (03-505) are completed at the on-set of a PREA sexual assault allegation and is sent to the referred agency for conducting criminal investigations, and copy is submitted to the PREA Compliance Manager.

	<p>WADOC Policy requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution. Documentation of such is contained in the investigative reports.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.231</b>	<b>Employee training</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.800</li> <li>3. Annual Training/Training Transcripts</li> <li>4. New Hire PREA Training</li> <li>5. PREA Lesson Plan</li> <li>6. Review of Training Files</li> <li>7. Training Tracker</li> <li>8. Interviews with Random Staff, PREA Coordinator, PCM, and Training Coordinator</li> </ol> <p>Findings:</p> <p>The WADOC Policy is written in accordance with the standard and includes all required topics and elements of the standard. In accordance with the standard the DOC will train all employees who may have contact with Residents on:</p> <ol style="list-style-type: none"> <li>a. Its zero-tolerance policy for sexual abuse and sexual harassment</li> <li>b. How to fulfill their responsibilities under DOC sexual abuse and sexual harassment prevention, detection, reporting, and response procedures</li> <li>c. The Residents’ right to be free from sexual abuse and sexual harassment</li> <li>d. The right of Residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment</li> <li>e. The dynamics of sexual abuse and sexual harassment in confinement</li> <li>f. The common reactions of sexual abuse and sexual harassment victims</li> <li>g. How to detect and respond to signs of threatened and actual sexual abuse</li> <li>h. How to avoid inappropriate relationships with Residents</li> <li>i. How to communicate effectively and professionally with Residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming Residents</li> <li>j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside</li> </ol>

authorities

PREA training curriculum includes but is not limited to all elements required by the standard. Initial and Annual training is provided through the Learning Center (LC).

WADOC Policy 490.800 states, "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity." This form includes that they have been provided copies of the PREA policies and it details how to report allegations. Staff interviews verified that new employee training is provided through the online Learning Center.

WADOC Policy 490.800 states PREA training provided will include gender-specific issues. The training covers information for working with both male and female offenders. Therefore, employees do not need additional training if reassigned. Olympia RC houses both male and female residents.

Policy states that all new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. The training is tailored for both male and female Residents. WADOC utilizes Refresher training emails each year due to annual training spanning through a whole year (July 1 - June 30) which leads to a staff member potentially taking the training every two years if they take it at the beginning of a training cycle then do not complete training until the end of the next training. The refresher addresses the time span that can occur between training.

The facility provides PREA training each year to all employees to ensure they remain up to date on the WADOC policies and procedures regarding sexual abuse and harassment. Each employee completes this training annually during the required In-Service Training. Each employee signs a verification acknowledging they have received and understand the information.

The Auditor reviewed the training curriculum and verified it included all information and each element required by the standard. The Auditor reviewed the training rosters to verify and ensure all employees are receiving the training. During the pre-audit period, the Auditor reviewed the training documentation submitted by the facility. In addition, during the on-site portion of the audit, the auditor verified the training of staff, which includes contractors, by reviewing the training logs for all employees who had received training for the previous and current year, as well as individual training files. Each employee also signs a PREA Acknowledgment indicating their receipt of and understanding of the PREA training, which is maintained in their file.

New staff are given PREA training during their orientation, before assuming their duties. All new staff sign a verification acknowledging they have received the information. This information is on Day 1 of their institutional orientation. During interviews with the Contract Director and Center Manager, they confirmed that no employee is permitted to have contact with Residents prior to receiving PREA

	<p>training during orientation.</p> <p>The Auditor reviewed Olympia Reentry Center training records for the last 12 months to verify all staff had been provided annual in-service training and a signed PREA Training Acknowledgement form was on file for each staff member.</p> <p>Based upon an interview with the training coordinator, all active employees at Olympia Reentry Center have completed the required training. The auditor was provided with and reviewed copies of the agency’s PREA curriculum, training logs, and training acknowledgement forms. The training curriculum meets all requirements of the standard. Random staff interviews indicate staff have received and understand the training received.</p> <p>The Auditor conducted interviews with random and specialized staff. All staff interviewed indicated that they had received training and were able to articulate information from the training. During the staff interviews, all employees recalled having annual PREA training. Staff appear to understand their responsibilities regarding the standards. The staff are appropriately trained, and all documentation is maintained accordingly.</p> <p>PREA training is conducted on an annual basis during in-service, versus every two years as required by the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.800, 530.100</li> <li>3. Annual Training</li> <li>4. Contractor/Volunteer Training Form</li> <li>5. Contractor/Volunteer Outline</li> <li>6. Contractor training with log</li> <li>7. Volunteer training with log</li> <li>8. Review of Training Files</li> <li>9. Volunteer orientation</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Center Manager</li> </ul>

- Contract Staff

Findings:

The WADOC Policy is written in accordance with the standard and requires that all volunteers and contractors who have contact with Residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. WADOC Policy 490.800 states, "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity." DOC Policy 530.100 lists PREA training as one of the required elements of volunteer training.

The Auditor reviewed the PREA and Sexual Misconduct training for contractors and volunteers. WADOC trains all contract staff as employees as outlined in standard 115.31. This training is provided as a web-based training to certain identified contractors based on their level of service and to all volunteers. The training covers prevention, detection, response, and reporting.

Olympia Reentry Center ensures that all staff receive training regarding PREA. This training is required to be completed in person prior to contact with any Residents.

The facility provides PREA training annually to each contract employee to ensure they remain up to date on the WADOC policies and procedures regarding sexual abuse and harassment.

WADOC Policy 490.800 states, "Vendors and service providers with limited unescorted contact with individuals under the Department's jurisdiction are not required to attend PREA training but must sign DOC 03-478 PREA Acknowledgment." Training is based on the level of contact with offenders and the individual's role. Those with regular contact complete the same training as employees.

In accordance with WADOC policies and directives, contract staff complete the same training as the Olympia Reentry Center staff and signs a PREA Acknowledgment indicating their receipt of and understanding of the PREA training. Per interviews with the Center Manager and Contract Director, all staff, including contractors receive annual training on PREA.

WADOC PREA Acknowledgment form is filled out for anyone who may have direct contact with supervised individuals and have not been provided Department PREA training. This form, signed by the individual, outlines the zero-tolerance policy, how to report, provision of related PREA policies, and provision of the PREA informational brochure. The PREA Disclosure and Training Acknowledgment (03-523) form requires the individual to acknowledge completion of the PREA volunteer training. The PREA brochure includes the zero-tolerance statement, including residents' right to be free from sexual abuse, sexual harassment, and retaliation for reporting. The brochure lists signs of abuse, reporting mechanisms, and additional resources. The Olympia RC does not currently have any volunteers.

	<p>The Auditor reviewed the training curriculum and verified it included all information required by the standard. The Auditor reviewed the training rosters, as well as random training files to verify and ensure all contracted employees are receiving the training. New contractors are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During the document review, the auditor was able to verify that the contractors who had been trained were required to sign an acknowledgement that they had received and understood the PREA training. The auditor reviewed the files of newly hired contract employees and verified that the signed training acknowledgement form is retained in their files.</p> <p>The Auditor conducted formal interviews with contracted staff. During targeted interviews with contract staff members, each of the interviewees told the auditor that they recalled having the PREA training and knew of the Olympia Reentry Center’s zero-tolerance policy against sexual abuse and harassment. In addition, they could articulate what to do if a Resident reported to them. The contract staff appeared knowledgeable regarding the PREA information they had received. Staff appear to understand their responsibilities regarding the standards. The Olympia Reentry Center is providing training in accordance with the standard. The documentation is maintained accordingly.</p> <p>The facility is mainly staffed by contract staff through A Beginning Alliance. The Center Manager ensures that all staff complete the required training.</p> <p>Volunteers and contractors all receive PREA training. The contract staff receive the same training as the facility staff.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.233</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.800</li> <li>3. Review of Resident training materials</li> <li>4. Review of Resident training documentation</li> <li>5. Resident Handbook</li> <li>6. Sampling of Resident files comparing intake date, the date of initial screenings, and the date of comprehensive screening</li> </ol>



## 7. Resident Brochure and acknowledgement

Interviews with the following:

- Center Manager
- Random Residents
- Intake Staff

Observations of the Following:

- PREA informational Posters throughout the facility in Resident housing and common areas
- Resident Intake Process

Findings:

The WADOC Policy is written in accordance with the standard. In accordance with policy, Residents receive information regarding the facility and agency's zero tolerance policy. This information, in the form of a brochure, along with the Resident handbook and informal posters, provides Residents with information regarding sexual abuse and assault, the agency's zero tolerance policy and how to report incidents of sexual abuse or harassment. PREA reporting information as well as information regarding victim advocacy support is provided in the form of posters in the intake area and each living unit.

Policy 490.800 states individuals will be provided PREA-related information, which will include information on the Department's zero-tolerance policy and ways to report sexual misconduct. Individuals will be given an informational brochure and PREA information may be provided in the Orientation Handbook. The Resident Handbook states that residents have a right to be free from sexual abuse and harassment and retaliation. It also lists the ways they can report. The Orientation Handbook and posters contain this information as well. All residents receive the PREA brochure and complete facility orientation within 48 hours of arrival. DOC Policy 310.000 states orientation will be conducted within 48 hours of admission to a reentry center. PREA brochures and posters are provided in English and Spanish. A transcript of the PREA video is available. Residents arriving at the facility are reviewed by staff to determine if additional resources or accommodations are needed to provide orientation to them. PREA information is also available in pictorial/comic form for anyone with low comprehension. The Work/Training Release Orientation Checklist is where PREA education is documented. It lists the PREA DVD, brochures, advocacy information, and zero-tolerance statement.

Residents sign acknowledgment of receiving orientation and the handbook on this form. The facility also maintains a tracker to document that each resident completed orientation.

The information is continuously and readily available through posters, brochures, and the handbook.

The Olympia Reentry Center PAQ reported that during the last year 51 Residents were committed to the facility and given PREA information at the time of intake, in

accordance with the standard. Targeted interviews with multiple staff indicated that this information is communicated to the Residents verbally and in writing upon arrival at the facility.

Residents will receive a PREA brochure upon intake that advises the Resident of their right to be free from sexual abuse and sexual harassment, and various ways to report. Staff verify that Residents understand the information and would identify any Residents that may need an accommodation to fully participate in the PREA program at Olympia Reentry Center. Residents will sign an acknowledgement of receipt that is maintained in their file. The brochure contains information about the zero-tolerance policy and reporting information.

All residents are provided information on arrival in the form of a PREA brochure and complete a full facility orientation within 48 hours of arrival. In addition, each resident is provided with a facility information brochure and handbook that details zero tolerance, reporting, agency response and retaliation monitoring.

The auditor observed PREA signage in all facility locations, and notification of the agency's zero tolerance policy. Staff told the auditor that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, and they explain to the newly committed Residents that they could report any instances of abuse or harassment to staff and/or use the Resident telephone system to report abuse to the listed hotline. The PREA brochure information is explained to the Residents upon arrival at the facility. The auditor was not able to observe the intake process for a new arrival. However, the staff was thorough in explaining the process to the auditor.

Interviews with intake staff verified that Residents, including any transferred from another facility, are given the same PREA orientation. Further questioning revealed that Residents who were LEP would be provided the orientation using a language telephone interpreter service or a Spanish speaking staff would be utilized, if available. For Residents that are visually impaired, a staff member would read the information to the Resident. The video also has printed subtitles for the hearing impaired. Staff would assist any other disabled or impaired Residents that needed assistance, such as intellectually limited Residents. Information in multiple formats was available throughout the facility. Targeted interviews with staff indicated that the facility will make needed accommodations for identified Residents with disabilities. The Auditor observed PREA informational posters posted in the facility. The auditor recommended that the facility post additional information adjacent and more prevalent in the housing areas.

The auditor interviewed 1 Residents identified as being blind or low vision. The Resident stated that he understood the information that has been provided to him. The Resident stated that he had been given the PREA information and understood the zero-tolerance policy and had an awareness of PREA.

Resident interviews revealed that Residents remembered receiving information about the agency's zero tolerance policy and how to make a report of sexual abuse. All Residents interviewed stated they are aware of PREA and how to report.

	<p>The auditor reviewed the Resident files for all 10 Residents that were interviewed. Documentation reviewed showed that they had received the comprehensive education as required by the standard. During the pre-audit phase, the auditor also reviewed documentation of numerous Resident PREA acknowledgment forms for education provided.</p> <p>The files contained documentation of the initial Resident PREA orientation and receipt of the brochure at the time of admission, as well as the comprehensive education. This verified what the interviews revealed, what was required by policy and what was reported in the submitted PAQ. Interviews with staff and Residents verified that Residents are receiving the PREA training as required.</p> <p>As required by the standard, policy provides for education in formats accessible to all Residents.</p> <p>Information was available in the facility. The Resident handbook is available and provided to all Residents.</p> <p>Residents receive a PREA Brochure and reporting information upon arrival to Olympia Reentry Center. The PREA brochure and education is available in large print and Spanish, with the capability of translating to other languages as needed.</p> <p>After a review, the Auditor determined that the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.800, 490.860</li> <li>3. Review of Training Materials</li> <li>4. Review of Training Documentation</li> <li>5. Review Training Curriculum for Specialized Training</li> <li>6. Review of Training Certificates for Investigators</li> <li>7. Investigations Matrix</li> <li>8. Review of investigative files</li> <li>8. Interviews with PCM &amp; Investigative Staff</li> </ol> <p>Findings:</p> <p>Agency policy is written in accordance with the standard. WADOC conducts</p>

administrative investigations and requires all investigators receive specialized training. DOC Policy 490.800 states that PREA investigators will be trained in: 1. Crime scene management/investigation, including evidence collection in Prisons and Work/Training Releases, 2. Confidentiality of all investigation information, 3. Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process, 4. Crisis intervention, 5. Investigating sexual misconduct, 6. Techniques for interviewing sexual misconduct victims, and 7. Criteria and evidence required to substantiate administrative action or prosecution referral.

The Auditor reviewed the Administrative Investigations training presentation and instructional guide. The training included all mandated aspects of the standard, including the preponderance of the evidence, required documentation for investigations, principles of evidence, investigative steps, interviewing, Miranda, Garrity, as well as other topics related to completing an investigation.

There is a list of Investigators that have completed the specialized training. All Appointing Authorities, as well as Center Managers and other facility staff are investigators. Typically, investigators are not assigned an investigation at their own facility. Any individual assigned a PREA investigation must have completed formal investigator training. The Appointing Authority/designee responsible for the investigation is required to identify an appropriate investigator from the list of qualified individuals maintained on the agency's internal website. Other factors taken into consideration prior to investigation assignment include, but are not limited to: the complexity and sensitivity of the investigation; experience of the investigator; impartiality of the investigator in light of the allegation itself (e.g., outside the investigator's chain of command, any indications of potential conflicts of interest, etc.).

Olympia Reentry Center has one staff member who has received the specialized training. There are 37 departmental reentry staff who have been trained to conduct sexual abuse investigations in a confinement setting.

The Auditor interviewed one of the institutional investigators. They were all able to articulate the aspects of the training received and appeared knowledgeable in the training, as well as conducting sexual assault investigations.

The Auditor reviewed the training records for the investigators and verified that they had received the specialized training. In addition, the investigators complete periodic refresher training.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.800, 490.850,</li> <li>3. Review of Training Materials</li> <li>4. Interviews with Center Manager and PREA Coordinator</li> </ol> <p>Findings:</p> <p>WADOC Policy requires that all staff members receive PREA training in accordance with standard 115.31. Further, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training.</p> <p>DOC Policy 490.800 states, "Health Services employees/contracted staff, with the exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment programming, will be trained in: 1. Detecting and assessing signs of sexual misconduct, 2. Responding effectively and professionally to sexual misconduct victims, 3. Completing DOC 02-348 Fight/Assault Activity Review, 4. Preserving physical evidence, 5. Reporting sexual misconduct, and 6. Counseling and monitoring procedures." The individuals excluded in the requirement do not have regular, private contact with offenders. The DOC PREA for Health Services training was reviewed by the auditor. Topics include how to report, role of medical and mental health staff when responding to incidents, how to detect and assess signs of sexual misconduct, and how to preserve evidence. PREA 101 is a prerequisite for this class and all health services employees are trained in both regular PREA training and specialized training.</p> <p>DOC Policy 490.850 requires forensic exams to be performed only at designated health care facilities in the community by a SAFE/SANE or a qualified medical practitioner.</p> <p>Reentry centers do not provide health services to residents on-site and therefore do not employ any health services staff.</p> <p>Per the PAQ and verified by staff, there are no medical or mental health care practitioners who work regularly at this facility.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. Olympia Reentry Center Completed PAQ
2. WADOC Policy 940.4, 730.2, 280.310, 280.515
3. PREA Risk Assessment (PRA)
4. PRA Assessors Guide
5. Review of Risk Assessments
6. 30 Day Reassessment Logs
7. Sampling of Random Resident Files

Interviews with the following:

- PREA Coordinator
- Random Residents
- Center Manager
- Case Manager

Observations of the Following:

- Resident Intake Process

Findings:

According to WADOC Policy, all Residents shall be assessed upon their admission to the facility and reassessed no later than 30 days after admission to the facility. The policy is written in accordance with the standard and includes all the required elements. The auditor spoke with multiple staff who explained the initial intake process. Upon arrival at the facility, Residents are informed of their right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment.

Interviews with various staff verified that within 72 hours of admission, all Residents are screened for risk of sexual abuse victimization and the potential for predatory behavior. This is typically done on the same day as arrival. Risk assessments are completed in the Offender Management Network Information (OMNI) system. In the event the system is unavailable, a paper version of the risk assessment can be used and entered into the electronic system as soon as possible. During interviews with random Residents, most all remember being asked some PREA related questions during their admission process.

WADOC Policy requires a PREA Risk Assessment (PRA) to be completed during intake and upon transfer. Policy 490.820 states, "Classification Counselors and designated Work Release employees will complete a PRA within 72 hours of arrival for all offenders arriving at any Department facility." The WADOC PREA Risk Assessment is an objective screening tool. The tool uses a points/scoring system for each item assessed. Each item is weighted based on correlation to risk (i.e., if the individual has previously been sexually assaulted while incarcerated, more points are given toward potential risk than something with a lower correlation to risk, such as age or physical stature). Overrides are allowed by policy but must be approved by the

Appointing Authority/designee. Justification for overrides must be documented. Policy instructs staff to complete the PRA by meeting face-to-face with offenders and obtaining information from available file information or other reliable sources. The PRA is typically completed electronically in the OMNI system. If the system is down for any reason, the assessment is completed on paper and entered in the system later. The PRA Assessment Guide gives instructions to anyone completing these assessments. A standardized set of instructions, along with a points/scored assessment ensures the assessments are completed in a manner that is consistent and objective.

The PREA Risk Assessment used by WADOC covers all requirements listed under this substandard.

WADOC Policy 490.820 states that a follow-up PRA will be completed between 21 and 30 calendar days after the offender's arrival at the facility. Policy outlines the requirements of "for-cause PRAs." These are to be completed when additional information is received, if the offender discloses information that could impact the assessed risk, when the offender is found guilty of infractions listed on the PRA, when an employee/contractor observes offender behavior suggesting potential for victimization or predation, and for substantiated allegations.

All Residents are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other Residents or sexually abusive toward other Residents. Intake screenings take place within 72 hours of arrival at Olympia Reentry Center. The facility uses an objective screening instrument that is standardized for WADOC. The intake screening considers, at a minimum, the following criteria to assess Residents for risk of sexual victimization: (1) Whether the Resident has a mental, physical, or developmental disability; (2) The age of the Resident; (3) The physical build of the Resident; (4) Whether the Resident has previously been incarcerated; (5) Whether the Resident's criminal history is exclusively nonviolent; (6) Whether the Resident has prior convictions for sex offenses against an adult or child; (7) Whether the Resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the Resident has previously experienced sexual victimization; and (9) The Resident's own perception of vulnerability. The WADOC does not hold Residents solely for civil immigration purposes. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to Olympia Reentry Center, in assessing Residents for risk of being sexually abusive. According to the PAQ and WADOC Policy, the PREA screening instrument shall include the required elements. Upon review of the screening instrument, the auditor determined that the screening instrument included all the required elements in accordance with the standard.

According to the PAQ, 51 Residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other Residents within 72 hours of their entry into the facility. During the audit documentation period, 51 residents were received at the facility,

49 residents were at the facility for 72 hours or more, 2 residents left before 72 hours. Assessments were completed within the 72 hours for 51 incarcerated residents for 100% compliance.

A Resident's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the Resident's risk of sexual victimization or abusiveness. Staff stated that a reassessment is completed any time there is an incident and/or based on a referral from a staff member.

Residents are asked their sexual orientation, in addition to the reviewing staff's perception. Within 30 days from the Resident's arrival at Olympia Reentry Center, staff reassesses all Residents' risk of victimization or abusiveness based upon any additional, relevant information received by Olympia Reentry Center since the intake screening. By policy, all residents are required to be rescreened between days 21 and 30 calendar days after arrival at the facility. Staff meet with the Resident and document the reassessment in the OMNI system. Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked. According to the PAQ, 47 Residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

Olympia Reentry Center has implemented appropriate controls on the dissemination within Olympia Reentry Center of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the Resident's detriment by staff or other Residents. Access to PREA information in the OMNI is limited, with access restricted to classification counselors, selected facility staff, IT staff, and PREA staff. The outcome of the risk assessment (potential predator, potential victim, etc.) is available on the face sheet in the general status portion of OMNI for staff making housing, program, and work assignments.

DOC Policy 280.310 and 280.515 outline the requirements for information security, data classification, and sharing. The design document for risk assessments in OMNI was reviewed by the auditor. This document outlines access, security, how the data is managed, etc. Access is granted based on job classification. Dependent on position, the individual may have either view or edit ability. If access is not automatically granted based on a person's job classification, they may make a request to IT. The PREA Coordinator reviews all those requests before access is granted to the assessments. WADOC has taken steps to ensure the information within assessments is controlled and accessed by only those with a need to know. The outcome of the PRA would be shared with staff making housing and other decisions.

The Auditor interviewed staff who complete the screenings. The staff indicated that the risk screening is completed within 72 hours and the PREA risk assessment completed at the previous facility is reviewed. The screenings are completed in the



electronic records system. There is limited access to the PREA risk assessment. This screening is used for housing and program decisions and referrals. The auditor reviewed this information and verified it is maintained electronically with limited access. The auditor was provided a copy of and reviewed the screening form.

Targeted interviews with staff, as well as the PREA Coordinator verified that risk assessments are performed within 72 hours of intake. The questions are asked and the answers are recorded by the staff on the risk assessment form in OMNI. There are areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented.

The auditor reviewed the Resident files for all Residents interviewed, and looked at their intake records and risk screenings to compare the admission date and the date of admission screening. The documentation reviewed indicated that Residents at Olympia Reentry Center are receiving risk screenings within 72 hours of intake. The auditor also reviewed documentation provided by the facility during the pre-audit phase.

Facility staff and the PREA Coordinator confirmed that 30-day reassessments are being completed on Residents. The auditor reviewed Resident files of initial PREA risk assessments. The auditor also reviewed the selected Resident files to determine if 30-day re-assessments had been completed. The selected Resident files indicated that they had received a reassessment within the required timeframe. Staff that completes the assessments is completing a face-to-face meeting with the Residents. The Resident and staff interviews confirm this, as most of the Residents remember being asked the questions again and/or having a follow-up meeting within 30 days of arrival.

WADOC Policy stipulates that no Resident shall be disciplined for refusing to answer or disclose information in response the risk assessment questions. According to targeted interviews with the staff, there have been no instances of Residents being disciplined for refusing to answer screening questions.

The Auditor reviewed Resident files and determined that the initial risk assessments are being completed within 72 hours as required and the 30-day reassessments are being completed on a consistent basis.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective action: None

<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Evidence Relied upon to make Compliance Determination:

1. Olympia Reentry Center Completed PAQ
2. WADOC Policy 490.820, 300.380, 490.700
3. Review of Screenings
4. PRA Housing Guide

Interviews with the following:

- PCM
- Classification Staff
- Residents identified as HRSV, Transgender, Gay or Bisexual

Observation of the following:

- Site review of Resident housing units

Findings:

The WADOC Policy requires that screening information from the PREA risk assessment is used in making housing, bed work, education, and programming assignments. Prior to assigning a resident to a multi-person cell/dorm area, the PREA Risk Assessment (PRA) is reviewed to ensure he/she is not assigned to an area that would place him/her at risk for victimization. In addition, the PRA information is used in the following manner in classification decisions:

1) Prior to a resident transferring from one facility to another, a transfer manifest is prepared by the DOC transportation unit. Designated staff at the receiving facility complete an Incoming Transport Job Screening (ITJS) for each resident on the manifest prior to his/her arrival. The ITJS includes information of any history of predatory violence or predatory sexual violence, history of medical/mental health needs, safety/security concerns that impact housing or programming and appropriateness of specific work assignments. PREA screening results are also documented and if a resident displays an increased potential for sexual victimization or predation, staff are expected to document this in the summary section and note any necessary instructions for any safety plans/monitoring plans for work or programming assignments. This screening is documented in the electronic OMNI system.

2) Classification staff complete a PREA transfer assessment with 72 hours of arrival and an Intake Classification Custody Facility Plan Review within 30 days of arrival. If a monitoring plan is needed due to an increased potential for sexual victimized or predation, a monitoring plan is developed and entered in an OMNI Chrono and included in the comment section of the Custody Facility Plan (located in OMNI).

3) Classification staff update the status of a monitoring plan at each classification review held either every six months or annually based on the resident's sentence structure.

Residents housed in WADOC reentry centers are employed in the community with whom WADOC can share limited information. The resident is responsible for securing their own employment and the Community Corrections Officer approves all jobs taking any PREA needs into consideration and can address issues on a case-by-case basis. The same is true for any education and most rehabilitative

programming available for reentry center residents. In-house details and any programming activities held at the facility are monitored at all times by staff and are held within areas of the facility in which residents can be observed.

Within WADOC, all classification, programming, job, and housing assignments are made on the risk-based information obtained for each individual resident. This is documented via the information provided with 115.42 (a).

DOC Policy 490.820 outlines how information from PREA Risk Assessments (PRAs) will be used. Monitoring plans are developed for offenders at increased risk for sexual victimization and/or predation and transgender and intersex offenders. The policy goes on to state that PRA information will be used when making job and programming assignments as well as housing in any multi-person cell/room. The PRA Housing Guide outlines how to house offenders based on the assessment. If no assessment has been completed, they are only to be housed with someone who has no identified risk or housed in a single cell. The Housing Guide goes on to define a formulation for how to house offenders who are assessed as potential victims, potential predators, or both. Residents housed in WADOC work release facilities are employed by private companies in the community with whom WADOC can share information. The resident is responsible for securing their own employment and the case manager approves all jobs, taking PREA needs into consideration, and can address issues on a case-by-case basis. The same is true for any education and rehabilitation programming available. In-house details and programming activities held at Olympia are always monitored by staff and are held within areas of the facility in which residents can be observed.

The auditor reviewed multiple examples of PREA housing decisions in the OMNI system provided by the facility. Staff that complete risk assessments confirmed the information is available to staff to make housing decisions.

DOC Policy 300.380 requires intake screening committees to review each offender on the transfer manifest before they arrive at the facility. Their review must include the PRA and any history of predatory sexual offenses. If concerns are noted, they are to document this in the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies. Facility staff confirmed these practices.

Residents at Olympia do not attend programming at this type of facility and work in the community, so the information is rarely, if ever, needed for those elements.

Staff ensures information is entered in the OMNI system so Residents identified at risk of victimization are not placed in a work, program, or education assignment with those identified as potential abusers. Staff consider a Resident's own perceptions of their safety when making classification decisions. The screening tool includes sections for the staff to document his/her own perceptions of the Resident.

Due to the nature of the facility, it is unlikely that anyone identified as HRSV (High Risk of Sexual Victimization) or HRSA (High Risk of Sexual Abusiveness) would be placed at Olympia Reentry Center.

When a Resident is determined to be high risk for victimization or high risk for abusiveness, it is the responsibility of the staff member conducting the screening to enter the results and make appropriate referrals.

WADOC Policy requires that the agency will consider housing for transgender or intersex Residents on a case-by-case basis to ensure the health and safety of the Resident and take into consideration any potential management or security problems. Housing and programming assignments for all transgender and intersex residents are made on a case-by-case basis, to include individual shower arrangements, feelings of safety and putting priority on the resident's health and safety. The housing review process also takes into account management or security problems that may result from placement options. Housing reviews are documented on DOC form 02-384 and 02-423 Gender Affirming Housing review for those requesting placement gender affirming facility, Protocol for the Housing of Transgender and Intersex Residents, by a local multi-disciplinary team with housing recommendations forwarded to the Deputy Assistant Secretary of Women's Prisons for final approval. In addition, a formal review is conducted at least every 6 months for each resident or when a change in housing assignments is indicated.

Olympia Reentry Center did not house transgender, intersex, and gender non-conforming residents during the audit documentation period.

The policy requires that a transgender or intersex Resident's own view about their own safety shall be given serious consideration and that all transgender or intersex Residents are given the opportunity to shower separately from other Residents.

DOC Policy 490.820 states that facilities will develop local procedures to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders. This may include individual shower stalls, separate shower times, or other procedures based on facility design." DOC Policy 490.700 also requires facilities to develop procedures to allow individuals the opportunity to shower separately.

During the site tour, the auditor reviewed all Resident housing units. Bathroom areas and showers are appropriately private with a door or curtain.

The policy stipulates that LGBTI Residents will not be placed in a dedicated facility, unit, or wing solely based on such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such Residents. Staff are aware of their responsibilities should they receive a transgender Resident regarding this standard. Interviews with facility staff indicate that placement of any transgender or intersex Residents is made on a case-by-case basis. Agency policy stipulates that placement and programming assignments for transgender Residents will be reassessed at least twice a year to review any threats to safety and a transgender Resident's views with respect to his or her safety will be given serious consideration. The staff meets with each transgender Resident bi-annually to ensure there are no issues and assess the Resident's perception of their safety. This is documented in OMNI.

	<p>A Resident that identifies as transgender is monitored at the facility as well as at the state level.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
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115.251	Resident reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.800, 490.850</li> <li>3. Posters in English and Spanish</li> <li>4. Resident Handbook</li> <li>5. Resident Orientation</li> <li>6. Site Review</li> <li>7. WAC 137-48-020</li> <li>8. WADOC Website</li> <li>9. MOU with Colorado exp 2-28-26</li> <li>10. ADA memo</li> <li>11. Staff Brochure</li> <li>12. Staff training</li> <li>13. Annual report excerpt</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Center Manager</li> <li>• Random Staff</li> <li>• Random Residents</li> </ul> <p>Observation of the following:</p> <ul style="list-style-type: none"> <li>• Observation of informal interactions between staff and Residents</li> <li>• Observation of Information Posters inside the housing units, adjacent to telephone and in the booking area</li> </ul> <p>Findings:</p> <p>The WADOC Policy designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other Residents or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. Policy is written in accordance with the standard. WADOC Policy</p>

490.800 provides the ways that individuals can make reports. This includes via a confidential PREA hotline, verbally to any staff, in writing via kite or note to staff, through legal mail to the State Attorney General, Governor's office, law enforcement, Just Detention International, or the PREA Coordinator. Individuals can also report via grievances and through an outside agency. Calls to the headquarters hotline number are free and don't require a PIN. The Resident Handbook, PREA posters, and PREA brochure in both English and Spanish have information on how to report allegations. WADOC Policy 450.110 states mail sent to the PREA Coordinator, a PREA auditor, or Just Detention International may be marked as legal mail which will be opened in the individual's presence.

The auditor reviewed the Resident handbook and found that Residents are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, as well as by using the Resident telephone system to make a report to the PREA hotline. There are multiple internal ways for Residents to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports within or external to DOC, and third-party reports. This information is received by Residents at intake in both written and verbal form, contained in the Resident handbook and on informational posters in locations throughout the facility. Operational practice at Olympia Reentry Center is consistent with the WADOC Policy.

WADOC Policy provides a requirement that Residents have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. WADOC Policy 490.800 indicates how individuals can make a report to an agency that is not part of WADOC. Reports can be made on DOC 21-379 Report of PREA Allegation to an Outside Agency. The policy allows for individuals to remain anonymous by not identifying themselves on the form. Completed forms are to be placed in the provided pre-addressed envelopes and put in the grievance box. The grievance coordinator is to forward the forms to the mailroom to be processed without opening. The form used has an address in Colorado Springs, CO where the reports are sent. The form also has the name of the reporter as optional. This form is provided in English and Spanish. The Auditor reviewed the Intergovernmental Agreement (Contract) between WADOC and Colorado Department of Corrections for outside reporting. The agreement expires 2-28-26. The agreement allows offenders to report anonymously and requires Colorado DOC to immediately forward the allegations to the WADOC. Instructions for this reporting mechanism are in the resident handbook and PREA brochure where residents are advised they can remain anonymous.

There were no examples of reports being made to Colorado DOC during the previous 12. The auditor reviewed a list of all reports sent to Colorado for the agency and there were none listed for Olympia. Residents can also mail a report from outside the facility while out in the community.

During random staff interviews, staff stated that Residents could make a PREA report to any staff member, write a note, have a friend or family member report. Resident interviews revealed that the Residents are aware of the reporting methods

available to them.

The WADOC does not hold Residents solely for civil immigration purposes.

Staff interviews revealed that they are aware of their responsibilities regarding reporting, and would accept and immediately act on any information received, regardless of the source. All staff that were interviewed acknowledged their duty to report any PREA related information. Information on how to report on behalf of a Resident is listed on the agency website. Staff indicated they would accept and act on third-party reports, including from another Resident. Verbal reports are required to be promptly documented on an Internal Incident Report.

The auditor reviewed the allegations for the previous 12 months and found that there was 1 allegation that was reported to an employee. Interviews indicate that Residents are aware of the various reporting methods.

Policy and the Resident handbook stipulate that 3rd party reports of sexual abuse or harassment will be accepted verbally or in writing. Random Resident and staff interviews revealed that the staff and Residents are aware that third party reports will be accepted and treated just like any other reports, with an investigation started immediately.

Targeted interviews with multiple staff verified that there are numerous ways to make PREA complaints by both staff and Residents, including the use of the Resident phone system, anonymous letters, as well as third party reporting by family and friends. The auditor reviewed the investigative file for the one allegation of sexual misconduct within the last year.

Policy requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented in writing by staff and responded to immediately. During targeted interviews with staff, the staff indicated that if a Resident reported an allegation of sexual abuse or harassment, they would notify the Appointing Authority of such an allegation and immediately intervene by separating the victim and alleged perpetrator. Each staff member stated that they would act without delay. They would accept a verbal complaint and would be required to make a written report of the incident.

During Resident interviews, the Residents were asked if they knew that they could make a verbal report of an incident of sexual harassment. All the Residents stated that they knew that they could report to any staff member. Many Residents stated that the staff were very approachable and would feel comfortable reporting to them.

Staff may privately report sexual abuse or harassment of Residents either verbally or in writing to their supervisors, investigative staff, or Center Manager directly.

Staff can also report sexual abuse or harassment through the established hotline. Staff members are informed of this provision during PREA training.

After a review, the Auditor determined that the facility meets the requirements of

	<p>the standard</p> <p>Corrective Action: None</p>
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115.252	Exhaustion of administrative remedies
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Operating Policy 490.850</li> <li>3. Resident Handbook</li> <li>4. Staff Interviews</li> </ol> <p>Findings:</p> <p>The Washington Department of Corrections does not have an administrative procedure to address resident grievances regarding sexual abuse, therefore is exempt from this standard.</p> <p>Per the PAQ, WADOC does not have administrative procedures to address resident resolution regarding sexual abuse. All allegations are forwarded for investigation through the administrative investigation process.</p> <p>This is verified by the PREA Coordinator.</p> <p>Per the PAQ, the facility had no grievances filed that alleged sexual abuse during the previous 12 months.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>

115.253	Resident access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.800</li> </ol>



3. Resident Handbook and DOC Website
4. Hotline Information
5. Sexual Assault brochure
6. MOU with Safe Place

Interviews with the following:

- a. Center Manager
- b. Random Residents
- c. Random and Targeted Staff

Observations of the Following:

- a. PREA informational Posters throughout the facility and public areas

Findings:

WADOC Policy is written in accordance with the standard. The facility provides Residents with access to local, state, or national victim advocacy or rape crisis organizations, including toll-free hotline numbers. The policy requires reasonable communications between Residents and those organizations and agencies, in as confidential manner as possible. The Olympia Reentry Center informs Residents of the extent to which these will be monitored prior to giving them access. There have been no requests for confidential support services during this audit period. Staff interviews indicate they are aware of their obligations under this standard.

WADOC Policy 490.800 describes access to community victim advocates. Residents have access to a toll-free hotline to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocates. Residents can call the line Monday through Friday 8:00am-5:00pm to reach a PREA Support Specialist. Calls are not monitored or recorded, and a PIN is not required. Support services can also be obtained via legal mail to Just Detention International. In-person consultations can be arranged and requirements for this are outlined in the policy and an In-Person Advocacy Guide.

Olympia has a partnership with SafePlace for advocacy services.

Policy 490.800 states calls to the hotline are not monitored or recorded. Mail for advocacy purposes is treated as legal mail. The Sexual Assault Support/Victim Advocacy Brochure in English and Spanish gives instructions to contact the hotline and Just Detention and states it is not monitored or recorded. Posters for the hotline in English and Spanish also state the calls are not recorded and do not require a PIN. The Resident Handbook gives information to residents about advocacy services, how to access these resources, and confidentiality information. Residents may also contact these resources while out in the community or through their personal cell phones.

The auditor reviewed the interagency agreement between WADOC and the Office of Crime Victims Advocacy. The agreement provides for advocacy services, defined as crisis intervention, assessment of needs, referral to resources, medical and legal advocacy. This includes provision of the hotline.

	<p>The auditor reviewed the Olympia Reentry Center handbook, which included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. During the site review, the auditor viewed information that notifies Residents of the availability of a third-party reporting hotline, in both Spanish and English. Services through Safe Place can be accessed through the free hotline, or by writing a letter.</p> <p>Residents are informed of the services available at intake. Olympia Reentry Center provides all Residents information regarding victim advocacy services upon intake (same day) and during orientation. The information is provided in written form and provided to the Resident verbally. Residents are also made aware of the 24/7 crisis line that is available to them as part of the victim advocate service.</p> <p>The information is listed in the brochure that is provided to the Residents, as well as the Resident handbook. During the site review, the auditor observed a mail drop box. Outgoing mail is not opened or searched (without documented cause) and there are no restrictions on Residents sending mail to external reporting entities, outside emotional support services, and/or legal mail.</p> <p>The Olympia Reentry Center through the DOC has an MOU with the Office of Crime Victims Advocacy and Safe Place which stipulates they agree to provide a Hotline with contact information, Social Services and Victim advocates, which also includes participation in forensic exams, investigations and may also include follow-up visits or communications. The Auditor was provided a copy of the MOU and verified the agreement for services. The auditor verified the availability of services with Safe Place. They indicated that if contacted, they would respond to the hospital for an exam or provide other resources such as legal advocacy services, shelter or housing information, crisis intervention, etc. The advocates receive extensive training including PREA specific classes and ongoing training. There have been no requests for services in the previous 12 months.</p> <p>There have been no Residents detained solely for civil or immigration purposes.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings:</p> <p>The WADOC Policy is written in accordance with the standards, stipulating that all</p>

	<p>third-party reports will be accepted and investigated. DOC Policy 490.800 outlines the ways in which third parties can make reports. The Olympia Reentry Center publicly provides a method for the receipt of third-party reports of sexual abuse or harassment through the WADOC website. The Auditor reviewed the DOC website. The website has information on its PREA page that contains information about PREA and their responsibilities for criminal and administrative investigations. It also contains contact and reporting information should any one wish to report an incident of sexual abuse or harassment on behalf of a Resident. The third-party reporting form is in Spanish and English. In addition, there is an email established for taking third-party reports. The auditor also observed posters in the visitation areas listing a phone number to call for third-party reporting.</p> <p>Olympia Reentry Center’s Resident Handbook, which is provided during the intake process includes a section with PREA information that informs Residents that they can report sexual abuse and sexual harassment by calling the confidential reporting hotline and anyone on their behalf at the facility can report. They are also provided the agency's Zero Tolerance pamphlet upon arrival. The brochure informs Residents they may ask a family member or friend to report an allegation for them.</p> <p>Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff indicated they will accept a third-party report from a family member, friend, or another Resident. They would document the report and report to the appointing authority.</p> <p>Residents are provided this information at intake and Resident interviews indicate that they are aware that family or friends or other Residents can call or write and report an incident of sexual abuse on their behalf.</p> <p>The auditor reviewed the investigative file for the one allegation of sexual abuse in the past 12 months and found that an investigation was initiated promptly and in accordance with WADOC Policy, regardless of the source of the information.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.850</li> </ol>

### 3. Review of investigative file

Interviews with the following:

- Center Manager
- Random Staff

Findings:

WADOC Policy is written in accordance with the standard and requires all staff, contractors, and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. Agency policy requires all staff to report immediately any knowledge, suspicion or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. Staff are required to report information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the WADOC. WADOC Policy 490.850 states, "Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident."

During the site review, all staff members interviewed were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All the staff members responded unequivocally that they were required to report any such instances immediately. The auditor also asked the same question of contracted staff, and they stated that they would report any instance of sexual abuse or harassment immediately. Interviews with staff indicate they are very clear regarding their duties and responsibilities about reporting PREA related information, including anonymous and third-party reports. During random staff interviews, all the staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. They were also asked if that included alleged behavior by staff or contractors or volunteers. All staff members who were interviewed said that they were obligated to report any such allegations or suspicions, no matter who it involved. Staff articulated their understanding that they are required to report any information immediately and document such in a written report. WADOC Policy 490.850 states, "Staff who fail to report an allegation, or who knowingly submit or coerce/threaten another to submit incomplete or untruthful information, may be subject to corrective/disciplinary action. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately. Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions."

Agency policy prohibits revealing any information related to a sexual misconduct report or incident other than as necessary for related treatment, investigation, and

other security and management decisions. Staff who breach confidentiality may be subject to corrective / disciplinary action.

In lieu of reporting allegations to designated investigators, agency policy requires all staff to immediately report information about an allegation or incident of sexual misconduct directly and confidentially per the PREA Reporting Process attachment to agency policy 490.850.

Olympia Reentry Center has received no allegations of sexual abuse involving Vulnerable Adults/or Juveniles.

Policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. During the random staff interviews, staff were asked about their requirement for maintaining confidentiality. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All the interviewed staff stated that details related to either Resident allegations or staff allegations should remain confidential and they would only discuss details with supervisors and investigators. All investigative files are maintained with limited access.

DOC Policy 490.850 section I.B states, "Offenders will be informed of the requirements of mandatory reporting at Reception, and information will be posted in Health services areas where it can be seen by offenders." Offenders are informed of this requirement via the resident handbook and posters in treatment areas. However, there are no health care services staff or medical staff at this facility.

DOC Policy 490.850 requires staff to immediately report anonymous and third-party reports in the same manner as all other reports. Targeted interviews with the Center Manager, as well as random staff interviews verified that all allegations of sexual abuse or harassment received from a third party are referred for investigation and immediately acted upon.

The Auditor conducted a formal interview with Center Manager, who indicated that all allegations are immediately reported and investigated. There was one allegation of sexual misconduct for the previous 12 months. The Auditor reviewed the investigative file and determined that it was investigated as required by the standard.

The Auditor reviewed agency training curriculum for staff, volunteers and contractors, which includes reporting of sexual abuse and sexual harassment allegations. All staff are required to read the agency's policies and sign an acknowledgement on an annual basis. The auditor verified through training records that all staff, contractors, and volunteers had received training and read the policies how to report sexual abuse and sexual harassment information. Staff interviews verified that all Olympia Reentry Center staff had received training and were well aware of their obligations to immediately report all allegations of sexual assault and harassment.

After a review, the Auditor determined the facility meets the requirements of the

	<p>standard.</p> <p>Corrective Action: None</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.850, 490.820</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Center Manager</li> <li>• Random Staff</li> <li>• Random Residents</li> </ul> <p>Findings:</p> <p>WADOC Policy is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. When an allegation is received, the Duty Officer, and/or Appointing Authority review all available information regarding named victim needs, timeframes, severity, housing, and job assignments of named individuals, and other factors to determine if immediate actions are needed to prevent harm. This may include reassignments, housing unit changes, or facility transfers. These actions are documented on response checklists and in Incident Management Report System (IMRS) reports.</p> <p>WADOC Policy 490.850 outlines the steps to take to ensure protection of the alleged victim, including separation. WADOC Policy 490.820 discusses monitoring plans for offenders at increased risk. This section of policy states, "Immediate actions will be taken to protect the offender when it has been determined that s/he is at substantial risk of immediate sexual assault or abuse." Whenever a housing assignment is made, offender risk identifiers are reviewed to ensure compatibility with potential cellmate(s).</p> <p>The auditor reviewed examples from the OMNI system that showed where staff had reviewed PREA risk assessment information prior to assigning housing. The facility also provided a list of potential victims identified in the previous year.</p> <p>Random interviews with staff indicate they are clear about their duty to act immediately if a Resident is at risk of imminent sexual abuse. Staff were able to articulate the steps they would take and act immediately to protect the Resident.</p>

	<p>Staff indicated they would immediately remove the Resident from the situation, keep them separate and safe, and find an alternate place for them to stay or be housed pending an investigation or further action. Staff stated they would ensure the Resident was kept safe, away from the potential threat and in their site at all times. A targeted interview with the Center Manager confirmed that it is the policy of Olympia Reentry Center to respond without delay when Residents are potentially at risk for sexual abuse or any other types of serious risk.</p> <p>Policy dictates that when the facility learns that a Resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the Resident. The Center Manager, PCM and security supervisors interviewed by the Auditor were knowledgeable of their responsibility for the protection of Residents identified as being at imminent risk of sexual abuse. Options include relocating the Resident to a different housing unit at the facility or transferring the Resident to another facility. These actions would be determined on a case-by-case basis and with the best interest of the Resident and their safety in mind.</p> <p>Olympia Reentry Center reports in the PAQ that there have been no determinations made that an Resident was at substantial risk of imminent sexual abuse. The Center Manager confirmed that Olympia Reentry Center did not have any Residents determined by the facility to be subject to a substantial risk of imminent sexual abuse requiring immediate action during this audit period. All Residents that report an allegation are immediately separated from the alleged abuser and kept in staff sight at all times until the alleged abuser is secured. The staff member that the Resident reported the allegation to would remain with the Resident and ensure their safety.</p> <p>The Auditor randomly reviewed files and talked with staff and residents, and found no evidence that an Resident was determined to be at imminent risk of sexual abuse. There have been no incidents that required action with regard to this standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.850, 490.860</li> </ol>

### 3. Notification

Interviews with the following:

- PCM
- Center Manager
- Appointing Authority

Findings:

The WADOC's policy is written in accordance with the standard and requires that if an allegation is received regarding an incident of sexual abuse that occurred at another facility, notification must be made as soon as possible, but no later than 72 hours after receiving the allegation. WADOC Policy 490.850 states, "The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident: 1. Occurred in another Department Location or another jurisdiction..."

During this review period, the facility reported receiving no notifications from a Resident alleging sexual abuse while incarcerated at another facility that needed to be reported. According to an interview with the Appointing Authority, if they receive such a notice, they would immediately report the allegation to the appropriate contact of the other facility and document such a notice. The Appointing Authority confirmed their understanding of the affirmative requirement to report allegations in accordance with the standard.

Notification is made to the administrator of the applicable facility. The Superintendent or Work/Training Release Appointing Authority makes notification unless another individual is officially serving in an acting capacity in the absence of the Superintendent.

Olympia Reentry Center requires that if the Center Manager or designee receives notice that a previously incarcerated Resident makes an allegation of sexual abuse that occurred at the Olympia Reentry Center, it would be investigated in accordance with the standards. When an allegation is received by WADOC from another jurisdiction, it is triaged as any other report/allegation and forwarded for investigation per DOC Policy 490.860. All allegations, regardless of the source, are processed through the triage system outlined in agency policy. If the allegation is determined to fall within PREA definitions, it is formally investigated.

The Olympia Reentry Center reported there has been no reports from another facility that a Resident claimed he was sexually abused while housed at Olympia Reentry Center within this audit cycle. In the event such allegation is received, the appointing authority will be notified, who will ensure that an investigation is immediately initiated. Interviews with staff confirm they are aware of their obligation to fully investigate allegations received from other facilities.

Further, interviews with the staff revealed that staff is keenly aware of their obligations with regard to reporting, and there is a universal understanding and commitment to immediately report any allegations of sexual abuse or harassment,



	<p>which increases the probability that abuse will be detected, reported and investigated.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.850</li> <li>3. Case Log</li> <li>4. Complaint Log</li> <li>5. Checklist</li> <li>6. Review of investigative files</li> <li>7. Interviews with Random Staff, Center Manager</li> </ol> <p>Findings:</p> <p>The WADOC Policy is written in accordance with the standard and indicates actions staff should take in the event of learning a Resident has been sexually assaulted. DOC Policy 490.850 outlines response requirements. The policy requires separation of the accused from the alleged victim and witnesses. There are PREA Response and Containment Checklists attached to the policy for staff to follow, which include steps for evidence preservation. Other response protocols described in policy include providing/offering medical, mental health, and support services.</p> <p>All staff are required to immediately report any knowledge, suspicion, or information received regarding an allegation or incident of sexual misconduct directly and confidentially to the Shift Commander, Duty Officer, or Appointing Authority, based on the location. This individual will then deploy staff to respond to the allegation as indicated by incident circumstance.</p> <p>Each facility is required to have a response plan. All staff interviewed were clear on the first responder duties and knew they needed to separate and protect the victim. All staff are trained in emergency response procedures to include isolation and containment of emergency situations. Any actions beyond the initial containment of emergency incidents would be managed under the direction of the Shift Commander, Duty Officer, or Appointing Authority.</p> <p>If a resident reports an allegation of sexual assault or abuse, regardless of to whom</p>

the report was made, incident driven actions are taken to ensure the safety of the alleged victim.

The requirements of the first security staff member to respond to the report of sexual abuse are outlined in the Aggravated Sexual Assault Response Checklist.

The Auditor conducted interviews with staff first responders. They were asked to explain the steps they would take following an alleged sexual abuse reported to them. All staff interviewed said that they would notify the appointing authority after separating the Residents and wait for further instructions. The staff were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence. The Auditor was informed the scene would be preserved and remain so until the assigned Investigator arrived to process the scene.

Staff stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and a staff member posted to ensure no one entered the scene. The alleged victim would be taken to the hospital for treatment of any emergent needs and for a forensic exam, if needed.

Policy requires that if the first responder is not a security staff member, the staff immediately notify a security staff member. There were no instances during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse. The Auditor conducted formal interviews with non-security personnel. Staff were asked what actions they would take following an alleged sexual abuse reported to them. Staff indicated they would ensure the victim remains with them and immediately inform an officer or supervisor. They would also request the victim not take actions to destroy evidence. All staff are required to confidentially deliver information about an allegation or incident of sexual misconduct directly and immediately to the Appointing Authority/Duty Officer

There were no allegations of sexual abuse during this audit period that required action in reference to the standard. At the time of the audit there were no Residents at the facility who had made an allegation of sexual abuse.

Victims would be transported off-site for a forensic exam, if needed.

The Agency uses a standardized Sexual Assault Response Checklist to document staff actions in response to a sexual abuse incident.

Training records indicate that all staff, contractors and volunteers have been trained to appropriately respond to incidents of sexual abuse.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

<b>115.265</b>	<b>Coordinated response</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1104 376">Evidence Relied upon to make Compliance Determination:</p> <ol data-bbox="280 412 963 613" style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.850</li> <li>3. Sexual Assault Checklist</li> <li>4. PREA Response Plan</li> <li>5. Interview with Center Manager, Random Staff</li> </ol> <p data-bbox="280 649 408 685">Findings:</p> <p data-bbox="280 721 1474 1173">The WADOC policy requires each agency develop a written plan to coordinate actions taken in response to an incident of sexual abuse. A Sexual Assault Response Checklist has been created which supplements facility Coordinated Response Plans and outlines staff duties in response to a sexual assault incident. Elements that are present in the plan include (but not limited to) Response Checklists, Uniform Evidence Protocol, Contact and Referral information and Policies. WADOC Policy 490.850 discusses the coordinated response, the response team members, and their responsibilities. The team includes the Work Release Administrator, a CCS, the medical or mental health duty officer, and other staff as necessary. The facility partners with community victim advocate groups, the hospital, law enforcement, and community mental health services.</p> <p data-bbox="280 1209 1442 1330">The auditor reviewed the coordinated response documentation. There are several checklists utilized to ensure staff complete all required steps to respond to an incident, make notifications, preserve evidence, etc.</p> <p data-bbox="280 1366 1426 1442">Olympia Reentry Center maintains a PREA Response Plan Manual in Control/Duty Office.</p> <p data-bbox="280 1478 1481 1845">The Auditor reviewed the plans for Olympia Reentry Center. The facility has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. The Olympia Reentry Center has a PREA Response Plan listing actions to be taken by staff for each type of sexual assault allegation to ensure that all aspects of the response are covered and nothing is missed. Some of the facility staff involved in responding to incidents of sexual abuse are also a part of the incident review team.</p> <p data-bbox="280 1881 1452 2047">The agency has created a Sexual Assault Response Checklist that documents staff actions following an incident of sexual abuse. The Sexual Assault Response Checklist requires the staff to include the date and time each action listed was taken.</p>

	<p>There were no allegations of sexual assault during the audit period that required a response.</p> <p>There were no Residents incarcerated at the time of the audit who had filed an allegation of sexual abuse.</p> <p>There have been no instances of reported sexual assault during this review period that required the first responder to preserve or collect physical evidence.</p> <p>The auditor interviewed the Center Manager, who described the facility's coordinated response in the case of an allegation of sexual abuse or harassment. The response begins with the allegation and first responder action to protect the victim, secure the crime scene and protect any potential evidence. Depending on the nature of the allegation, the investigation will either begin as administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with policy and provided a forensic exam and ancillary services, as well as offered advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation.</p> <p>All staff at Olympia Reentry Center that the auditor spoke with appear to be well-versed in their role and responsibilities in responding to allegations of sexual assault.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>Olympia Reentry Center Completed PAQ</li> <li>Washington Federation 2023-2025</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> </ul> <p>Findings:</p>

	<p>The WADOC has not entered into any agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with Residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The agency functions under the interest only arbitration system as the impasse procedure for negotiations over changes in mandatory subjects of bargaining. This process has no impact on the agency’s ability to remove an alleged staff abuser from contact with any offender during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted.</p> <p>The collective bargaining agreement does not limit the agency’s ability to remove an employee pending an investigation. The agreement states an employee placed on an alternative assignment during an investigation will be informed of the general reason(s) for the alternative assignment unless it would compromise the integrity of the investigation.</p> <p>Per interview with the PREA Coordinator, the auditor verified that the collective bargaining agreement does not limit the agency’s ability to comply with the provisions of the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.860, 490.800</li> <li>3. Complaint Log</li> <li>4. Case Log</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Center Manager</li> </ul> <p>Findings:</p> <p>The WADOC’s policy is written in accordance with the standard and states retaliation by or against any party, staff, or Resident, involved in a complaint or report of sexual abuse or sexual harassment shall be strictly prohibited. WADOC Policy 490.800 states, “The Department has zero tolerance for all forms of</p>

retaliation against any person because of involvement in the reporting or investigation of a complaint. Retaliation may be subject to corrective/disciplinary action.” WADOC Policy 490.860 outlines the WADOC requirements for protection against retaliation. WADOC, through DOC Policy 490.860, prohibits retaliation against anyone for reporting sexual misconduct or participating in an investigation of such misconduct. Policy states that when an investigation of individual-on-individual sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters. The policy states that for allegations of sexual harassment, retaliation monitoring may occur at the discretion of the Appointing Authority.

Any individual who participates as a witness in a PREA investigation is provided with DOC 03-484 Interview Acknowledgement form. This form advises interviewees that, “The Department prohibits retaliation against any person because of their involvement in the reporting or investigation of a complaint. The Department will treat retaliation as a separate offense subject to investigation, discipline, and/or corrective action. Any concerns regarding retaliation are to be reported to the Appointing Authority.”

The Appointing Authority confirmed that retaliation monitoring would be assigned back to the supervisor of the facility (Center Manager). The Center Manager confirmed understanding of the process. Protective measures would be taken if retaliation was suspected including moving the individuals to provide protection, investigations, and corrective action plans.

DOC Policy 490.860 states retaliation will be treated as a separate offense subject to investigation, discipline, and/or corrective action. Individuals are notified of this on the Interview Acknowledgment form when they are interviewed for an investigation. Retaliation monitoring will continue for 90 days following notification, or longer if necessary. The PREA Monthly Retaliation Monitoring Report requires the monitor to meet with the individual monthly for 90 days. The form asks the monitor to review housing/program changes, disciplinary reports, reassignment, or negative performance reviews.

Policy requires that alleged victims and incarcerated reporters are met with at least monthly.

DOC Policy 490.860 states, “Anyone who cooperates with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority/designee will take appropriate measures to address the concerns.”

Monitoring may be discontinued if the allegation is determined to be unfounded or if the individual is released from incarceration.

Per the PAQ and verified by staff, Olympia Reentry Center did not have any cases of retaliation monitoring during the documentation period or in the last 12 months.

Retaliation in and of itself, shall be grounds for disciplinary action and will be investigated. Policy requires staff and Residents who report allegations of sexual abuse or harassment are protected from retaliation for making such reports. Per the

PAQ, there are multiple staff that can be designated as the staff who will be responsible for monitoring retaliation for a minimum period of 90 days. Monitoring will also include periodic status checks. Policy states monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need and monitoring shall cease if the investigation determines that the allegation is unfounded. Monitoring is initiated when the investigation is initiated and continues for 90 days. Monitoring activities may be discontinued if the allegation is determined to be unfounded or the resident is released from incarceration. The Appointing Authority may extend monitoring beyond 90 days if deemed necessary.

The Auditor conducted an interview with a staff member responsible for monitoring retaliation. When monitoring retaliation, she reviews disciplinary charges, housing or programming changes, incident reports, and any other actions related to the Resident, including documents maintained in the Resident's file and his electronic record. She stated that anytime anything changes she will look at those actions. The person responsible for monitoring retaliation will make referrals as needed. The monitoring will also include periodic status checks and documented.

Staff verified the monitoring period would be a minimum of 90 days, and longer if necessary. She stated that they would meet with the Resident as necessary. In the event the Resident cannot be protected at the facility, the staff can and will recommend a transfer.

In the case of a Resident being retaliated on by staff, the administration would discuss staff assignments to ensure the staff member is not placed in an area where the Resident is housed. The Resident can also be transferred, if need be, at the request of staff.

The Appointing Authority and Center Manager have the authority to take protective measures to ensure Residents are not retaliated against.

The Center Manager and Contract Director have the authority and would intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the Center Manager will ensure that appropriate measures are taken to protect that individual against retaliation.

No reports of sexual abuse requiring retaliation monitoring were reported during the audit year period. Therefore, there are no examples of retaliation monitoring. Staff interviews confirmed their knowledge of the requirements for protection from retaliation for both Residents and staff members. The agency has prepared forms that include checklists that would assure and verify compliance with the necessary elements of the standard.

The facility reported there were no incidents of retaliation in the last 12 months.

After a review, the Auditor determined the facility meets the requirements of the

	<p>standard.</p> <p>Corrective Action: None</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.860, 400.360</li> <li>3. Review of Investigative file</li> <li>4. Interviews with Staff</li> <li>5. Documentation of Investigator Training</li> <li>6. Certificates of Completion for Facility Investigators</li> <li>7. Training Curricula for Investigative Training specific to Corrections</li> <li>8. Memo</li> <li>9. Appointing Authority curriculum</li> <li>10. WSP MOU</li> <li>11. Case Log</li> <li>12. Complaint Log</li> <li>13. Records Retention</li> </ol> <p>Findings:</p> <p>The WADOC Policy is written in accordance with the standard and states that all investigations into allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. WADOC Policy 490.860 states, "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department."</p> <p>WADOC Policy 490.860 requires investigators to interview alleged victims, accused, and witnesses. They must collect any additional evidence including electronic evidence. Policy states that the Appointing Authority will review the report and prior complaints/reports of sexual misconduct involving the accused.</p> <p>WADOC Policy 400.360 states that individuals who are alleged victims, reporters, or witnesses in a PREA investigation will not be asked or required to submit to a polygraph test regarding the alleged misconduct under investigation. Appointing Authorities review each investigation summary to assess the credibility of alleged victims, suspects, or witnesses. This is documented on the Investigative Finding Sheet. Investigations are documented on the Investigation Report. The report</p>



includes sections for interviews, evidence, and other details of the case. The Investigative Finding Sheet requires the Appointing Authority to review all actions of employees involved to determine if staff actions or failures to act contributed to abuse. The Appointing Authority also assesses credibility for all involved parties.

WADOC Policy 490.860 requires the Appointing Authority to notify law enforcement when a substantiated allegation is criminal in nature unless a referral was already made throughout the course of the investigation. Policy states that prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. Investigations will be completed even if the individual is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. Records retention systems were established as follows: (1) The Appointing Authority / designee maintains all hard copy investigation reports for a period of 5 years; and, (2) The PREA Coordinator / designee maintains electronic versions of all investigations for a period of 50 years. Prior to destruction of electronic records, the investigation record is reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If not, the records are retained until this requirement is met.

Any PREA allegation that appears to be criminal in nature is referred to local law enforcement or the Washington State Patrol for criminal investigation. Subsequent referrals for prosecution are made by the responding law enforcement agency.

Prosecutors are consulted with prior to the conduct of any compelled interviews associated with these investigations. Referrals are noted in the administrative investigation report and associated documentation is included in the report packet.

Criminal investigations are documented in written reports that are included with applicable administrative investigation reports.

The Olympia Reentry Center investigates all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports.

If the assigned Investigator determines that there may be a criminal element to the allegation of sexual abuse, they will forward the case to law enforcement.

The auditor reviewed the investigative report for the one allegation of sexual abuse during the past 12 months. The report contained the required elements as dictated by the standard. As evidenced by the investigative report, the allegation was investigated promptly, thoroughly, and objectively. The report format and checklists are standardized throughout the DOC which provides for consistency in the investigative process. Review and oversight for all allegations is completed through the Appointing Authority and the PREA Coordinator's office.

If at any time during the investigation, it appears the charges are criminal in nature, the investigation will be referred to law enforcement. Policy prohibits the termination of an investigation if a Resident is released or a staff member is terminated or terminates employment.

The Auditor conducted a formal interview with one of the agency's designated PREA Investigators. The Auditor asked the Investigators to describe the process when investigating an allegation of sexual misconduct. They stated they interview the victim, alleged perpetrator, Resident witnesses, and staff witnesses, if applicable. They will respond to and review the scene, and preserve any evidence, if necessary. In accordance with the standard, they will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They review criminal histories on all Residents involved, disciplinary history, incident reports, and classification actions. The investigator will review prior reports and complaints of sexual abuse involving the suspected perpetrator. The investigator reviews video footage if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. If at any point during the investigation the investigator determines there could be potential criminal charges involved, the investigation would be reviewed and forwarded to law enforcement. The Investigator stated they begin the investigation immediately after receiving an allegation.

All investigative files are maintained electronically in the Omni system with limited access.

If an allegation is reported anonymously, the Investigator stated the investigation would be handled the same as any other investigation. Investigative staff indicate they would continue the investigation even if a Resident is released or a staff member terminates employment during the investigation.

The Olympia Reentry Center has had 1 incident that required investigation during the review period. The auditor reviewed the investigative report. A review of the investigative file indicates that the investigators are conducting the investigations in accordance with the standard. The report shows evidence that the investigator is gathering evidence, interviewing witnesses, victims, perpetrators, and conducting the investigation promptly. The report indicates that investigators look at each allegation on its own merits and assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual's status as Resident or staff. The investigations appear to be conducted promptly, thoroughly, and objectively.

All information related to PREA investigations is forwarded to the Appointing Authority for data compiling. Electronic data is securely maintained. The investigative files are maintained in a secure, locked area with limited access.

There have been no allegations referred for criminal investigation during the previous 12 months.

There were no Residents who made an allegation of sexual abuse within the previous 12 months housed at Olympia Reentry Center.

After a review, the Auditor determined the facility meets the requirements of the standard.

	Corrective Action: None
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.860,</li> <li>3. RCW 72-09-225</li> <li>4. Appointing Authority Curriculum</li> <li>5. Review of Investigative files for the past 12 months</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• Appointing Authority</li> </ul> <p>Findings:</p> <p>The WADOC’s policy is written in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. WADOC Policy 490.860 states substantiated findings are defined as the allegation being determined to have occurred by a preponderance of the evidence.</p> <p>Revised Code of Washington 72.09.225 requires the preponderance of the evidence to proceed with termination of an employee who engaged in sexual contact or sexual intercourse with an inmate/resident. The Administrative Investigations training that all PREA investigators must complete explains the preponderance of the evidence standard as greater than 50%. WADOC administrative investigators do not make the finding determination. They submit the investigation packet to the Appointing Authority to review, assess the credibility of the witnesses, and determine the finding. Appointing Authorities are required to complete training specific to their role as a decision maker in these investigations. They complete the same training provided to all PREA investigators. The PREA for Appointing Authorities training curriculum covers definitions for substantiated, unsubstantiated, unfounded, and preponderance of the evidence.</p> <p>An interview with the Appointing Authority confirmed knowledge of this requirement. She confirmed that the staff responsible for administrative adjudication of investigations is aware of the requirements of the evidentiary standard. She was able to articulate what preponderance meant and how she arrives at the basis for her determinations.</p>

	<p>There has been one allegation of sexual abuse within the last 12 months for which the auditor reviewed investigative files. A review of the investigative file indicates that the investigations are being conducted in accordance with the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.860</li> <li>3. Review of investigative files and notification to Resident</li> <li>4. Post investigation offender notification tracking</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• Appointing Authority</li> </ul> <p>Findings:</p> <p>The WADOC Policy is written in accordance with the standard and requires a Resident be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. WADOC Policy 490.860 requires the alleged victim be notified of the findings of an investigation. The is to be done in person, in a confidential manner or in writing if the individual is in restrictive housing. If the individual has been released, the findings will be sent to the last known address of the individual. Policy states that upon completion of a criminal investigation, a copy of the law enforcement investigation report is requested and attached to the final administrative PREA investigation. This allows the agency to make appropriate reports under this standard. The PREA Coordinator and facility administrator confirmed they would contact the relevant agency to obtain information. Policy requires notifications in compliance with this standard.</p> <p>Due to the movement of individuals between facilities and to community release, the master tracking document regarding applicable resident-on-resident on-going notifications is maintained by the HQ PREA Unit. Copies of notifications made are maintained in agency electronic case records and are provided to the applicable appointing authority for inclusion in the local hardcopy investigation folder.</p>

Policy states the Department will make notifications to the alleged victim in writing if the Department learns the accused has been indicted or convicted. This is documented on DOC 02-378 Investigative Finding Sheet. If the individual is released, they will be notified at the last known address as documented by the department.

When a staff member has committed sexual abuse against a Resident, unless the determination is unfounded, the Resident will be informed whenever: the allegation has been determined to be unfounded; the allegation has been determined to be unsubstantiated; the staff member is no longer posted within the Resident's unit; the staff member is no longer employed at the facility; the DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Washington State Department of Corrections (WADOC) policy requires that the named resident victim be notified in writing until the individual is no longer under DOC jurisdiction.

When a Resident has alleged sexual abuse by another Resident, the Resident is informed whenever: the allegation has been determined to be unfounded; the allegation has been determined to be unsubstantiated; the DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The auditor conducted targeted interviews with the PCM and Appointing Authority. The agency is responsible for administrative investigations. There have been no allegations referred to LE during this audit period.

The PCM indicated that Residents are informed of the results of an investigation at the conclusion of the investigation. Agency policy requires the victim be notified in person, in a confidential manner, or in writing if the resident is in restricted housing or released. How the resident was notified and by whom is noted on DOC 02-378 Investigative Finding Sheet that is included in final investigation report packets. Upon completion of a criminal investigation, a copy of the law enforcement investigation is requested and attached to the final administrative PREA investigation. Referrals are noted in the administrative investigation report and associated documentation is included in the report packet. Administrative findings are documented on the investigative finding sheet along with documentation of notification to the victim.

During the past 12 months, there have been no allegations of sexual abuse.

There were no Residents who made an allegation of sexual abuse within the previous 12 months housed at Olympia Reentry Center.

Outside criminal investigations are conducted by SIU in conjunction with the facility administrative investigations. The SIU communicate with the facility and send any relevant updates relating to criminal charges/convictions. There were no allegations investigated by the SIU during the past 12 months.

	<p>Interviews with a facility investigator and PCM confirmed their knowledge of their affirmative requirement to report investigative findings of sexual abuse to Residents in custody.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.860, 490.800</li> <li>3. RCW 72-09-225</li> <li>4. CBA - Teamsters 117 2023-2025</li> <li>5. WAC 357-40-010</li> <li>6. CBA - Washington Federation</li> <li>7. Secretary Memo</li> <li>8. Investigative file</li> <li>9. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The WADOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.</p> <p>WADOC Policy 490.860 states that employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies. In cases of substantiated staff sexual misconduct: 2. The Appointing Authority will ensure the finding(s) is reported to relevant licensing bodies</p> <p>RCW 72.09.225 states that when the secretary has "reasonable cause to believe that sexual intercourse or sexual contact between an employee and an inmate has occurred...the secretary shall immediately suspend the employee. The secretary shall immediately institute proceedings to terminate the employment of any person: (a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the inmate..." Collective bargaining agreements outline the disciplinary process for represented members.</p> <p>WAC 357-40-010 states that an appointing authority may dismiss, suspend without</p>

pay, demote, or reduce the base salary of a permanent employee under his/her jurisdiction for just cause.

WADOC Policy 490.860 states that employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies. The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate.

Policy requires that staff found responsible for sexual abuse of a Resident shall be terminated from employment. Employees who are found to have violated agency policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts, as well as the previous disciplinary history of the staff and comparable to offenses by other staff with similar disciplinary histories. In accordance with policy, the WADOC notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. Any terminations or resignations by staff who would have been terminated if not for their resignation are reported, unless that activity was clearly not criminal. The agency's policy requires staff who are terminated or resign in lieu of termination for violating sexual abuse or sexual harassment policies are notified of the agency's responsibility to report such violations to licensing bodies and/or law enforcement agencies.

During targeted interviews with the Center Manager, Contract Director and Appointing Authority, they confirmed that the agency and the facility has a zero-tolerance policy on any allegations of sexual misconduct, including if staff members are involved. The presumptive discipline for violating this policy is termination.

Interviews with facility staff verified that staff are aware of the disciplinary sanctions for violating the agency's sexual abuse policies and consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. In interviews, the staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

The Auditor interviewed the Contract Director regarding the facility's staff disciplinary policy. She indicated that if a staff member is terminated for violating the facility's sexual assault and harassment policy, and if the conduct is criminal in nature, it would be referred for criminal prosecution. If an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case for prosecution when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment. The facility reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Center Manager has the

	<p>authority to discipline staff, including suspension and termination.</p> <p>The Auditor reviewed the investigative file for the one allegation of sexual abuse involving staff.</p> <p>There were no employees at Olympia Reentry Center who were terminated or received disciplinary sanctions during the audit period. The facility reports there have been no instances of staff disciplined for violating agency sexual abuse or sexual harassment policies or any referrals to licensing bodies over the 12 months.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.860, 490.800, 450.050</li> <li>3. RCW 72-09-225</li> <li>4. CBA - Teamsters 117 2023-2025</li> <li>5. WAC 357-40-010</li> <li>6. CBA - Washington Federation</li> <li>7. Secretary Memo</li> <li>8. Investigative file</li> <li>9. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The WADOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with Residents and will have their security clearance for the DOC and Olympia Reentry Center revoked. The disciplinary sanctions for volunteers or contractors are like those of the disciplinary sanctions for staff members. Policy states if there is an investigation and the individual is determined to have committed acts of sexual abuse or sexual harassment, the case will be referred for criminal prosecution and to any relevant licensing bodies. Additionally, the Agency will take measures to prevent contact from the volunteer or contractor with any Resident within the WADOC system.</p> <p>WADOC Policy 490.860 requires the Appointing Authority to notify law enforcement</p>



when an allegation that is criminal in nature is substantiated. Policy states that Contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department's jurisdiction. For any other violations of Department PREA policies, appropriate actions will be taken. The policy describes how terminations will be documented and shared with other facilities to ensure access is not granted to a facility.

RCW 72.09.225 states that when the secretary has reasonable cause to believe that sexual intercourse or sexual contact between the employee of a contractor and inmate has occurred, the secretary shall require the employee of a contractor to be immediately removed from any employment position which would permit the employee to have access to any inmate.

DOC Policy 450.050 outlines the restriction process for staff sexual misconduct and harassment.

DOC Policy 490.860 states that contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department's jurisdiction. For any other violations of Department PREA policies, appropriate actions will be taken. The policy describes limitations to contact with offenders following substantiated incidents.

Olympia Reentry Center reported that in the past 12 months, there have been no instances where volunteers or contractors have engaged in sexual abuse or harassment. Staff verified during targeted interviews that there had been no instances of sexual abuse or harassment by contractors or volunteers in the past 12 months. The auditor reviewed the investigative file for the previous 12 months, which corroborated this information. Per the PAQ, there have been no substantiated investigations involving contractors or volunteers. However, had a substantiated investigation occurred, the appointing authority would have followed agency policies facility access would have been restricted and programming participation terminated.

Targeted interviews with contract staff members verified that they consider a violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility. The contract staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

Volunteers and contractor staff are made aware of the WADOC sexual abuse and sexual harassment policies during their initial training and orientation prior to providing services in the facility. Each volunteer and contractor attend training and signs an acknowledgement of same, which is retained in their file. All volunteers and contractors are required to review the agency's policies and procedures related to sexual abuse and sexual harassment and sign the acknowledgment after doing so. The Auditor verified through training records that volunteers and contractors at Olympia Reentry Center had received training and reviewed the policies.

	<p>The Auditor interviewed the Contract Director regarding the disciplinary policy regarding contract staff and volunteers. Facility administration indicated that contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff would most likely be terminated by the contract employer. If the conduct is criminal in nature, it will be referred to LE and for possible prosecution, as well as reported to any relevant licensing bodies.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.860, 460.135</li> <li>3. WAC 137-25-020, 137-28-360, 137-28-310, 137-28</li> <li>4. Review of Investigative Files</li> <li>5. Case Log</li> <li>6. Statewide Orientation Handbook English and Spanish</li> <li>7. Reentry Center Handbook</li> <li>8. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The WADOC Policy directs that Residents are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy dictates that staff is prohibited from disciplining a Resident who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. If it is determined that the Resident did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions.</p> <p>WADOC Policy 490.860 states that individuals may be subject to disciplinary action per DOC 460.135 for violating PREA policies.</p> <p>WADOC Policy 460.135 outlines a standardized process for disciplinary procedures. Included are hearing processes, progressive sanctions, appeals, etc. The Hearing</p>

Officer is required to consider factors such as prior infractions, prior conduct, mental status, etc. Disciplinary processes are also guided by Washington Administrative Code (WAC). The auditor reviewed the relevant sections provided by the agency. The disciplinary procedure includes consideration of the offender's mental status. The Hearing Officer may continue a hearing if there is a need to determine the offender's mental status or competency. WAC 137-28-360 requires the hearing officer to consider the offender's mental health in determining an appropriate sanction. Policy states that an offender found guilty of the infractions related to sexual misconduct may be sanctioned to a multidisciplinary team review for consideration of available interventions such as mental health, sex offender treatment, or anger management.

WADOC Policy 490.860 allows for the offender to be subject to discipline when the investigation determines that the staff did not consent to the contact. Policy states that a report of sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.

WADOC Policy 490.800 Attachment 1 states, "Consensual, non-coerced sexual activity between individuals under the Department's jurisdiction is prohibited by Department rule, but is not defined as a violation of PREA policies." This information is also provided in the Resident Handbook.

Olympia Reentry Center prohibits sexual activity between Residents. Residents found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between Residents is found to be consensual, staff will not consider the sexual activity as an act of sexual abuse. Instances of sexual activity between Residents, if reported to be consensual, are still investigated and each case is taken at face value. WADOC policy clearly defines PREA-related prohibited behaviors. Consensual sexual activity between residents is not included in these definitions. Such activity is prohibited by regulation but is not considered PREA-related, unless there is a determination that coercion has occurred, in which case the allegation would be investigated as resident-on-resident sexual assault.

WADOC Policy states Residents are subject to formal disciplinary action following an administrative finding that they engaged in Resident-on-Resident sexual abuse.

According to the submitted PAQ, there have been no substantiated instances of Resident-on-Resident sexual abuse. Any substantiated reports of Resident-on-Resident abuse would result in a disciplinary charge for the perpetrator. There have been no criminal findings of guilt for Resident-on-Resident sexual abuse in this review period. The auditor reviewed the investigative file for the one allegation of sexual misconduct within the last 12 months and verified this information.

According to policy, disciplinary action for Residents is proportional to the abuse committed as well as the history of sanctions for similar offenses by other Residents with similar histories.

Agency policy requires that staff consider whether a Resident's mental health contributed to their behavior before determining their disciplinary sanctions.

WADOC policy allows for residents found guilty of infractions 611 (committing sexual assault against a staff member), 613 (committing an act of sexual contact against a staff member), 635 (committing a sexual assault against another resident), or 637 (committing sexual abuse against another resident) violations may be sanctioned to a multidisciplinary Facility Risk Management Team (FRMT) review for consideration of available interventions (e.g., mental health therapy, sex resident treatment program, anger management, etc.).

Agency policy stipulates that Residents will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were no substantiated instances of Resident on staff sexual assault during the audit period.

Agency policy prohibits disciplining Residents who make allegations in good faith with a reasonable belief that prohibited conduct occurred. WADOC policy prohibits residents from being infractions or disciplined for a report made in good faith indicating that this does not constitute providing false information even if the investigation does not establish sufficient evidence to substantiate the allegation.

Infractions for violation 549 (providing false or misleading information during any stage of an investigation of sexual misconduct, as defined per DOC 490.860 Prison Rape Elimination Act [PREA] Investigation) requires the completion of a formal investigation with an unfounded finding and a determination by the appointing authority that the allegation was not made in good faith. Interviews with staff and Residents confirm that Olympia Reentry Center is adhering to the provisions of the standard.

The Auditor reviewed investigative files, Resident records and interviewed staff, including a targeted interview with the PCM. There is no evidence to suggest a Resident received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith.

Interviews with staff and Residents confirmed their knowledge of the policy regarding Residents engaging in non-coerced sexual activity. Furthermore, the staff and Residents were aware that the agency has an internal disciplinary process for Residents who engage in sexually abusive behavior against other Residents and knew that they could be disciplined for sexual abuse. The staff stated that there is a thorough investigation into all disciplinary reports.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Evidence Relied upon to make Compliance Determination:

1. Olympia Reentry Center Completed PAQ
2. WADOC Policy 610.300, 490.850
3. Interviews with Staff
  - a. Center Director
4. Interviews with Residents

Findings:

The WADOC Policy is written in compliance with the standard and states that all Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. DOC Policy 610.300 states, "Facilities will ensure that all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate. The staff are aware of their responsibilities regarding protection of the victim and evidence in the case of a report of sexual assault.

Per the PAQ and Center Director, during the audit documentation period, there were no reported cases of an aggravated sexual assault that indicated a forensic medical examination.

If a resident in a work release facility alleges aggravated sexual assault, he/she is transported to the designated community health care facility. Residents are provided with information regarding emergency contraception and sexually transmitted infection prophylaxis. As no health care personnel work within these facilities, the resident would then be referred to community health care resources for follow up care as needed.

WADOC Policy 610.300 states, "If an offender is transported to a community health care facility, employees/contract staff will...ensure that the community health care facility personnel are notified of the reported misconduct...take steps to protect the victim upon return from the community health care facility. If pregnancy is the result of sexual misconduct which took place while incarcerated, the offender will receive timely and comprehensive information and treatment related to lawful pregnancy-related services. Expenses related to sexual misconduct are not the responsibility of the offender." DOC Policy 490.850 states all medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.

Residents needing ongoing treatment or services would be referred to a community provider.

There were no documented allegations of sexual abuse requiring emergency medical or mental health services during the review period. Interviews with facility staff indicate their awareness of the provisions of the standard and their responsibilities if there is a report of sexual abuse. They are aware of their responsibilities with respect to protecting a Resident that reports sexual assault and ensuring that they get immediate medical treatment. Each staff member informed

	<p>the Auditor that they would take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Staff ensure the safety of the Resident following a sexual abuse incident by separating them from the alleged abuser and ensure they get immediate medical treatment.</p> <p>WADOC Policy states that all Resident victims of sexual abuse will be offered information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>There have been no allegations of sexual assault in the last 12 months requiring these services.</p> <p>Agency policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim.</p> <p>The auditor confirmed that there are no medical or mental health staff at the facility. All medical and mental health care occurs in the community through community providers. The facility would make appropriate referrals and assist residents with obtaining needed medical and mental health services.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 610.300, 630.500, 610.025</li> <li>3. Memo</li> <li>4. Health Care Plan</li> <li>5. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The WADOC Policy is written in compliance with the standard and states that the facility will offer medical and mental health evaluation and treatment to all Residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. DOC Policy 630.500 states, "A mental health provider will assess the need for mental health services in cases where the offender reports sexual</p>

abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services.” DOC Policy 610.300 states that the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment. Facilities will ensure that all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate.

Per the PAQ and Center Manager, during the audit documentation period, there were no referrals of alleged victims to community medical and mental health services. There are no health care staff at the facility. Residents would be referred for evaluation and treatment to a community provider. Any follow-up care or referrals would be at their discretion.

Resident victims of sexual abuse while in the facility will be offered tests for sexually transmitted infections as medically appropriate. Per the PAQ, during the audit documentation period, there were no instances where a female victim of sexual abuse was vaginally penetrated. However, if this were to have occurred the resident would be offered a pregnancy test and receive access to all lawful pregnancy-related medical services.

WADOC Policy 610.300 states female offenders will have access to pregnancy management services. If pregnancy is the result of sexual misconduct which took place while incarcerated, the offender will receive timely and comprehensive information and treatment related to lawful pregnancy-related services. A brochure from Planned Parenthood is provided for offenders. The Offender Health Plan states medically necessary maternity services are covered for incarcerated individuals during their period of incarceration. Offenders who are victims of sexual misconduct which took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections (STIs) and emergency contraception as medically appropriate.

In addition, the Offender Health Plan states medically necessary maternity services are covered for incarcerated individuals during their period of incarceration.

The auditor was not able to interview any Residents that had reported sexual abuse.

WADOC Policy states that all treatment services for sexual abuse will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. DOC Policy 610.300 states expenses related to sexual misconduct are not the responsibility of the offender. DOC Policy 490.850 states that all medical and mental health services for victims of sexual misconduct will be provided at no cost to the individual whether the individual names the abuser or cooperates with any related investigation. An interview with the Center Manager confirms that these services would be provided to the Resident at no cost. There are no costs for evaluations and treatments related to sexual victimization.

There have been no allegations of sexual assault in the last 12 months requiring

	<p>these services.</p> <p>Staff interviews confirmed the presence of policies and procedures consistent with the standard and confirmed the staffs' knowledge of the policy and standard. There are no medical or mental health staff at the facility. Staff confirmed that all medical and mental health care occurs in the community through community providers. The facility would make appropriate referrals and assist residents with obtaining needed medical and mental health services.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.860</li> <li>3. Complaint Log</li> <li>4. Case Log</li> <li>5. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The WADOC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. DOC Policy 490.860 outlines the requirements for a multidisciplinary PREA review. The review committee is to review all substantiated and unsubstantiated investigations of individual-on-individual sexual assault/abuse and staff sexual misconduct. Policy requires the committee to meet every 30 days or as needed and requires the committee to have input from facility management, supervisors, investigators, and medical/mental health practitioners. The HQ PREA Unit maintains a spreadsheet of all Local Review Committees conducted, including any identified corrective action.</p> <p>In accordance with the standard, WADOC Policy states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may permit or contribute to the abuse; the adequacy of staffing levels in that area during different</p>



	<p>shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The Local PREA Investigation Review Checklist form is used. The form includes a list of attendees or those who provided input on the review.</p> <p>here is also a section on the form for the committee to provide recommendations. The form is submitted to the PREA Coordinator and signed by the Appointing Authority.</p> <p>The Local PREA Investigation Review Checklist has an area for the Appointing Authority to note whether the recommendations of the committee were accepted and if not, to provide reasons. The form includes a section for action plans that identified the action needed, the person responsible, planned completion date, and date completed.</p> <p>The Committee includes: Reentry Center Administrator, Reentry Center Manager, Reentry Oversight &amp; Compliance Administrator, and PREA Corrections Specialist 3.</p> <p>During this review period there have been no allegations of sexual abuse at Olympia Reentry Center that required a review and therefore no documentation relative to this standard.</p> <p>An interview with the Center Manager confirms if there was an incident that required a review, all these factors would be considered. The review team follows a formatted document to ensure all elements of the standard are considered. The Center Manager stated the incident review team discusses recommendations for improvement and include those recommendations on the final report.</p> <p>Per the PAQ, elements required by the standard are documented in DOC form 02-383 Local PREA Investigation Review Checklist. The form also includes an action plan section that identifies the action needed, the person responsible, the planned completion date and the date completed. This form is reviewed and signed off on by the Appointing Authority and forwarded to the agency PREA Coordinator/ designee for inclusion with the electronic investigation report file.</p> <p>The Olympia Reentry Center has appointed a team that conducts incident reviews at the conclusion of any sexual assault investigations as stipulated by the standard. This was confirmed by formal interview of the Center Manager and Appointing Authority.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence Relied upon to make Compliance Determination:

1. Olympia Reentry Center Completed PAQ
2. WADOC Policy 490.860
3. Annual Reports
4. Memo
5. Interviews with Staff

Findings:

The WADOC Policy is consistent with the requirements of the standard and states that the agency will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and complete an annual report based upon said data.

WADOC has a PREA allegation and case database within the Offender Management Network Information (OMNI) system. The system allows for standardized collection of data. Definitions are standardized and provided in the agency annual report. The data is aggregated in the agency's annual PREA reports which are prepared by the PREA Coordinator.

The OMNI system allows for standardized collection of data from allegations to include demographics of the alleged suspect and victim, location of incident, date/ time of incident, type of allegations, investigation finding, etc. All information that is required for the Survey of Sexual Victimization (SSV) is reported in OMNI. The PREA Data Collection Checklist is completed along with the investigative summary. The investigator records the data necessary to answer the SSV on this form.

DOC Policy 490.860 outlines the requirements for data collection and review. The PREA Data Collection Checklist is completed along with the investigative summary.

The Auditor reviewed the Annual Reports available on the facility website, including aggregated sexual abuse data for calendar years 2021, 2022 and 2023. The data collected includes: ISA = Sexual Assault, IASC = Sexual Abuse, ISH = Sexual Harassment, IR = Retaliation, SSH = Sexual Harassment, SSM = Sexual Misconduct, and SOM = Other Related Misconduct.

The WADOC also contracts with American Behavior Health Systems (ABHS) as a private organization for the residential substance abuse treatment of individuals on community supervision. The annual report includes aggregated data from ABHS. ABHS provides Washington DOC with its annual PREA reports and data relative to PREA allegations and investigations.

The annual report is very comprehensive and lists all corrective actions taken. The report is approved by the Secretary prior to publishing on the agency's website.

The agency's website includes annual reports published from 2021-2023.

The agency maintains, reviews, and collects data as needed from all available

	<p>incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested. The agency submits data annually in response to the Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization (SSV). Data submitted is for the previous calendar year. The auditor reviewed the SSV's for 2021 and 2022.</p> <p>The agency is collecting and aggregating sexual abuse data on an annual basis as required by the standard for facilities under its direct control and private facilities with which it contracts. The report uses a standardized set of definitions, which are available on the agency website and in the WADOC Policy. The WADOC collects accurate, uniform data for every PREA related allegation using a standardized instrument and set of definitions.</p> <p>The WADOC also obtains incident-based and aggregated data from the facilities with which it contracts for the confinement of its Residents. This is collected and monitored by the PREA Coordinator's office. The agency contracts for the confinement of its Residents with American Behavior Health Systems (ABHS) as a private organization for residential substance abuse treatment. ABHS operates three facilities.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ with ADP</li> <li>2. WADOC Policy 490.860</li> <li>3. Annual Reports</li> <li>4. Website with sexual abuse data</li> <li>5. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The WADOC Policy is consistent with the requirements of the standard and indicates that data collected pursuant to 115.87 for all facilities under its direct control and private facilities with which it contracts will be made readily available to the public through the agency website, excluding all personal identifiers after final approval. Policy outlines the requirements of data collection and the annual report and states</p>

the PREA Coordinator will generate the annual report. The report includes definitions, achievements, allegation data, and corrective actions. This information is provided for the agency as a whole and for each facility.

The annual reports include a comparison of the current year's data and corrective actions as well as prior years' data. The annual reports from 2021-2023 were reviewed by the auditor.

Per policy, the data review is conducted to: identify problem areas; take corrective action on an ongoing basis; and prepare an annual report of its findings and corrective actions for each facility, as well as the agency. WADOC policy requires the data review report include: a comparison of the current year's data and corrective actions with prior years; an assessment of the DOC's progress in addressing sexual abuse; approval by the Director; and must be readily available to the public through the agency's website.

The Auditor reviewed the Annual Reports available on the agency website, including data for years 2022 and 2023. The reports indicate that the agency reviewed the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report, entitled "Washington State Department of corrections Prison Rape Elimination Act 2023 Annual Report of Sexual Victimization" includes an overview of the facility's plan for addressing sexual abuse and aggregated data. The annual report will include a comparison of the current year's data and corrective actions with those from prior years and must provide an assessment of the WADOC's progress in addressing sexual abuse. The annual report indicates the agency's efforts to address sexual abuse include continually providing education and staff training, as well as evaluating processes and standardization. Interviews with the PREA Coordinator confirm these efforts.

A review of the agency annual reports found them to be very detailed and thorough, suggesting that the agency is regularly reviewing the data collected to identify issues and correct them. The agency's annual report includes any corrective actions taken by the WADOC for each facility. Data is listed and compared for each facility, as well as each region. There appears to be a high level of transparency in the Department's efforts to prevent, detect and respond to sexual abuse and harassment.

Per the PREA Coordinator, data collected is used to look for trends to identify issues. Quarterly, a data analyst looks at statistics from data collected. This ensures corrective action on an ongoing basis not just once a year. Data is used to make improvements in investigations, training, and awareness within a facility.

The report is signed by the Secretary and there is no personally identifying information in the report.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<p data-bbox="280 188 981 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 1102 378">Evidence Relied upon to make Compliance Determination:</p> <ol data-bbox="280 412 970 736" style="list-style-type: none"> <li>1. Olympia Reentry Center Completed PAQ</li> <li>2. WADOC Policy 490.860, 280.310, 280.515</li> <li>3. Annual Reports</li> <li>4. WADOC Website containing sexual abuse data</li> <li>5. Omni PREA database access table</li> <li>6. Memo</li> <li>7. Records Retention</li> <li>8. Interviews with Staff</li> </ol> <p data-bbox="280 781 405 815">Findings:</p> <p data-bbox="280 826 1469 1151">The WADOC Policy is consistent with the requirements of the standard, which mandates that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be securely maintained. WADOC Policy is written in accordance with the standard that data collected pursuant to 115.87 will be made readily available to the public through the agency's website, excluding all personal identifiers after final approval by the Secretary. Policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p data-bbox="280 1184 1469 1509">The PREA Coordinator reports all allegations are reported via the Incident Management Report System (IMRS) within the Offender Management Network Information (OMNI) system. Access to any IMRS PREA information is restricted and confidential. It is limited to only staff who have a need to know. Access is reviewed by the agency's Emergency Operations Administrator to ensure access is essential to PREA-related responsibilities. Access is limited to agency executive administrators, appointing authorities, selected facility staff, and selected IT staff. DOC Policy 490.860 outlines data collection, retention, and reporting requirements.</p> <p data-bbox="280 1543 1469 1800">DOC Policy 490.860 outlines the requirements for aggregating data and providing it to the public through the Department website. Data is provided in the annual PREA reports, which were reviewed by the auditor. The Auditor reviewed the agency's website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report.</p> <p data-bbox="280 1834 1469 2024">The WA Secretary of State Records Retention Schedule states records related to PREA investigations will be retained for 50 years after the close of the investigation. DOC Policy 490.860 outlines record retention of PREA data. It requires retention of records per the Records Retention Schedule. Annual PREA Reports are available for 2021-2003.</p>

	<p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Previous Audit Report</li> <li>2. PAQ</li> <li>3. On-Site Review</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Center Manager</li> <li>• Random and Targeted Residents</li> </ul> <p>Observation of the following:</p> <ul style="list-style-type: none"> <li>• Observation of, and access to all areas of the Olympia Reentry Center during the site review</li> </ul> <p>The Olympia Reentry Center had its last PREA Audit March 30-31, 2022. The Auditor reviewed the facility's previous PREA report dated May 2022. The Auditor was given full access to the facility. The administration was open to feedback and all recommendations were implemented. The facility provided the Auditor with a detailed tour of the facility. The Auditor was provided and reviewed the relevant policies, procedures, and other documents to assist with rendering a decision on the facility's level of compliance with each of the PREA standards. The Auditor was able to request, review and receive all requested documents, reports, files, video, and other information requested, including electronically stored information. All requested documentation was provided in a timely manner.</p> <p>The auditor was provided extensive documentation prior to the on-site audit, for review to support a determination of compliance with PREA standards. During the pre-audit, onsite review and post audit phases, the auditor reviewed all PREA investigative files, staff/Resident training records, Resident risk screenings, background investigations, logbooks, program information, camera placement and other pertinent documentation.</p> <p>All staff at Olympia Reentry Center cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and Residents in a private area. The auditor was permitted to conduct unimpeded, private interviews with Residents at Olympia Reentry Center, both informally and formally. The Auditor was given private</p>

	<p>interview rooms to interview Residents, which were convenient to Resident housing areas. The Olympia Reentry Center staff facilitated getting the Residents to the auditor for interviews in a timely and efficient manner. Informal interviews with Residents confirm that they were aware of the audit and the ability to communicate with the auditor.</p> <p>The auditor was able to observe both Residents and staff in various settings.</p> <p>Prior to the on-site review, letters were sent to the facility to be posted in all Resident living areas which included the Auditor’s address. The Auditor observed notices posted in each Resident living unit that were emailed to the facility staff prior to the Audit. The Auditor received documentation that the notices to Residents were posted six weeks in advance of the first day of the audit. The auditor did not receive any confidential letters from Residents at Olympia Reentry Center, or any other interested party.</p> <p>There were no barriers to completing the audit at Olympia Reentry Center.</p> <p>The facility had an onsite review and audit within the three-year period of the last audit and has completed the onsite review and audit process. Each facility under the direct control of the Washington Department of Corrections has been audited at least once during the previous three-year audit cycle. During the previous audit cycle, the Washington Department of Corrections ensured at least one-third of its facilities were audited each year.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Previous Audit Report</li> <li>2. WADOC Website</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul> <p>The Auditor reviewed the WADOC website which contains a link for the May 2022 PREA Audit Report. The reports are accessible through Resources tab of the main PREA page (<a href="https://www.doc.wa.gov/corrections/prea/resources.htm">https://www.doc.wa.gov/corrections/prea/resources.htm</a>). After reaching that page, the PREA reports are accessible through a hyperlink. The page includes a</p>

"PREA Reports" page. Each audit report for all WADOC facilities is accessible on the page.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None



<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	yes

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	yes
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.264, or the investigation of the resident’s allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na



	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na



	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	na



	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes



	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes



<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes