

PREA Facility Audit Report: Final

Name of Facility: Yakima County Jail

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/04/2021

Date Final Report Submitted: 04/26/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Kenneth E Arnold	Date of Signature: 04/26/2022

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	07/05/2021
End Date of On-Site Audit:	07/07/2021

FACILITY INFORMATION	
Facility name:	Yakima County Jail
Facility physical address:	111 N Front Street, Yakima, Washington - 98901
Facility mailing address:	

Primary Contact	
Name:	Bill Splawn
Email Address:	bill.splawn@co.yakima.wa.us
Telephone Number:	5095741623

Warden/Jail Administrator/Sheriff/Director	
Name:	Ed W. Campbell
Email Address:	ed.campbell@co.yakima.wa.us
Telephone Number:	5095741758

Facility PREA Compliance Manager

Name:	Marta Keagle
Email Address:	marta.keagle@co.yakima.wa.us
Telephone Number:	M: 509-574-1736

Facility Health Service Administrator On-site

Name:	Jessica McCay
Email Address:	jessica.mccay@co.yakima.wa.us
Telephone Number:	5095741753

Facility Characteristics

Designed facility capacity:	1100
Current population of facility:	493
Average daily population for the past 12 months:	5368
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	33.7
Facility security levels/inmate custody levels:	min/med/max
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	123
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	6

AGENCY INFORMATION

Name of agency:	Yakima County Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	111 North Front Street, Yakima, Washington - 98901
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

	Name: Ed Campbell
	Email Address: ed.campbell@CO.YAKIMA.WA.US
	Telephone Number: 509-574-1758

Agency-Wide PREA Coordinator Information

Name: Bill Splawn	Email Address: bill.splawn@co.yakima.wa.us
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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

- 115.31 - Employee training

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-07-05
2. End date of the onsite portion of the audit:	2021-07-07

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:	Aspen Victim Advocacy Center Yakima.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1100
15. Average daily population for the past 12 months:	493
16. Number of inmate/resident/detainee housing units:	37
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	596
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	8
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	5
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The auditor notes an apparent high number of mental health cases at YCDOC. One cognitively impaired inmate could not be interviewed and another inmate refused to be interviewed. Pursuant to on-site observation, the auditor observed no evidence of blind or physically disabled inmates housed at the facility. The PCM also advised inmates fitting these categories were not housed at the facility. Random interviews with staff likewise validated the same.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	123
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	7
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	38
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Medical and mental health services are contracted at YCDOC. Additionally, at least some chaplaincy staff are paid.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	One resident from each tank was interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The mental health segment was oversampled to ensure the requisite number of specialty inmate interviews were conducted. As previously mentioned, a large contingent of mental health cases is housed at YCDOC.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	14
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".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Pursuant to on-site observation, the auditor observed no evidence of physically disabled inmates housed at the facility. The PCM also advised inmates fitting this category were not housed at the facility. Random interviews with staff likewise validated the same.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>8</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Pursuant to on-site observation, the auditor observed no evidence of blind inmates housed at the facility. The PCM also advised inmates fitting this category were not housed at the facility. Random interviews with staff likewise validated the same.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	5
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on the auditor's review of documentation both submitted with PAQ information and on-site, the auditor finds no evidence of placement in segregated housing/isolation for risk of sexual victimization.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	None.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender, race, and bi-lingual abilities were integral to interview selection.

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>None.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>4</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the PREA Coordinator:</p>	<p>In view of turnover at the facility executive level, the auditor interviewed the Acting Chief as PCM, as opposed to, PC. He is designated, by policy, as the PC and the Acting Director is designated as the PCM. The Acting Director was interviewed pursuant to the Agency Head and Director questionnaires.</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><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)</p>

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

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

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?

Yes

No

a. Enter the total number of VOLUNTEERS who were interviewed:

2

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	2
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The auditor notes that there are zero non-security first responders as uniformed correctional staff facilitate all 1st responder duties at YCDOC. Accordingly, the non-security staff 1st responder questionnaire was not administered.</p>

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.

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

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	None.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	On-site review of the following files: 13 staff and contractor Human Resources (HR) files; 14 staff and volunteer training files; 14 random inmate files; and 11 investigative files.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	8	0	8	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	9	0	9	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	5	0	5	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	6	0	6	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	6	1	1
Staff-on-inmate sexual abuse	0	2	0	0
Total	0	8	1	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	5	0	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	6	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	11
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>None.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Director self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.</p> <p>YCDOC Policy 606 entitled Prison Rape Elimination Act (PREA), page 2, section 606.2, addresses 115.11(a)-1.</p> <p>Pursuant to the PAQ, the Director self reports the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>YCDOC Policy 606 entitled PREA, pages 1-12, sections 606.1 through 606.15 addresses 115.11(a)-2.</p> <p>Pursuant to the PAQ, the Director self reports policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.</p> <p>YCDOC Policy 606 entitled PREA, pages 1 and 2, section 606.1.1 addresses 115.11(a)-3.</p> <p>Pursuant to the PAQ, the Director self reports policy includes sanctions for those found to have participated in prohibited behaviors.</p> <p>YCDOC Policy 606 entitled PREA, page 9 , section 606.10.1 addresses 115.11(a)-4.</p> <p>Pursuant to the PAQ, the Director self reports policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>YCDOC Policy 606 entitled PREA, pages 1-12, sections 606.1 through 606.15 addresses 115.11(a)-5.</p> <p>The YCDOC policy is comprehensive, incorporating both standards and implementation language. In view of the above, the auditor finds YCDOC to be substantially compliant with 115.11(a).</p> <p>Pursuant to the PAQ, the Director self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC). The Director further reports that the PC has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The Director asserts a lieutenant is designated as the PC at YCDOC.</p> <p>YCDOC Policy 1221.17 entitled YCDOC Organizational Structure, page entitled YCDOC Organizational Structure addresses 115.11(b)-1.</p> <p>The lieutenant assigned to PC duties asserts he reported to the Chief, Security Division/Facilities Director throughout the audit period and the Chief reported to the YCDOC Director. Accordingly, the PC clearly had access to facility executive staff in terms of all matters PREA. In light of retirements and current reassignments, the PC is now the Acting Chief, Security Division/Facilities Director, who reports directly to the Acting Director (formerly the Chief, Security Division/Facilities Director). The Acting Director reports to the Board of County Commissioners.</p> <p>The PC was interviewed pursuant to the PREA Compliance Manager (PCM) questionnaire set given the state of flux at YCDOC. The PCM asserts he does feel he has sufficient time to manage all of his PREA related responsibilities. He employs time management skills to effectuate the same in addition to his Acting Chief duties. The PCM responsibilities are closely linked to the Acting Chief responsibilities and accordingly, Management By Wandering Around (MBWA) at least three times per work week provides significant time for "all things PREA and security." During MBWA tours/rounds throughout the entire facility, he assesses PREA issues and brainstorms potential solutions, if necessary. If any PREA issues may require fiscal expenditures, he discusses the same with the Acting Director. The PCM meets daily with the Acting Director and keeps him abreast of all PREA matters.</p> <p>The PCM asserts he does have policy-making authority however, approval is collaborative with the Acting Director. The PCM oversees staff training and accordingly, he directs any necessary PREA training changes.</p> <p>Pursuant to the PAQ, the Director self reports the facility has designated the aforementioned Chief as the PREA Compliance Manager (PCM) at YCDOC. The PCM is identified in the organizational structure. As referenced in the narrative for 115.11(b), current reorganization of executive positions at YCDOC has resulted in the current Acting Chief facilitating both PC and PCM responsibilities. Of note, the jail and annex are the only facilities that fall under the YCDOC umbrella.</p> <p>Pursuant to the PAQ, the Acting Director self reports the PCM has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards and the PCM is in the agency's organizational structure. Reporting assignments</p>

in terms of the PC and PCM are discussed in the narrative for 115.11(b).

In view of the above, the auditor finds YCDOC substantially compliant with 115.11.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports YCDOC does not contract with other agencies to house inmates committed to the care and custody of YCDOC. Accordingly, the Director asserts zero contracts for such housing arrangements have been entered into or renewed during this audit period.</p> <p>Since the auditor finds no deviation from standard, he finds YCDOC substantially compliant with 115.12.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. The Director further self reports since the last PREA audit, whichever is later, the average daily number of inmates is 779 while the average daily number of inmates on which the staffing plan is predicated is 1050 inmates.</p> <p>YCDOC Policy 606 entitled PREA, page 3, section 606.4(c)(1-11) addresses 115.13(a)-1.</p> <p>The Acting Director asserts the agency does have a staffing plan and staffing levels are adequate to protect inmates against sexual abuse. Specifically, two to five staff are assigned to each floor to facilitate rounds or tours every 59 minutes in general population tanks and 29 minute rounds in segregation tanks. Investigation outcomes, inmate population changes or increases dictate staffing considerations. Additionally, command staff meets on a bi-weekly basis to discuss any staffing concerns. Command staff also maintain an "open door" policy regarding any staffing issues.</p> <p>Video monitoring is employed throughout the facility on a 24/7 basis. Plenty of staff eyes are focused on camera monitoring.</p> <p>The staffing plan is documented pursuant to email to the Yakima County Board of Supervisors. The same is formalized as to minimum staffing for each floor.</p> <p>The Acting Director asserts when assessing adequate staffing levels and the need for video monitoring, the facility is inspected annually by the United States Marshal Service (USMS) regarding conditions of confinement matters. The local supervisory deputy US marshal, minimally, facilitates this annual assessment. State of Washington auditors do not facilitate such reviews. Of note, staffing is considered by the USMS during these assessments. YCDOC staff facilitate comparative analysis of other similarly situated jails to assess "best practices" in terms of staffing.</p> <p>In regard to judicial findings, findings of inadequacy from federal investigative agencies, or findings of inadequacy from internal or external oversight bodies, zero findings have resulted.</p> <p>As previously mentioned in the narrative for 115.11, the PCM employs three times weekly MBWA rounds throughout the facility. Other key staff also employ MBWA rounds covering each day of the week. These rounds provide stakeholders the opportunity to assess performance of expected practices. During these MBWA rounds, affected staff assess blind spots, minimally. If diagnosed, camera angles may be expanded; additional cameras may be requested and implemented, if approved; and mirrors may also be installed.</p> <p>In regard to the composition of the inmate population, the mental health population is quite large. Creative management is employed to minimize any management concerns. The prevalence of gangs (Norteno and Sureno) can be problematic however, pursuant to closer monitoring and effective geographic separation within the facility, the same are manageable. In terms of ethnic composition, the facility is comprised of primarily caucasian and hispanics with minimal problems evolving from the same. Age and physical health are not a concern in terms of PREA issues.</p> <p>The number and placement of supervisory staff is not a problem. Corporals, sergeants, and lieutenants are included in the supervisory command structure and accordingly, there is adequate supervision.</p> <p>There is currently very little programming at YCDOC in view of COVID-19 protocols. Generally, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) would be included in the programming plan. Educational programming is available on the Endovo tablets. If programming needs require a higher concentration of staff, positions are administratively realigned to meet needs.</p> <p>Most YCDOC inmates fall under the RCW (Washington state statutes). Additionally, the 50 or so USMS inmates fall under U.S. statutes and policies.</p> <p>The prevalence of substantiated and unsubstantiated incidents of sexual abuse and the location(s) at which the incidents were perpetrated are used to assess blind spots and impediments to effective supervision, camera needs, and staffing increases or realignment.</p> <p>The auditor notes that the PCM provided essentially the same rationale as reflected above in terms of staffing plan considerations.</p> <p>In regard to compliance checks regarding staffing plan compliance, lieutenants and sergeants closely monitor the daily roster as they assign posts. Sergeants can back-fill with volunteer replacements or they can mandate overtime. Posts are never</p>

vacated. The Chief ensures the Director is apprised of call-offs, etc.

Pursuant to the PAQ, the Director self reports there has been no deviation from the staffing plan during the audit period. Therefore, the auditor finds 115.13(b) not applicable to YCDOC. Pursuant to random review of posts throughout the on-site audit, the auditor validated the Acting Director's statement.

Pursuant to the PAQ, the Director self reports at least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

YCDOC Policy 606 entitled PREA, page 3, section 606.4(c)(1-11) addresses 115.13(c)-1.

As previously mentioned in the narrative for 115.13(a), review of staffing is frequent amongst command staff. Additionally, the PCM asserts such review is routine at meetings between the Director and the Yakima County Board of Supervisors.

The auditor's review of an email dated 2020 reveals evaluation of the staffing plan by the Chief/PCM at that time wherein posts were assessed and correction up or down was made to accommodate facility needs. It is apparent that 115.13(a) considerations were made in terms of that document.

In view of the above, the auditor finds YCDOC substantially compliant with 115.13(c).

Pursuant to the PAQ, the Director self reports the facility requires that intermediate-level or higher-level staff conduct unannounced sexual safety rounds to identify and deter staff sexual abuse and sexual harassment and such rounds are documented. The unannounced sexual safety rounds cover all shifts and the facility prohibits staff from alerting other staff of the conduct of such rounds.

The auditor's review of YCDOC Post Order 13-08-07-01 reveals substantial compliance with 115.13(d)(1-4).

The auditor's review of 13 electronic log entries reflective of unannounced PREA rounds and 15 entries reflective of PREA announcements reveals substantial compliance with 115.213(d). The rounds were facilitated by supervisors during both shifts and encompass calendar years 2019, 2020, and 2021.

The intermediate or higher level facility staff member who conducts unannounced sexual safety rounds interviewee asserts he conducts unannounced sexual safety rounds every day. Staff are not advised of the tour until advised to log the same into the system (Stillman). The tour is logged as an unannounced sexual safety round. The interviewee walks to every cell.

Rounds are very unpredictable in terms of timing and route. Additionally, the interviewee varies rounds in terms of the method employed.

In view of the above, the auditor finds YCDOC substantially compliant with 115.13.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports youthful offenders are not housed at YCDOC. Zero youthful offenders have been housed at YCDOC during the last 12 months.</p> <p>The auditor's on-site observations validate the fact youthful offenders are not housed at YCDOC.</p> <p>In view of the above, the auditor finds 115.14 to be not applicable to YCDOC. Since the auditor finds no deviation from standard, he finds YCDOC substantially compliant with 115.14.</p>

115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>
	<p>Pursuant to the PAQ, the Director self reports the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Emergency circumstances are referenced in the following policy but, definition(s) of emergency circumstances are not defined. The Director further self reports that during the last 12 months, zero cross-gender strip or cross-gender visual body cavity searches have been facilitated at YCDOC.</p> <p>The PCM self reports exigent and emergency circumstances are equivalent in definition according to Lexipol. Lexipol provides legally defensible policies. There are no memorandums or other policy(ies) authorizing cross-gender strip searches during the last 12 months.</p> <p>YCDOC Policy 512 entitled Searches, pages 5 and 6, section 512.4.4 addresses 115.15(a)-1.</p> <p>While the non-medical staff who may be involved in cross-gender strip or visual searches interviewee states such searches are not conducted at YCDOC, he/she states that reasonable suspicion of a secreted weapon or drug in the inmate's rectum is an example of an exigent circumstance.</p> <p>During the pre-audit phase, as well as, the on-site audit, the auditor found no evidence indicating that cross-gender strip searches of inmates were conducted. This assessment includes both staff and inmate interviews.</p> <p>Pursuant to the PAQ, the Director self reports the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Specifically, cross-gender pat-down searches of female inmates are not allowed unless there are exigent circumstances.</p> <p>YCDOC Policy 512 entitled Searches, page 2, section 512.3 addresses 115.15(b)-1.</p> <p>During the pre-audit phase, as well as, the on-site audit, the auditor found no evidence indicating that cross-gender pat-down searches of female inmates were conducted. This assessment includes both staff and inmate interviews.</p> <p>Pursuant to the PAQ, the Director self reports the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.</p> <p>Pursuant to the PAQ, the Director self reports there was zero pat-down searches of female inmates that were conducted by male staff during the audit period.</p> <p>Eleven of 12 random staff interviewees assert that if female staff are not available to facilitate pat-down searches of female inmates, access to outside programs/activities and/or out of cell activities would not be cancelled. Specifically, female staff are always on shift or they may be recalled.</p> <p>All four random female inmate interviewees report they have not been precluded from participation in outside of cell activities because female staff were unavailable to facilitate pat-down searches.</p> <p>Pursuant to the PAQ, the Director self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. The Director further self reports all cross-gender pat-down searches of female inmates are documented.</p> <p>YCDOC Policy 512 entitled Searches, page 2, section 512.3 and page 6, sections 512.4.4 c(9and 10) address 115.15(c)-1.</p> <p>Pursuant to the PAQ, the Director self reports the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Director further self reports policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.</p> <p>YCDOC Policy 509 entitled Walk Throughs and Segregation Check Procedures, page 1, section 509.1(d) addresses 115.15(d)-1.</p> <p>The auditor's review of 15 electronic log entries reveals that a cross gender staff announcement was effected in units on both shifts during 2019, 2020, and 2021.</p> <p>Sixteen of 21 random inmate interviewees report staff of the opposite gender announce their presence when entering their housing area. Twenty of 21 random inmate interviewees report that they and other inmates are never naked or in full view of male/female staff (not including medical staff such as doctors/nurses) when showering, toileting, or changing clothes. With</p>

respect to the one inmate who reports this is not the case, he stated one can observe inmates showering when using the corner shower in Tank 4(E).

During the facility tour, the auditor noted there is no barrier or shower curtain in this area. While the vast majority of inmate interviewees report no issues regarding the same, the auditor strongly recommends that an acceptable shower curtain, minimally, be installed. All such corner shower areas must be assessed by management with corrective action being taken to address the same.

Throughout the facility tour and subsequent tours throughout the on-site audit, the auditor noted only one occasion wherein female staff failed to announce their presence when entering a tank. There were zero occasions wherein male staff failed to announce requisite presence.

All 12 random staff interviewees assert that they, as well as, other officers announce their presence when entering a housing unit that houses inmates of the opposite gender. Opposite gender inmates are also able to dress, shower, and toilet without being viewed by staff of the opposite gender. One interviewee confirmed the aforementioned inmate's and auditor's observation with the shower on the 4th Floor.

Pursuant to the PAQ, the Director self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The Director further self reports zero searches, as described in the preceding sentence, occurred during the last 12 months.

YCDOC Policy 512 entitled Searches, page 7, section 512.5 and Policy 602 entitled Inmates with Disabilities, pages 1 and 2, section 602.3 and (a)/(b) address 115.15(e)-1.

Eleven of 12 random staff interviewees assert that the facility prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Of note, two interviewees assert that if a transgender or intersex inmate is searched, a staff member of one gender may search either the top or bottom half, based on the physical characteristics and circumstances known.

While there is inconclusive evidence (two staff alluded to such a practice) indicating that both female and male staff conduct searches of transgender/intersex inmates during the same search, the issue warrants attention. Pursuant to a July 3, 2013 Frequently Asked Question (FAQ) as reflected on the PREA Resource Center (PRC) website, such a practice is not acceptable. YCDOC staff are admonished that the practice is unacceptable and the same must not be part of procedure, practice, or culture.

The two transgender inmate interviewees state they have not been placed in a housing area only for transgender or intersex inmates and they have no reason to believe they have been strip-searched for the sole purpose of determining their genital status. Of note, neither transgender interviewee stated they have been subjected to a search by staff of both genders.

Pursuant to the PAQ, the Director self reports 100 percent of all security staff received training on conducting cross-gender pat-down searches of female inmates and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

YCDOC Policy 512 entitled Searches, pages 9 and 10, section 512.10 and page 8, section 512.5 address 115.15(f)-1.

The auditor's review of slides 25-28 of the PREA Training for First Responders Power Point Presentation reveals substantial compliance with 115.215(f)-1.

Ten of 12 random staff interviewees assert the agency does have a policy to train staff to conduct cross-gender pat down searches and searches of transgender/intersex inmates in a professional and respectful manner, consistent with security needs. Six of 12 interviewees assert they have completed such training, some pursuant to classroom training and some pursuant to on-line training. With respect to the six interviewees who assert they received this training, responses ranged from 60 days ago to sometime in 2019. Some interviewees assert they receive said training during PREA Annual Refresher Training (ART).

The auditor's review of training files relative to at least six of the 12 random staff interviewees reveals inconclusive evidence regarding the conduct of the aforementioned training. In actuality, there is inconclusive evidence with respect to all 11 random staff files reviewed. Accordingly, the auditor finds YCDOC non-compliant with 115.15(f).

In view of the above, YCDOC is placed in a 180-day corrective action period, concluding on or before February, 22, 2022, wherein YCDOC will demonstrate compliance with and institutionalization of 115.15(f). To demonstrate compliance and institutionalization, the PCM will follow-up with the Training Coordinator, ensuring provision of the requisite training and proper documentation of the same. The PCM will provide the auditor with a copy of the memorandum or training document substantiating completion of the task.

The PCM will also provide to the auditor a roster of staff hired between the dates of the Interim Report and the

aforementioned corrective action completion date. The auditor will randomly select 10-15 names and the PCM will provide evidence these staff completed the requisite training. At the conclusion of this action, the auditor will make a determination regarding compliance.

January 28, 2022 Update:

The auditor has been provided 10 completed documents entitled 2022 PREA and Cross Gender Training documents. These documents validate that the requisite 115.15(f) training has been provided to staff stakeholders during 2022.

In addition to the above, the PCM provided the training syllabus regarding cross-gender pat searches of female inmates and professional/respectful searches of transgender/intersex inmates, as well as, the PREA Resource Center (PRC) video entitled Guidance on Cross-Gender and Transgender Pat Searches. The auditor finds the combination to be appropriate to the subject-matter.

In view of the above, the auditor finds YCDOC substantially compliant with 115.15.

115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>
	<p>Pursuant to the PAQ, the Director self reports the agency has established procedures to provide disabled inmates 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.</p> <p>YCDOC Policy 602 entitled Inmates with Disabilities, pages 1 and 2, section 602.3 addresses 115.16(a)-1.</p> <p>The PCM asserts Comprehensive Healthcare assists inmates with cognitive disabilities in terms of understanding PREA education and the same is validated pursuant to the auditor's review of the contract. Staff read materials to inmates who are blind/low vision and inmates who are deaf or hard of hearing can read PREA materials.</p> <p>Inmates with disabilities interviewees (one hearing impaired, one cognitively impaired, zero of one with low reading skills and mental health issues, seven of eight mental health cases) state the facility provides information about sexual abuse and sexual harassment they are able to understand. The auditor notes one inmate who presented with mental health issues refused to be interviewed. The inmate with low reading skills and mental health issues did advise that staff read some of the information to him and/or responded to any questions he had.</p> <p>The agency head interviewee asserts the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment.</p> <p>Pursuant to the PAQ, the Director self reports the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The PCM asserts that Certified Languages International (CLI) can be accessed to assist inmates who speak languages other than English or Spanish. Bilingual staff (Spanish) are available on all squads.</p> <p>The auditor's review of the CLI website reveals substantial compliance with 115.16(b). YCDOC can access a plethora of languages translated by representatives from CLI.</p> <p>One Inmate with disabilities interviewees [Limited English Proficient (LEP)] states the facility provides information about sexual abuse and sexual harassment he is able to understand.</p> <p>Pursuant to the PAQ, the Director self reports agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. The Director further relates the agency or facility does not document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used. Translators from CLI are used for LEP inmates and mental health staff are utilized for mentally ill individuals. Finally, the Director self reports in the last 12 months, zero instances arose wherein inmate interpreters, readers, or other types of inmate assistants were used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.</p> <p>The auditor subsequently learned that such use of inmate interpreters, translators, readers, other assistants under these circumstances would be documented.</p> <p>YCDOC Policy 606 entitled PREA, page 7, section 606.7 addresses 115.16(c)-1.</p> <p>Following the auditor's recitation of a mock scenario, eleven of 12 random staff interviewees assert the agency would allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or inmates who are LEP when making an allegation of sexual abuse or harassment. Interviewees correctly cited the potential for loss of evidence/investigation and further injury to the victim as rationale for invoking the above action. None of the 12 random staff interviewees recalled any situations occurring during the audit period wherein the above action was invoked.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.16.</p>

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) 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); (2) 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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>YCDOC Policy 305 entitled Recruitment and Selection, page 4, section 305.6.1(a-c) addresses 115.17(a)-1.</p> <p>The auditor's on-site random review of two Human Resources (HR) files relative to staff hired during 2019 and 2020 reveals there is no evidence the requisite 115.17(a)-1 and 115.17(b)-1 questions were asked of applicants or staff applying for promotion who may have contact with inmates. Additionally, the auditor has not been provided any evidence of the same related to the selection of contractors who may have contact with inmates. Accordingly, the auditor finds YCDOC non-compliant with standard provisions 115.17(a) and (b).</p> <p>In view of the above, the auditor is imposing a 180-day corrective action period wherein YCDOC must demonstrate compliance with the above provisions, as well as, institutionalization of the same.</p> <p>In follow-up to other non-compliance findings articulated as follows, the auditor recommends incorporation of the three 115.17(a) questions plus the one 115.17(b) question into the application document or, as an alternative, development of a separate form bearing the three questions, as well as, the question regarding sexual harassment as prescribed in 115.217(b). It is also recommended language be incorporated into this document regarding the continuing obligation to report such information [See 115.217(f)] and that provision of material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination [See 115.217(g)]. Of course, with respect to the three 115.217(a) questions and the 115.217(b) sexual harassment question, applicants/promotion candidates/existing employees/and contractor applicants will check the "Yes" or "No" box for each question and sign/date the form in a signature/date block. A staff witness will also affix his/her signature/date in the same manner.</p> <p>If adopted, this form can be used in the following situations:</p> <p>YCDOC Applicants and Employees:</p> <p>In conjunction with the application process; At the hiring interview; and During promotion interviews or in conjunction with promotion applications.</p> <p>Contractors:</p> <p>In conjunction with the contractor's submission of their application; and At the selection interview.</p> <p>Such corrective action will require that the PCM provide training to all relevant stakeholders regarding all policy provision amendments articulated throughout this standard narrative. The PCM will provide the auditor with a copy of the amended policy(ies), training plan(s), as well as, training documentation validating understanding by the stakeholder recipients of the training.</p> <p>In addition to the above, the PCM will provide to the auditor a roster of all newly hired staff and contractors who have contact with inmates, as well as, all applicants for promotion who have been selected between the date of this interim report and the corrective action due date. The auditor will randomly select five to ten names from those rosters and the PCM will upload relevant documentation as agreed upon by the PCM and the auditor as evidence of compliance. The date of hire/promotion/selection will be included in this packet.</p> <p>The completion date for corrective action is February 28, 2022.</p> <p>February 2, 2022 Update:</p> <p>The auditor's review of two documents bearing 115.17(a) three questions, affirmative and negative boxes wherein the applicant/employee/contractor responds to each individual question, and signature and date blocks, reveals substantial compliance with 115.17(a).</p>

In addition to the above, the auditor's review of the same document completed by three Comprehensive (mental health practitioner) applicants reveals substantial compliance with 115.17(a). The three questions have also been added to the Wellpath (medical) application.

The PCM asserts zero staff YCDOC staff have been hired and zero promotions have been facilitated since the date of the Interim PREA Audit Report. Accordingly, there is no "actual practice" evidence to review. Five candidates are currently in the pipeline for hiring and the three questions, as well as, the 115.17(b) sexual harassment question are a part of the process.

Pursuant to the PAQ, the Director self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The HR interviewee asserts the facility does not consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates.

Findings with respect to 115.17(b) expectations are also addressed in the narrative for 115.17(a). Likewise, corrective action is also described in the same narrative.

In addition to the above, YCDOC Policy 305 entitled Recruitment and Selection, page 4, section 305.6.1 does not addresses 115.17(b)-1. The auditor has found no policy guidance with respect to 115.17(b)-1 and accordingly, development and implementation of such policy guidance is also included with the requisite corrective action identified in the narrative for 115.17(a).

The PCM will upload a copy of the amended policy in OAS and he will also include evidence of training stakeholders regarding the sexual harassment requirement. Upon review of completed 115.17(a) and (b) corrective action, the auditor will make a determination regarding compliance.

February 4, 2022 Update:

The auditor's review of the revised YCDOC Policy 305 entitled Recruitment and Selection, page 4, section 305.6.1(c) now addresses 115.17(b)-1. Additionally, the auditor's review of the revised Personal History Statement and an addition to the document bearing the 115.17(a) three questions reveals substantial compliance with 115.17(b).

As previously mentioned, both Wellpath and Comprehensive have included the three 115.17(a) questions in their hiring consideration documents.

As previously articulated in the narrative for 115.17(a), zero YCDOC staff have been hired since the date of this interim report. These documents will be used going forward.

The auditor's review of the amended document bearing the three 115.17(a) and one 115.17(b) questions, as well as, the 115.17(f) and (g) admonishments reveals substantial compliance with 115.17(a), (b), (f), and (g). A copy of an email to the corporal responsible for YCDOC hiring also validates that corrective action is complete with respect to 115.17.

Pursuant to the PAQ, the Director self reports agency policy requires that before it hires any new employees who may have contact with inmates, it:

Conducts criminal background record checks;

Consistent with federal, state, and local law, makes 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.

In the last 12 months, zero persons hired, who may have contact with inmates, have been subjected to criminal background record checks.

YCDOC Policy 305 entitled Recruitment and Selection, page 2, section 305.5 addresses 115.17(c). Page 4, section 305.6.1 also addresses 115.17(c).

The HR interviewee states agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.

Pursuant to the auditor's random review of staff HR files, he discovered there are specially trained HR investigators and they do ask the relevant 115.17(c)-1 questions of previous institutional employers. The aforementioned random staff HR files reviewed by the auditor did not warrant 115.17(c)-1 follow-up as prior institutional employers were not reflected in the

application. Additionally, pursuant to review of those files, the criminal background record check was completed prior to the hiring date.

HR staff and the PCM state that the NCIC serves as the criminal background record check. The hiring manager does carefully scrutinize the same for 115.17(a) violations.

Pursuant to the PAQ, the Director self reports agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The PCM states that approximately 15 contractors and facility services staff must be badged before coming into the building. YCDOC staff complete background checks on each and approve or deny the request. In the last 12 months, 21 contractors were badged, inclusive of completion of a criminal background record check.

When asked to provide copies of the criminal background record checks for contractors, the PCM stated that WANTS and criminal history checks are processed for all contractors. The records are immediately destroyed following selection pursuant to ACCESS rules (state rules).

Pursuant to the PAQ, the Director self reports agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

Although required by page 15 of the WASIC standards, the auditor's review of eight random HR files (relative to staff hired prior to July 7, 2016) reveals no evidence that a five-year reinvestigation was completed in any of the cases. The HR interviewee asserts that WASIC requires a five-year NCIC reinvestigation for all corrections staff. The procedure is planned to work as follows:

Yakima County HR staff notify YCDOC staff when an NCIC/WASIC criminal background record check is needed for new staff. The Training Officer runs the NCIC/WASIC and Internal Affairs (IA) or a lieutenant facilitates a full background investigation. The five-year reinvestigation is scheduled and completed by YCDOC staff.

The auditor's review of eight random staff HR files relative to staff hired prior to 2016 reveal zero five-year criminal background record checks were completed within the last five year period. Accordingly, the auditor finds YCDOC non-compliant with 115.17(e) and places YCDOC in a 180-day corrective action period, concluding on or before February 22, 2022.

To accomplish the above corrective action, the PCM, in conjunction with Yakima County HR staff, will revisit the existing procedure to assess its viability. If the plan requires adjustment, the same will be reduced to writing and delivered to all stakeholders. A copy of the same will also be uploaded for auditor retention in the audit file. Subsequently, the PCM will provide training to all stakeholders, ensuring they sign and date a document signifying their attendance at the training and understanding of the subject-matter presented. If the lesson plan differs from the previously referenced documentation, the PC will provide a copy of the same to the auditor.

In addition to the above, the PC will provide to the auditor a roster of staff and contractors, inclusive of their initial hire dates and date of last five-year reinvestigation. The auditor will randomly select names of those employees who were subject to five-year reinvestigations between the dates of this interim report and the corrective action due date. Relevant reinvestigations will be uploaded into OAS.

January 13, 2022 Update:

The auditor's review of a three page document bearing the names of YCDOC staff five-year reinvestigations completed during 2018 through 2021 and a one page document bearing contractor five-year reinvestigations completed during 2022 reveals substantial compliance with 115.17(e). The PCM asserts Yakima County HR staff complete the same as they are due. This document was available during the on-site audit however, the same could not be located and was subsequently uploaded to OAS during January, 2022.

As previously mentioned in this 115.17(e) narrative, this procedure is part of the WASIC standards and was actually compliant during the on-site audit (re: YCDOC staff and contractors).

Pursuant to the PAQ, the Director self reports the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The HR interviewee asserts the facility does not ask all applicants and employees who may have contact with inmates about previous misconduct described in 115.17(a) in written applications for hiring or promotions, and in any interviews or written

self evaluations conducted as part of reviews of current employees. Both the HR interviewee and PCM assert that annual performance reviews are not conducted with respect to YCDOC employees. The auditor discovered no evidence of annual performance reviews in the random staff files reviewed.

Similar to the above, there is no evidence that the facility imposes upon staff a continuing affirmative duty to disclose any such previous misconduct. The HR interviewee validated the same in her interview. However, YCDOC Policy 108 entitled Standards of Conduct, page 5, section 108.5.8(a) addresses 115.17(f).

In view of the above, the auditor finds YCDOC non-compliant with 115.17(f). Corrective action is addressed in the narrative for 115.17(a) above.

February 2, 2022 Update:

The auditor's review of the revised Pre-Employment Personal History Statement form reveals that 115.17(a) questions have been added to the same. Additionally, the same questions have been added to the Wellpath employment application, as well as, the aforementioned four questions document.

Pursuant to the PAQ, the Director self reports agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

YCDOC Policy 305 entitled Recruitment and Selection, page 4, section 305.6.1 addresses 115.17(g).

This issue is addressed in the corrective action recommendation articulated in the narrative for 115.17(a) as zero documentary evidence is existent to substantiate the provision.

Pursuant to the PAQ, the Director self reports that unless prohibited by law, the agency shall 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.

The HR interviewee asserts that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

The auditor has not discovered any evidence that 115.17(h) provision of information is prohibited by State of Washington law.

In view of the above, the auditor finds YCDOC substantially compliant with 115.17.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>YCDOC Policy 606 entitled PREA, page 3, section 606.4(d) addresses 115.18(a)-1.</p> <p>Pursuant to the PAQ, the Director self reports the agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The Director further self reports updating existing systems are a work in progress. Cameras have been added and some camera equipment has been updated as the result of dissipating resolution, etc.</p> <p>According to the Acting Director, justification for video monitoring systems/electronic surveillance systems upgrades would be documented in a report, email, after action review, etc. If the upgrade is the result of a sexual abuse/harassment incident, language would be included in the report, etc. identifying the specific benefits of the upgrade from a PREA perspective.</p> <p>The PCM asserts that during the last audit period, addition of cameras has not been triggered by PREA incidents. The PCM further asserts Edovo tablets are now available for inmate use. Educational materials, the PREA video, and other PREA information are available on the same. They are not part of the video monitoring system.</p> <p>YCDOC Policy 606 entitled PREA, page 3, section 606.4(d) addresses 115.18(b)-1.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.18.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The Director further self reports the Yakima County Sheriff's Office (YCSO) is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p>YCDOC Policy 606 entitled PREA, pages 8 and 9, section 606.10 addresses 115.21(a). YCDOC Policy 206 entitled Disposition of Evidence, pages 1-3, sections 206.4 and 206.4.1-6 addresses 115.21(a)-4.</p> <p>All 12 random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Eleven of 12 interviewees correctly identified all four steps of evidence preservation as articulated at 115.64(a). As reflected in policy, line staff are trained to collect physical evidence. YCDOC Policy 206, as mentioned above, provides guidance in terms of evidence collection.</p> <p>Eight of 12 random staff interviewees assert that the Internal Affairs Sergeant (SGT) conducts administrative sexual abuse/harassment investigations and YCSO investigator(s) facilitate criminal sexual abuse/harassment investigations.</p> <p>Given the combination of the aforementioned policies and the interview results, the auditor is confident 115.21(a) and (b) requirements are met.</p> <p>Pursuant to the PAQ, the Director self reports the protocol is developmentally appropriate for youth although they are not housed at YCDOC. The Director further self reports the protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.</p> <p>YCDOC Policy 606 entitled PREA, page 9, section 606.10 addresses 115.21(b)-1 and 2.</p> <p>Pursuant to the PAQ, the Director self reports the facility offers all inmates who experience sexual abuse access to off-site forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim.</p> <p>Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. Zero forensic medical exams were conducted during the past 12 months, however one such examination was conducted during the last 18 months.</p> <p>YCDOC Policy 606 entitled PREA, pages 7 and 8, section 606.9 addresses 115.21(c).</p> <p>The PCM asserts YCDOC maintains a contract with Yakima Valley Memorial Hospital for the provision of 24/7 SANE services. The auditor's review of the Yakima Valley Memorial Hospital contract reveals that forensic sexual assault/abuse investigations are a covered procedure.</p> <p>The SANE interviewee asserts that all oncoming nurses are provided an in-house class regarding sexual abuse evidence collection. Accordingly, all Emergency Room (ER) nurses, minimally, can complete a sexual assault evidence collection kit.</p> <p>The interviewee also researched her records and determined that there are five SANE certified nurses on staff at Yakima Valley Memorial Hospital. This may or may not be the most current information as she is not the SANE trainer. The certified SANEs complete a 40-hour nationally recognized curriculum.</p> <p>As ER nurses are on duty on a 24/7 basis and they are trained regarding sexual assault evidence collection, there is never a time when a trained collector is not available. Of note, the ER physician is also actively involved in the process.</p> <p>Provision of information about and access to emergency contraception/sexually transmitted infection prophylaxis is included in the forensic examination. While a pregnancy test would be given to a female inmate during the course of the forensic examination, timely follow-up regarding provision of information and access to all lawful pregnancy-related services is the responsibility of facility medical practitioners.</p> <p>Pursuant to the PAQ, the Director self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and such efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.</p>

YCDOC Policy 606 entitled PREA, pages 7 and 8, section 606.9(b) and (g) addresses 115.21(d).

None of the five inmates who reported a sexual abuse at YCDOC report they were allowed to contact anyone following their report of alleged sexual abuse. However, none of these inmates assert they requested victim advocacy services during a forensic examination or investigatory interview. As previously indicated, one forensic examination was facilitated during the last 18 months. Additionally, there is no evidence suggesting these inmates were subject to criminal investigatory interviews in conjunction with a forensic examination.

The auditor's review of page 10, paragraph 14.6 of the Service Agreement between Comprehensive Healthcare and YCDOC speaks to the provision of victim advocacy service in sexual abuse matters both during confinement and following. The auditor construes this agreement as an extension of the qualified agency staff member allowance.

The PCM asserts that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. Such services are provided pursuant to the services contract between YCDOC and Comprehensive Healthcare.

Pursuant to the PAQ, the Director self reports if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

YCDOC Policy 606 entitled PREA, page 7, section 606.9(b) addresses 115.21(e).

As previously indicated, the PCM asserts that VA services are not provided by a rape crisis center but rather, pursuant to a contract with Comprehensive Healthcare. They monitor the credentials of community VA service providers with whom they contract.

Pursuant to the PAQ, the Director self reports the agency is responsible for investigating administrative allegations of sexual abuse. YCSD investigators use an acceptable protocol, commensurate with PREA standards.

Accordingly, the auditor finds YCDOC substantially compliant with 115.21.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct). In the last 12 months, 14 allegations of sexual abuse and sexual harassment were received, however, four additional allegations were received from Mental Health staff (not documented in the investigative software) which resulted in an administrative investigation and zero allegations resulted in a criminal investigation. However, two sexual abuse investigations were referred for criminal investigation within the last 24 months. All investigations were reportedly completed and the auditor validated completion of at least 11 of these investigations.</p> <p>The agency head interviewee asserts the agency ensures that an administrative or criminal investigation is completed for allegations of sexual abuse/harassment. The IA Sergeant facilitates administrative investigations while YCSO investigators facilitate criminal investigations.</p> <p>In regard to the process for the conduct of administrative and criminal investigations, the Chief appoints the administrative investigator who subsequently opens an investigation. The administrative investigator assesses 1st Responder duties and crime scene. Threshold questioning of the victim follows, along with review of all written reports and applicable camera footage/telephone monitoring. Review of relevant files and interviews of staff and inmates leads to an assessment of credibility. Dependent upon the information gleaned from the above sources, re-interviews may be conducted for a reassessment of credibility. Finally, the perpetrator is interviewed if the case has been released by YCSO for administrative investigation. Report writing is the final step in the process.</p> <p>YCDOC Policy 606 entitled PREA, page 8, section 606.10 addresses 115.22(a).</p> <p>Pursuant to the PAQ, the Director self reports the agency has a policy requiring that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is made publicly available via records request. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>YCDOC Policy 606 entitled PREA, page 8, section 606.10 addresses 115.22(b). Additionally, YCDOC Policy 113.1 entitled Internal Affairs, page 2, section 113.4(A) addresses 115.22(b).</p> <p>As mentioned in the narrative for 115.22(a), two sexual abuse investigations were referred for criminal investigation within the last 24 months. The PCM asserts formal written referrals of criminal referrals are not facilitated however, they are accomplished via email or telephone. Reports are handled through an inter-departmental portal.</p> <p>The investigative staff interviewee asserts agency policy requires that allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. YCSO investigator(s) facilitate criminal investigations.</p> <p>The auditor has learned that relevant policies are available to the public pursuant to a Public Records Act request. Accordingly, the auditor finds YCDOC substantially compliant with 115.22(b).</p> <p>Investigative responsibilities with respect to YCDOC and YCSO are clearly scripted in relevant policy(ies) as reflected above and are available pursuant to the aforementioned procedure.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.22.</p>

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Pursuant to the PAQ, the Director self reports the agency trains all employees who may have contact with inmates on the following:

The agency's zero-tolerance policy for sexual abuse and sexual harassment;
How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
The right of inmates to be free from sexual abuse and sexual harassment;
The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
The dynamics of sexual abuse and sexual harassment in confinement;
The common reactions of sexual abuse and sexual harassment victims;
How to detect and respond to signs of threatened and actual sexual abuse;
How to avoid inappropriate relationships with inmates;
How to communicate effectively and professionally with inmates, inclusive of lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and
How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

YCDOC Policy 310 entitled PREA Training, pages 1 and 2, section 310.3 addresses 115.31(a).

The auditor's cursory review of the PREA Training for Initial Responders training slides reveals substantial compliance with 115.31(a).

All 12 random staff interviewees assert they received the above training, minimally, within the last 12 months. All interviewees responded in the affirmative that they receive PREA Annual Refresher Training (ART). Training is generally accomplished on-line or in person with a Power Point Presentation, lecture, and discussion. COVID-19 precautions certainly disrupted the training program as many random staff interviewees assert they completed training on-line.

The auditor's review of nine of 11 random staff training files reveals substantial compliance with 115.31(a) and (d) as PREA ART training was completed within the last 12 months. The auditor notes that none of the random training files reviewed pertained to staff hired during the audit period. The YCDOC staffing complement represents a tenured group of staff.

Given the above, the auditor is reasonably assured requisite 115.31(a), (c), and (d) requirements have been met.

During the on-site audit, the auditor learned that the majority of electronic training documents from previous years cannot be accessed due to a password or program issue related to previous [Training Officer(s)]. This explanation was clearly articulated by several stakeholders.

Pursuant to the PAQ, the Director self reports training is tailored to the male and female gender of the inmates housed at the facility. PREA training encompasses both genders housed at YCDOC.

The auditor's review of the training slides referenced in the narrative for 115.31(a) reveals substantial compliance with 115.31(b).

YCDOC Policy 310 entitled PREA Training, page 2, section 310.3 addresses 115.31(b).

The auditor notes that incoming staff are PREA trained prior to contact with inmates.

Pursuant to the PAQ, the Director self reports between trainings that the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. The Director further self reports that minimally, PREA ART is provided to staff. If new training is developed, the same is addressed as time permits.

YCDOC Policy 310 entitled PREA Training, page 2, section 310.3 addresses 115.31(c).

Given the auditor's findings as articulated in the narrative for 115.31(a), YCDOC exceeds standard expectations as PREA ART is provided, as opposed to, another standard.

Pursuant to the PAQ, the Director self reports the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

YCDOC Policy 310 entitled PREA Training, page 2, section 310.3 addresses 115.31(d).

A synopsis of auditor findings following review of random staff training files is addressed in the narrative for 115.31(a).

In view of the above the auditor finds YCDOC substantially compliant with 115.31.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The Director further self reports 45 contractors and five volunteers are currently utilized at YCDOC.</p> <p>The same training slides referenced in the narrative for 115.31(a) are presented to contractors and volunteers. The auditor's assessment of applicability is noted in the narrative for 115.31(a).</p> <p>YCDOC Policy 310 entitled PREA Training, page 2, section 310.3 addresses 115.32(a).</p> <p>As previously mentioned, the PCM asserts 45 contractors and five volunteers are currently utilized at YCDOC. He further reports Well Path and Comprehensive Health Care conduct their own PREA orientation, specialty, and PREA ART training.</p> <p>The two contractors and two volunteers who have contact with inmates at YCDOC interviewees state they have been trained in their responsibilities regarding sexual abuse/harassment prevention, detection, and response per agency policy and procedure. Interviewees generally state they receive PREA training (presented by YCDOC trainers) prior to contact with inmates and annually thereafter. Training is generally in-person (although COVID-19 protocols have resulted in some variation) and is comprised of a Power Point Presentation, lecture, and discussion. Some specific procedures are addressed, as well as, the impacts of sexual abuse in confinement settings and boundaries between inmates and contractors/volunteers, to name a few. All interviewees state they have been notified of the agency's zero tolerance policy on sexual abuse and sexual harassment, as well as, informed about how to report such incidents.</p> <p>The auditor's review of twelve 2021 Employee Yearly PREA Training certifications reveals affected contractors completed PREA training and read/understand the PREA brochure. The contractor affixed his/her printed name, signature, and date to the document certifying compliance with 115.32(a).</p> <p>Pursuant to the PAQ, the Director self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. The Director further self reports all volunteers and contractors have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Policy and interview findings are addressed in the narrative for 115.32(a).</p> <p>Pursuant to the PAQ, the Director self reports the agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>YCDOC Policy 310 entitled PREA Training, page 2, section 310.3 addresses 115.32(c).</p> <p>As previously indicated, the auditor's review of 12 Employee Yearly PREA Training receipts reveals contractors understand the training they received. Volunteers also sign and date the document, affirming they understand the training they received inclusive of zero tolerance and reporting options. These documents are dated in 2021 however, it is important to note that volunteers were not granted access to YCDOC during 2020 in view of COVID-19 restrictions.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.32.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Director further self reports 4237 inmates, admitted during last 12 months, were given this information at intake. This equates to 100% of inmates admitted to YCDOC during the last 12 months.</p> <p>The Acting Director asserts requisite information is available in the inmate handbook, posters, the Edovo tablets, and on the Securus kiosks. Inmates are required to watch a 16 minute PREA video, prior to using the tablets.</p> <p>The auditor's review of the PREA video entitled "What You Need to Know" reveals substantial compliance with 115.33(a). While sexual abuse/harassment reporting options are noted in the English and Spanish inmate handbooks, zero tolerance is not. However, according to the PCM, the PREA video and other PREA information is included on the Edovo tablets. Inmates are provided PREA information at intake.</p> <p>The intake staff interviewee asserts she provides the inmate handbook at Booking. She does mention PREA as reflected in the handbook and the inmate signs a receipt which remains in the inmate file. If necessary, she may refer cognitively impaired inmates to mental health staff for translation. She further notes that PREA posters are hung throughout the tanks.</p> <p>Twenty random inmate interviewees who arrived at YCDOC within the last 36 months received information about the facility's rules against sexual abuse and harassment. Interviewees state they received the inmate handbook and PREA pamphlet (pamphlet is also posted on bulletin boards) upon arrival. Nineteen of the 20 applicable random inmate interviewees state they received the above information at Booking. Additionally, the majority of interviewees state they viewed the PREA video as a precursor to tablet use.</p> <p>The auditor's review of 14 random inmate files reveals substantial compliance with 115.33(a) in terms of timeliness, etc.</p> <p>Pursuant to the PAQ, the Director self reports 1087 inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents, within 30 days of intake.</p> <p>The PCM asserts inmates gain access to relevant PREA information on both the kiosks and Edovo tablets.</p> <p>The intake staff interviewee asserts she explains and/or reads reporting procedures and zero tolerance requirements to the inmate with low reading or low vision/blindness. She provides the aforementioned written PREA materials to the inmate who is deaf or low hearing, for reading.</p> <p>Inmates are generally made aware of these rights at Booking. Classification staff may further explain PREA ramifications as they meet with the inmate.</p> <p>All 20 applicable random inmate interviewees state that when they came to YCDOC, they were told about:</p> <p>Their right not to be sexually abused or sexually harassed; How to report sexual abuse or sexual harassment; Their right not to be punished for reporting sexual abuse or sexual harassment.</p> <p>Sixteen interviewees state they received this information at Booking while four state they received the information within two days of Booking.</p> <p>Pursuant to the PAQ, the Director self reports all inmates have been properly educated in accordance with standard requirements. The Director further self reports agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility.</p> <p>Pursuant to the PAQ, the Director self reports inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient. The Director further self reports Inmate PREA education is available in formats accessible to all inmates, including those who are deaf, visually impaired, those who are otherwise disabled, and those who are limited in their reading skills.</p> <p>Specifics regarding the provision of PREA information to inmates meeting the above criteria are reflected in the narrative for 115.16(a).</p>

In view of the above, the auditor finds YCDOC substantially compliant with 115.33(d).

Pursuant to the PAQ, the Director self reports the agency maintains documentation of inmate participation in PREA education sessions. Specifically, the Director further self reports the inmate handbook signature page is evidence proving inmate participation and the PCM asserts the same is retained in inmate files for six years, one day.

The auditor's review of an Endovo tablet transcript reveals an inmate completed the PREA video on March 26, 2021.

Additionally, as referenced above, the inmate handbook signature page validates receipt of the Inmate Handbook and other PREA materials.

In view of the above, the auditor finds YCDOC substantially compliant with 115.33(e).

Pursuant to the PAQ, the Director self reports the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The auditor's review of the inmate handbook and the two previously mentioned posters included with the PAQ materials reveals substantial compliance with 115.33(f). Additionally, as noted above, the Endovo tablets serve as a perpetual source of information regarding PREA matters.

During the facility tour, the auditor noted ample posting of PREA-related information. YCDOC is clearly compliant with 115.33(f).

In view of the above, the auditor finds YCDOC substantially compliant with 115.33.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>YCDOC Policy 606 entitled PREA, page 8, section 606.10 addresses 115.34(a).</p> <p>The PCM asserts facility sexual abuse/harassment investigators, minimally, complete the National Institute of Corrections (NIC)/PREA Resource Center (PRC) specialty training course entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting.</p> <p>The auditor's review of the training plan regarding the aforementioned training reveals substantial compliance with 115.34. The auditor's review of NIC Certificates relative to the aforementioned course substantiates completion of the specialty training by two investigators. A third certified investigator completed similar training facilitated through the Public Agency Training Council. The training course is entitled PREA Investigator Training for Allegations of Sexual Abuse. Of note, two of these staff facilitate(d) sexual abuse/harassment investigations as the YCDOC Internal Affairs Sergeants and the other trainee oversees the YCDOC Internal Affairs Sergeant.</p> <p>The investigative staff interviewee asserts she completed the NIC course entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting. This three hour on-line course was completed in August, 2020. She was appointed to the IA position in August, 2020.</p> <p>Pursuant to the PAQ, the Director self reports that specialized training shall include techniques for:</p> <p>Interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>YCDOC Policy 310 entitled PREA Training, pages 2 and 3, section 310.3 addresses 115.34(b).</p> <p>The investigative staff interviewee asserts that specialized training included techniques for:</p> <p>Interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The auditor's previous review of the training syllabus relative to the aforementioned NIC course referenced in the narrative for 115.34(a) reveals substantial compliance with 115.34(b).</p> <p>Pursuant to the PAQ, the Director self reports the agency maintains documentation showing that investigators have completed the required training. The Director further self reports there are currently three investigators on board.</p> <p>YCDOC Policy 310 entitled PREA Training, pages 2 and 3, section 310.3 addresses 115.34(c).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.34.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The Director further self reports 38 medical and mental health care practitioners who work regularly at this facility received the training required by agency policy. According to the Director, this equates to 100% of all YCDOC medical and mental health practitioners.</p> <p>YCDOC Policy 310 entitled PREA Training, pages 2 and 3, section 310.4 addresses 115.35(a). Additionally, Wellpath (medical services contractor) Policy HCD-100 entitled to Response to Sexual Abuse- Yakima, page 3, section 6.2.2 through 6.2.7 addresses 115.235(a).</p> <p>The mental health staff interviewee reports she has received specialized training regarding sexual abuse/harassment through Aspen Victim Services and Comprehensive Healthcare. Training encompassed the following:</p> <p>How to detect and assess signs of sexual abuse/harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse/harassment; and How and to whom to report allegations or suspicions of sexual abuse/harassment.</p> <p>The medical staff interviewee's statement essentially paralleled that of the mental health interviewee.</p> <p>Further follow-up with Comprehensive Healthcare (contract mental health provider) reveals the following topics were discussed during the mental health specialty training:</p> <p>The course was entitled "Incarcerated Survivors of Sexual Violence" and the same was facilitated by Comprehensive staff. The specific sub-titles are noted below the provision requirements as follows:</p> <p>How to detect and assess signs of sexual abuse/harassment; Sexual violence is about manipulation, exploitation, and exerting power and control over another person. Sexual violence is used by perpetrators as a weapon to humiliate and dominate others. We know that sexual assault affects people from all backgrounds and crosses all boundaries of race, class, culture, gender, sexual orientation, gender identity, and sexuality. Sexual assault does not happen to specific people, only.</p> <p>How to preserve physical evidence of sexual abuse; A discussion regarding forensic examinations was facilitated.</p> <p>How to respond effectively and professionally to victims of sexual abuse/harassment; Inmates have access to the Sexual Assault Support and Information Line. A survivor will receive initial phone advocacy services and crisis intervention by calling the hotline. If the survivor needs more ongoing support, the PREA Support Specialist who answers that line makes an appointment for the survivor with an advocate at a community program. The survivor calls the hotline at an appointed time and is patched through to the PREA-trained community advocate.</p> <p>How and to whom to report allegations or suspicions of sexual abuse/harassment. A report can be made in-person, by calling the YCDOC Sexual Assault/Abuse Telephone Line, or by writing a grievance in the Kiosk system. In addition, a written report can be made to YCDOC Internal Affairs.</p> <p>The auditor's review of the specialty training syllabus reveals non-compliance with 115.35(a). While the training certainly reinforces and expounds upon the YCDOC PREA Initial and ART training topics, the same does not appear to provide specific guidance to staff regarding navigation through the requisite topics identified at 115.35(a). The auditor does note however, that detection and assessment of signs of sexual abuse/harassment appears to be thoroughly addressed. While significant general information is provided regarding victim advocacy, it does not appear that specific guidance is provided to the individual practitioner regarding effective and professional response to the sexual abuse/harassment victim.</p> <p>The auditor has not been provided a training syllabus relative to this specialty training from Well Path.</p> <p>In addition to the above, the auditor has not been provided documentation showing that medical and mental health practitioners have completed the required training [115.35(c)]. Subsequent to request, the auditor was provided an email identifying those staff who completed the Comprehensive specialty training. In keeping with the intent of the standard, a Comprehensive individual staff training record would be appropriate evidence of completion of the requisite training.</p>

In view of the above, the auditor finds YCDOC non-compliant with 115.35(a) and (c) and he imposes a 180-day corrective action period wherein YCDOC will demonstrate compliance with and institutionalization of 115.35 requirements. To demonstrate the same, the PCM will work with contract medical and mental health providers to implement the requisite specialty training required by 115.35(a). Pursuant to the auditor's research of the NIC website, requisite PREA specialty medical/mental health training is available on the same. Accordingly, the auditor recommends that the PCM research the same. Additionally, requisite training may be available through Relias Training.

The PCM will provide the auditor a plan regarding accomplishment of corrective action for 115.35(a). Subsequently, the plan will be implemented and requisite training of both medical/mental health practitioners will commence. Upon completion of the training, YCDOC will retain copies of any completion certificates issued upon completion of the training or the respective contractor will document in a system of records the employee's completion of requisite specialty training [115.35(c)].

The due date for completion of this corrective action is February 22, 2022.

January 31, 2022 Update:

The auditor's review of 17 PREA Healthcare PREA Training certifications reveals successful completion of 115.235(a) training by medical and mental health providers at YCDOC. The auditor's review of the PREA Resource Center (PRC)/NCCHC PREA Medical/Mental Health Care Standards modules and training reveals substantial compliance with 115.235 (a) and (c).

In view of the above, the auditor finds YCDOC compliant with 115.235(a) and (c).

Pursuant to the PAQ, the Director self reports forensic examinations are not facilitated at YCDOC. This is consistent with the narrative articulated at 115.21(c) and the auditor's observations.

Both medical and mental health interviewees state forensic examinations are not conducted at YCDOC.

Pursuant to the PAQ, the Director self reports the agency maintains documentation showing that medical and mental health practitioners have completed the requisite specialty medical and mental health training.

The non-compliance finding, requisite corrective action relative to 115.35(c), and update regarding compliance evidence is articulated in the narrative for 115.35(a).

Pursuant to the PAQ, the Director self reports medical and mental health care practitioners shall also receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency.

YCDOC Policy 310 entitled PREA Training, pages 1 and 2, section 310.3 addresses 115.35(d).

The auditor's review of nine Employee Yearly PREA Training receipts reveals five medical and four mental health contractors understand the PREA training they received. The contractor signs and dates the document, affirming they understand the training they received inclusive of zero tolerance and reporting options. These documents are dated in 2021.

In view of the above, the auditor finds YCDOC substantially compliant with 115.35.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.</p> <p>YCDOC Policy 507 entitled Inmate Classification, pages 2 and 3, sections 507.4 and 507.5 addresses 115.41(a). Initial classifications, inclusive of PREA questioning and determinations, are facilitated within 24 hours of arrival at the facility.</p> <p>The staff responsible for risk screening asserts she does screen inmates upon admission to YCDOC or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates.</p> <p>Pursuant to the PAQ, the Director self reports the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. The Director further self reports 2326 inmates entering the facility (either through intake or transfer) within the last 12 months, whose length of stay in the facility was for 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. According to the Director, this equates to 100% of inmates meeting the afore-mentioned criteria.</p> <p>The policy citation reflected in the narrative for 115.41(a) is also applicable to 115.41(b). As previously referenced in the narrative for 115.41(a), initial screenings are facilitated within 24 hours of arrival at the facility.</p> <p>The staff responsible for risk screening interviewee asserts she screens inmates for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake. The PREA portion of the medical screening is generally completed within 24 hours of Booking. Booking officers also play role in the classification process as they ask specific questions.</p> <p>Eleven of 21 random resident interviewees received at YCDOC during the last 12 months assert they were asked the following questions during Booking:</p> <ul style="list-style-type: none"> Whether the inmate has a mental, physical, or developmental disability; Whether the inmate is or is perceived to be LGBTI; Whether the inmate has previously experienced sexual victimization; and The inmate's own perception of vulnerability. <p>Two of the 21 interviewees were received at YCDOC during the last audit period and accordingly, they were not counted for purposes of 115.41(b). The remaining eight interviewees state they either were not asked all four questions or they were not asked any of the questions.</p> <p>The auditor's review of 14 random inmate files, many pertaining to the aforementioned interviewees, reveals 11 of the inmates received screening as described in the narratives for 115.41(c) and (d).</p> <p>Pursuant to the PAQ, the Director self reports risk assessment is conducted using an objective screening instrument. The auditor's review of the risk assessment tool reveals the same is fragmented into three separate processes. Specifically, the first phase is completed in Booking (by Booking Officers) and the same entails responses to four PREA-related classification issues as follows:</p> <ul style="list-style-type: none"> Severity of current offense; Adult conviction history (single most serious within the last 10 years); Prior inmate institutional behavior within the last three years; and Prior felony convictions (excluding current charges- last 10 years). <p>The above topics are assigned point scores to determine one of three security levels.</p> <p>The trained Booking Officer subsequently asks the inmate medical screening questions as follows:</p> <ul style="list-style-type: none"> Physical appearance; Medical/mental health status (assisted devices, etc.); Current charges; Historical victim of sexual abuse; History of sexual victimization; Arrests and convictions for sex offense(s); First arrest?; Appearance of mental or developmental disability; Appearance of or actual LGBTI?; Physical stature?;

Inmate's perception of vulnerability;

Detention solely for civil Immigration purposes?.

If the inmate responds in the affirmative to the top 12 medical questions, inclusive of the above, the trained Booking Officer will alert the medical health care provider and he/she will determine acceptability for placement at the facility and will complete the screening form. Any input regarding housing will be provided to the Booking staff.

The auditor notes that no values are assigned to the medical screening instrument.

The Classification Officer then asks the inmate the following questions which are included in the 115.41(d) requirements:

Inmate's self perception of vulnerability;

Involvement in a gang(s);

Mental health and medical status; and

History of sexual abuse while incarcerated.

The auditor notes this document is not scored.

While the requisite criteria identified at 115.41(d) are included in the three separate processes, the auditor finds that the whole of the process does not constitute an objective screening process. Pursuant to the auditor's research of the PREA Resource Center FAQ dated May 10, 2021 entitled What is meant by the term "objective screening process", such a process is minimally based on weighted factors to establish an overall assessment of risk. The factors appear to be adequately established however, weight is attached to a small percentage of factors as previously described. Reading further into the footnotes of that FAQ, the auditor notes some excellent descriptions and recommendations are provided to assist in constructing an objective screening tool.

In view of the above, the auditor finds YCDOC non-compliant with 115.41(c). Accordingly, he is imposing a 180-day corrective action period wherein YCDOC will demonstrate compliance with and institutionalization of 115.41(c) requirements. The corrective action due date is established as February 22, 2022.

The aforementioned discussion provides direction in terms of resolution of this finding. To demonstrate compliance, the PCM will develop an objective screening tool for use in making assessments wherein sexual abuse victims are separated from predators. The criteria identified in 115.41(d) and (e) will be included as part of the tool, along with any other criteria required by YCDOC. A weighting system will be used to assist in the assessment process and the auditor will be available to provide direction regarding the same. Of note, the auditor recommends that a singular tool be developed and implemented, as opposed to, the current three-tier process taking into account facility needs, however.

Subsequent to completion of the sexual abuse/harassment assessment tool, a copy of the same will be uploaded into OAS and the auditor will review the same. Additionally, the PCM will ensure that all YCDOC stakeholders (e.g. all Booking staff, sergeants, lieutenants, etc.) receive training regarding the revised process. A copy of the training syllabus, as well as, training documentation reflecting the printed name(s)/signature(s), and date of completion will likewise be uploaded to OAS. A copy of the relevant training will also be placed in the respective employee's training file.

Finally, following implementation of the revised screening process, the PCM will provide to the auditor a copy of the most recent inmate roster and he will identify five to fifteen inmate names. The PCM will subsequently upload initial assessments for those inmates, into OAS. Subsequent to the auditor's review of the same, he will make a determination regarding compliance.

April 23, 2022 Update:

The auditor's review of 14 initial victimization/aggressor assessments and corresponding reassessments reveals substantial compliance with 115.41(c), (d), and (f). A singular document now addresses all 115.41(d) criteria, as well as, a few factors unique to the Yakima County area. Point values are attached to determine propensity for sexual victimization/predation.

The document is a workable tool for staff use.

The auditor notes that all 14 initial assessments were completed in a comprehensive and timely manner and 11 of the reassessments were comprehensive and completed in a timely manner. Accordingly, the auditor now finds YCDOC compliant with 115.41(c-e) and (f).

Of note, the auditor provided the PCM a detailed email regarding implementation of the above corrective action and the same was used to provide training to affected staff.

Pursuant to the PAQ, the Director self reports the intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

Whether the inmate has a mental, physical, or developmental disability;

The age of the inmate;

The physical build of the inmate;
Whether the inmate has previously been incarcerated;
Whether the inmate's criminal history is exclusively nonviolent;
Whether the inmate has prior convictions for sex offenses against an adult or child;
Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
Whether the inmate has previously experienced sexual victimization;
The inmate's own perception of vulnerability; and
Whether the inmate is detained solely for civil immigration purposes.

YCDOC Policy 507 entitled Inmate Classification, pages 1 and 2, sections 507.3 addresses 115.41(d) and (e).

The auditor notes that the three-tier screening system described in the narrative for 115.41(c), does encompass the above 10 criteria. A discussion regarding the auditor's findings following documentation reviews is addressed in the narrative for 115.41(b).

The staff responsible for facilitation of risk screening interviewee asserts that the requisite screening considers the following:

Current charges;
Medical/mental health issues;
History of assaultive behavior while in custody;
Physical stature;
LGBTI indicators and self-disclosure; and
History of sexual victimization.

The interviewee also asserts she does not use a script of PREA questions during this interview.

The interview is conducted outside the unit with no other inmates in the area. Prior to the interview, she reviews incident reports and other electronic information.

Pursuant to the PAQ, the Director self reports the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

The auditor's review of the documents and questions addressed in the narrative for 115.41(c) reveals requisite 115.41(e) questions are also asked during the three-tier classification process. With the benefit of completed corrective action, 115.41(e) requirements are now merged into a single document in accordance with the narrative for 115.41(c).

Pursuant to the PAQ, the Director self reports the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

YCDOC Policy 507 entitled Inmate Classification, pages 3 and 4, sections 507.6.1 addresses 115.41(f).

The PCM self reports zero reassessments for sexual victimization or being sexually abusive were conducted.

The staff responsible for facilitation of risk screening interviewee asserts Classification staff do not facilitate 30-day PREA reassessments for inmates housed in restrictive housing or the general population. The interviewee asserts PREA questions are again asked by medical practitioners during the inmate's 14 day physical.

Two of the applicable 17 random resident interviewees (two were admitted to YCDOC during the last audit period and two additional interviewees were not yet due for reassessment in view of their arrival date) stated they had been reassessed. These two interviewees stated they were reassessed within 30 days of Booking, one stating he/she was reassessed by medical staff at the 14-day mark.

The auditor's review of the aforementioned random resident files reveals no evidence corroborating completion of reassessments within 30 days of arrival at YCDOC.

In view of the above, the auditor finds YCDOC non-compliant with 115.41(f). Accordingly, the auditor imposes a 180-day corrective action period, concluding on or about February 22, 2022, wherein YCDOC will demonstrate compliance with and institutionalization of 115.41(f) requirements.

To demonstrate compliance, the PCM will develop a plan to ensure compliance with 115.41(f) requirements. Staff or departmental assignments must be identified in the plan, ensuring accountability for completion of the reassessments. Additionally, the plan must address the document (the auditor recommends that the same PREA classification tool previously mentioned) that will be employed to memorialize completion of the reassessment. Finally, how will due dates be tracked to ensure timeliness? For example, will the due date be established as the 21-day date or some other date and tracked via spread sheet?

If the same tool mentioned in the narrative for 115.41(c) is used, the auditor recommends that three boxes be included in the upper portion of the document, signifying Initial Assessment, 30-day Reassessment, and Other. The user can then check the appropriate box, complete the reassessment, and file the same in the inmate's file. The "Other" category may be the reassessment warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The PCM will then provide training to all YCDOC stakeholders regarding the aforementioned plan. The PCM will upload a copy of the training syllabus, as well as, training documentation.

Upon completion of the above, the PCM will upload all materials for the auditor's review. The PCM will subsequently provide to the auditor an updated inmate roster and the auditor will identify five to 15 names for which reassessments will be uploaded. Upon completion of the same, the auditor will make a determination regarding compliance.

Completed corrective action is described in the narrative for 115.41(c) above. The auditor now finds YCDOC substantially compliant with 115.41(f).

Pursuant to the PAQ, the Director self reports the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

YCDOC Policy 507 entitled Inmate Classification, pages 3 and 4, section 507.6.1 addresses 115.41(g).

The auditor has discovered no evidence substantiating a 115.41(g) need for reassessment during the last 12 months.

Pursuant to the PAQ, the Director self reports the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the inmate has a mental, physical, or developmental disability;
Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the inmate has previously experienced sexual victimization; and
The inmate's own perception of vulnerability.

YCDOC Policy 507 entitled Inmate Classification, page 2, section 507.3.1 addresses 115.41(h).

Pursuant to the PAQ, the Director self reports the agency has 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 inmate's detriment by staff or other inmates.

YCDOC Policy 507 entitled Inmate Classification, page 2, section 507.3.1 addresses 115.41(i).

In view of the above, the auditor finds YCDOC substantially compliant with 115.41.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the facility uses information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>YCDOC Policy 507 entitled Inmate Classification, page 5, section 507.10 addresses 115.42(a).</p> <p>According to the PCM, YCDOC utilizes "Keep Separate" alerts in Spillman to separate victims of sexual abuse as determined pursuant to 115.41 and predators identified pursuant to the same. PREA issues are addressed at each weekly classification meeting. Such classifications are approved by the classification corporal.</p> <p>According to the PCM, the classification system is designed and implemented to separate victims of sexual abuse from perpetrators of sexual abuse to inform housing/bed assignments, work assignments, and education/program assignments. Victims and inmates with neither victim or perpetrator classifications can be housed together and the same is likewise true when housing perpetrators and inmates with no sexual victimization or perpetrator classification. Theoretically, victims and perpetrators are never housed together. Programs and any work assignments are supervised by staff while inmates work on education programming pursuant to the Endovo tablet.</p> <p>The staff responsible for risk screening interviewee essentially corroborates the PCM's statement as articulated in the preceding paragraph. Of note, housing assignments can only be modified by a supervisor and the same is accomplished through Spillman.</p> <p>The auditor's limited review of inmates during the selection of interviewees process reveals no conflicting evidence in violation of the provision.</p> <p>Pursuant to the PAQ, the Director self reports the agency/facility makes individualized determinations about how to ensure the safety of each inmate.</p> <p>YCDOC Policy 507 entitled Inmate Classification, page 3, section 507.5.1 addresses 115.42(b).</p> <p>The staff responsible for risk screening interviewee asserts usual security concerns are generally factored in when making 115.42 housing assignments. YCDOC staff make individualized determinations about how to ensure the safety of each inmate.</p> <p>Pursuant to the PAQ, the Director self reports the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.</p> <p>YCDOC Policy 507 entitled Inmate Classification, page 5, section 507.10 addresses 115.42(c).</p> <p>The PCM asserts the 115.41 classification is used to determine housing for each inmate. Transgender/intersex inmate housing and program assignments are made on a case-by-case basis. Staff do consider whether the placement will ensure the inmate's health and safety, as well as, whether the placement would present management or security problems.</p> <p>Neither transgender inmate interviewee states they have reason to believe they have been placed in a housing area only for transgender or intersex inmates. Similarly, neither interviewee expressed any reason to believe they have been strip-searched for the sole purpose of determining genital status.</p> <p>Pursuant to the PAQ, the Director self reports placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.</p> <p>YCDOC Policy 507 entitled Inmate Classification, page 4, section 507.6.1 addresses 115.42(d).</p> <p>The PCM asserts transgender/intersex inmates are discussed on a weekly basis regarding security/safety needs. The auditor did attend this multi-discipline meeting and found the collaborative approach to be quite comprehensive with all stakeholders displaying substantial knowledge regarding affected inmates. The auditor does note that minutes are not maintained as a matter of routine however, if anything significant evolves as a result of the meeting, the same may be documented as interdepartmental correspondence/task lists.</p> <p>The staff responsible for risk screening interviewee states that placement and programming assignments for each transgender/intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate. The interviewee essentially corroborates the statement of the PCM as reflected above in terms of process.</p>

As previously mentioned, there is no documentary evidence to substantiate the above. While the auditor observed the process, he strongly recommends that written narrative(s) be generated regarding 115.42(d) review of transgender/intersex inmates. These notes should then be maintained in the respective transgender/intersex inmate's official file as further evidence of provision compliance.

Pursuant to the PAQ, the Director self reports a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

YCDOC Policy 507 entitled Inmate Classification, page 5, section 507.10 addresses 115.42(e).

The PCM asserts transgender/intersex inmate's views with respect to his/her own safety are given serious consideration in placement and programming assignments. Likewise, the staff responsible for risk screening interviewee corroborates the same. Both transgender inmate interviewees likewise state YCDOC staff ask questions about their safety.

Pursuant to the PAQ, the Director self reports transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The PCM asserts transgender/intersex inmates are given the opportunity to shower separately from other inmates. The requesting inmate may be placed in a tank where there is an individual shower and other inmates assigned to the tank can be secured in their cell(s). The staff responsible for risk screening corroborates the statement of the PCM. Both transgender inmate interviewees state they are allowed to shower without other inmates. One interviewee states she has not requested such separate showering.

The PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI inmates.

The one inmate self identified as gay and the two transgender interviewees state they have not been placed in housing area(s) only for LGBTI inmates.

In view of the above, the auditor finds YCDOC substantially compliant with 115.42.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Director further self reports inmates may be placed in other units such as the "Faith Based Unit," the "Inmate Workers Unit", or General Population. Compliance with the guidelines of YCDOC policies pursuant to 115.42(b) - 1 is paramount.</p> <p>Zero inmates were reportedly placed in "Involuntary Segregation" for sexual victimization as they were given the option on Administrative Segregation or a minimum general population unit.</p> <p>YCDOC Policy 507 entitled Inmate Classification, page 5, section 507.10 addresses 115.43(a).</p> <p>The Acting Director asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. However, if the victim requests protective custody, they can be housed in segregated housing. Generally, victims, dependent upon the circumstances and evidence, may be placed in a "cell alone" status.</p> <p>Pursuant to the PAQ, the Director self reports inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:</p> <ul style="list-style-type: none"> The opportunities that have been limited; The duration of the limitation; and The reasons for such limitations. <p>YCDOC Policy 505 entitled Special Management Inmates, pages 2 and 3, section 505.5 addresses 115.43(b).</p> <p>The staff who supervises inmates in segregated housing interviewee states there is no education program at YCDOC wherein physical instruction is accomplished rather, education programming is available on the Endovo tablets. Inmates can request religious materials from contract chaplaincy staff.</p> <p>The chaplain does make rounds in segregated housing and if an inmate wishes to talk to him/her, the inmate is placed in a room on the respective floor, with the chaplain. Inmate porters complete sanitation chores in segregated housing common areas for which they receive incentive bags.</p> <p>The interviewee states zero inmates are confined in segregated housing for involuntary segregation as the result of sexual abuse or staff concern regarding their safety from sexual abuse.</p> <p>The interviewee also states that if the facility restricts access to programs, privileges, education, or work opportunities, the facility documents:</p> <ul style="list-style-type: none"> The opportunities that have been limited; The duration of the limitations; and The reason for such limitations. <p>To restrict access as reflected above, the segregation officer recommends, in writing, suspension of the activity or privilege and his/her supervisor then signs the same. All three tenets as described above, are addressed in the recommendation.</p> <p>The PCM asserts zero inmates were assigned to segregated housing (for risk of victimization/who allege to have suffered sexual abuse) at the time of the on-site audit.</p> <p>Pursuant to the PAQ, the Acting Director self reports in the last 12 months, zero inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.</p> <p>The Acting Director asserts inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Aside from the time frame mentioned in 115.43(a), inmates are minimally assessed within 72 hours of placement in segregated housing. Acceptable housing arrangements are assessed and possible alternatives, if necessary. As previously mentioned, there is generally at least one alternative housing arrangement available.</p> <p>The staff who supervises inmates in segregated housing interviewee states that inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Generally, inmates</p>

could be placed in this situation for less than 30 days however, the interviewee states he is not aware of any instances wherein a victim or potential victim has been involuntarily placed in segregated housing. The victim or potential victim may be initially placed in segregated housing for investigative purposes.

Pursuant to the PAQ, the Director self reports from a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the last 12 months, zero case files included (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged. Specifically, zero inmates were placed in involuntary segregated housing for sexual victimization.

Pursuant to the PAQ, the Director self reports If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

YCDOC Policy 505 entitled Special Management Inmates, page 3, section 505.7 addresses 115.43(e).

The staff who supervises inmates in segregated housing interviewee states that once an inmate is assigned to involuntary segregated housing, the facility reviews the inmate's circumstances every 30 days to determine if continued placement in involuntary segregated housing is needed. As previously indicated, a weekly classification review is facilitated to assess placement. Additionally, a 30-day review is part of this protocol.

In view of the above, the auditor finds YCDOC substantially compliant with 115.43.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:</p> <p>Sexual abuse or sexual harassment; Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>YCDOC Policy 606 entitled PREA, page 5, section 606.5 addresses 115.51(a).</p> <p>Internal sexual abuse/harassment incident(s), as well as, such incidents occurring in any confinement setting; retaliation against staff or inmates for reporting an incident(s) of sexual abuse/harassment; and staff neglect or violations of responsibilities that may have contributed to such incident options for reporting are articulated in a PREA poster and on pages 2 and 3 of the Inmate Handbook. Inmates have access to these materials.</p> <p>All 12 random staff interviewees were able to articulate at least two private reporting options for inmates regarding sexual abuse/harassment, retaliation by other inmates or staff for reporting sexual abuse/sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or harassment. Options cited include:</p> <p>Submission of an anonymous letter; Third-party report; Verbal to staff; Hotline; Kite to Internal Affairs (IA) via kiosk; and Submission of a grievance.</p> <p>All 21 random inmate interviewees were able to articulate at least one private reporting option regarding sexual abuse/harassment, retaliation by other inmates or staff for reporting sexual abuse/sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or harassment. Options cited include:</p> <p>Submission of an anonymous letter; Third-party report; Verbal to staff; Hotline; Kite to Internal Affairs (IA) via kiosk; and Submission of a grievance.</p> <p>The auditor notes that a majority of interviewees cited the Hotline and verbal report to staff as the preferred methods of reporting.</p> <p>The auditor notes YCDOC PREA posters, reflective of reporting options, are amply posted in living areas, program areas, and work locations throughout the facility.</p> <p>Pursuant to the PAQ, the Director self reports the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The Director further self reports the agency has a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The PCM reports that inmates detained solely for civil immigration purposes are not housed at YCDOC.</p> <p>YCDOC Policy 606 entitled PREA, page 5, section 606.5 and page 4, section 606.4(h) address 115.51(b). Reporting options, inclusive of the Hotline, are addressed in the amended Inmate Handbook and the PREA posters mentioned in the narrative for 115.51(a).</p> <p>Pursuant to the auditor's review of all PAQ materials, two outside sources are listed on both the PREA poster and in the Inmate Handbook as sources to report abuse or harassment to a public or private entity or office that is not part of the agency. Specifically, inmates are advised to report such incidents to law enforcement and/or the PREA Hotline. While there is no contact information for law enforcement, such information is articulated with respect to the YCDOC PREA Hotline.</p> <p>Twelve of 21 random inmate interviewees state they are allowed to make a report without having to give their name.</p> <p>With respect to a report of sexual abuse to the YCDOC Hotline, the PCM asserts the Hotline constitutes a call to the YCDOC</p>

IA Sergeant. Accordingly, such report is not made to an external public or private entity as the YCDOC Hotline is a YCDOC telephone line operated by staff who fall under the direct or indirect supervision of the YCDOC Director. While the call to the YCDOC Hotline is not linked to a pin number, the telephone call is free and is only recorded on the IA Sergeant's telephone. The IA Sergeant is responsible for reporting the Hotline call to the Chief.

The auditor notes pursuant to review of the Inmate Handbook that the reporter must enter his/her name into the Hotline protocol. As a result, anonymity is impeded. Accordingly, the auditor finds YCDOC non-compliant with 115.51(b).

In view of the above, the auditor finds YCDOC non-compliant with 115.51(b). Accordingly, the auditor imposes a 180-day corrective action period wherein YCDOC will demonstrate compliance with 115.51(b) and institutionalization of any corrective action. The corrective action due date is February 22, 2022.

This finding is validated by the PRC FAQ regarding 115.51 and dated January 14, 2015. Specifically, as previously cited, information points only to the aforementioned Hotline as contact information is unavailable for reporting to law enforcement. The generic term law enforcement is used and as such, the combination of factors mentioned above is insufficient to meet muster for 115.51(b) compliance.

As a starting point, the PCM must identify a public or private source, not connected to YCDOC, who can and will receive reports of sexual abuse from YCDOC inmates. This source must be willing to rapidly relay the report to the YCDOC Director or designee.

For purposes of this standard provision, the auditor recommends that an MOU be drafted and implemented with the Yakima County Sheriff Office (YCSO) wherein their dispatchers will receive Hotline calls from both inmates and third-party sources regarding alleged sexual abuse. In consideration of the fact inmates must be able to maintain anonymity if they choose the same, the auditor recommends scripted questions be drafted in an effort to establish certain information integral to an investigation without requiring the reporter's name. The IA Sergeant will play a crucial role in the development of these questions. Additionally, the MOU should specify YCDOC point(s) of contact by either title, telephone number, or both, as well as, a prescribed time frame for relaying requisite information to the YCDOC point of contact.

Once the MOU is signed by all stakeholders, the PCM will train all command staff stakeholders, as well as, line staff regarding the nuances of the same. A copy of the MOU, as well as, any lesson plan will be uploaded into OAS. Additionally, documentation certifying that all stakeholders received and understand the subject-matter presented will be uploaded into OAS. This documentation will include the stakeholders printed name, written name, and date. The same will also be included in each stakeholder's training or performance file.

In addition to the above, this procedural change will require amendment of PREA posters and the Inmate Handbook, as well as, potential policy change(s). Copies of the above, as well as, issuance dates; posting dates; and photographs validating the same will be uploaded into OAS. Additionally, an informative memorandum regarding this change will be posted in each living area, validated with a photograph uploaded into OAS. The auditor recommends that staff discuss this information with the inmate population in a town hall setting.

The PC will provide to the auditor a roster bearing the names of inmates received between the date of this interim report and the corrective action completion date. The auditor will select five to fifteen names and the PCM will upload evidence into OAS, substantiating compliance with 115.51(b). Once all corrective action is reviewed, the auditor will determine whether compliance has been attained.

The PCM will also address the issue regarding inclusion of the inmate reporter's name into the telephone system. This step will be eliminated in an effort to ensure anonymity.

Finally, the auditor notes the telephone numbers and addresses for Department of Homeland Security (DHS) reporting locations are noted in the Inmate Handbook. However, the auditor has not received any information nor did he observe any information regarding consular officials during the on-site visit.

February 8, 2022 Update:

The auditor's review of the MOU regarding YCSO service as a 115.51(b) reporting source reveals substantial compliance with 115.51(b). The Hotline is either live manned or manned through voice mail during regular business hours Monday through Friday, excluding holidays. YCSO staff alert the shift sergeant of any reports as they occur during the hours of operation. If any reports are received during non-regular business hours, the same are forwarded to the shift sergeant upon retrieval of the message.

The auditor's review of the posters and the revised Inmate Handbook reveals substantial compliance with the above agreement, as well as, 115.51(b). The auditor's review of PREA Hotline training certifications reveals three YCDOC command staff, as well as, two YCSO staff (these staff are responsible for operation of the afore-described PREA Hotline) completed training. The aforementioned MOU was used as a training syllabus. Finally, the auditor's review of 12 randomly

selected Inmate Handbook receipts (inmates arrived subsequent to completion of the on-site audit) reveals they received updated materials as reflected above.

With the above corrective actions, the auditor is confident that YCDOC is now compliant with 115.51(b).

Pursuant to the PAQ, the Director self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Director further self reports staff are required to document verbal reports.

YCDOC Policy 210 entitled Report Preparation, page 1, section 210.3 and YCDOC Policy 606 entitled PREA, Page 5, section 606.5 address 115.51(c).

All 12 random staff interviewees state that when an inmate alleges sexual abuse/harassment, he/she can do so verbally, in writing, anonymously, and from third parties. Each interviewee states he/she does immediately document verbal reports.

Twenty of 21 random inmate interviewees state they can make reports of sexual abuse/harassment both verbally and in writing. Eighteen of 21 interviewees state that someone else can also make a report for the victim so they do not have to be named.

Pursuant to the PAQ, the Director self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. Staff are encouraged to speak with their supervisor or medical/mental health staff. The Director further self reports staff are informed of these procedures via PREA Training and Lexipol Daily Training Bulletins.

YCDOC Policy 108 entitled Standards of Conduct, page 6, section 108.5.9 addresses 115.51(d).

All 12 random staff interviewees were able to cite at least one method at their disposal for confidential reporting of inmate sexual abuse. Specifically, they assert they can privately report incidents of inmate sexual abuse by the following methods:

- Verbal behind closed doors with their supervisor;
- Submission of a letter to the chain of command;
- Telephone call to supervisor;
- Email to supervisor;
- Call to the PREA Hotline;
- Contact YCSO;

The auditor's review of the training syllabus mentioned in the narrative for 115.31 reveals substantial compliance with 115.51(d). Slide 16 specifically addresses staff reporting.

Finally, a YCDOC PREA: Zero Tolerance tri-fold pamphlet is given to non-security staff, visitors, contractors/volunteers and the same addresses immediate reporting of 115.51(a) and (d) information.

In view of the above, the auditor finds YCDOC substantially compliant with 115.51.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.</p> <p>YCDOC Policy 610 entitled Inmate Grievances, page 4, section 610.5(a-g) addresses 115.51(a).</p> <p>The PCM asserts zero grievances regarding sexual abuse have been received during the last 12 months.</p> <p>Pursuant to the PAQ, the Director self reports agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The Director further self reports agency policy requires an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Auditor's Note: However, the below policy clearly reflects inmates are not required to use an informal grievance process or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Inmates can report to staff members, third party, or the kiosk system in their unit.</p> <p>YCDOC Policy 610 entitled Inmate Grievances, page 4, sections 610.5(a), (c), and (d) address 115.52(b).</p> <p>The auditor's review of the inmate handbook reveals the same does not include 115.52 language regarding inmate filing of grievances related to sexual abuse. The auditor strongly recommends that the PCM include such language in the inmate handbook, ensuring all residents are educated regarding 115.52 rights.</p> <p>Pursuant to the PAQ, the Director self reports the agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The Director further self reports the agency's policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.</p> <p>YCDOC Policy 610 entitled Inmate Grievances, page 4, sections 610.5 (c) and (d) addresses 115.52(c).</p> <p>Pursuant to the PAQ, the Director self reports the agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.</p> <p>The agency always notifies an inmate, in writing, when the agency files for an extension, including notice of the date by which a decision will be made. The facility follows-up with every inmate personally and if there is a grievance response that will not be completed in 90 days, designated staff follow-up, in writing.</p> <p>YCDOC Policy 610 entitled Inmate Grievances, page 4, section 610.5 (e) addresses 115.52(d).</p> <p>None of the five inmates who reported a sexual abuse interviewees report they filed a grievance regarding their sexual abuse incident.</p> <p>Pursuant to the PAQ, the Director self reports agency policy and procedure permits third parties, inclusive of fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The Director further self reports agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Zero grievances alleging sexual abuse were filed by inmates in the last 12 months wherein the inmate declined third-party assistance.</p> <p>YCDOC Policy 610 entitled Inmate Grievances, pages 3 and 4, section 610.5 (b) addresses 115.52(e).</p> <p>Pursuant to the PAQ, the Director self reports the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The Director further self reports zero emergency grievances alleging substantial risk of imminent sexual abuse were filed in the last 12 months. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.</p> <p>YCDOC Policy 610 entitled Inmate Grievances, page 4, section 610.5.1 addresses 115.52(f).</p> <p>Pursuant to the PAQ, the Director self reports the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the last 12 months, zero grievances alleging sexual abuse resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.</p>

YCDOC Policy 610 entitled Inmate Grievances, page 4, section 610.5(g) addresses 115.52(g).

In view of the above, the auditor finds YCDOC substantially compliant with 115.52.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. Additionally, the Director self reports the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes however, detainees are not housed at YCDOC for civil immigration purposes. Finally, the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.</p> <p>YCDOC Policy 606 entitled PREA, pages 3 and 4, section 606.4(f) addresses 115.53(a).</p> <p>Pursuant to the auditor's review of page 10, section 14.6 of the Service Agreement between YCDOC and Comprehensive Healthcare, sexual assault advocacy is provided during and following incarceration. The auditor finds this agreement to suffice for compliance with 115.53(a).</p> <p>Fourteen of 21 random inmate interviewees state that services are available outside of the facility for dealing with sexual abuse, if they needed the same. Eleven interviewees state service providers are comprised of counseling, mental health, therapy, and VAs. Twelve interviewees state the facility provides addresses and telephone numbers for these outside services pursuant to the inmate handbook, posters, PREA video, and a tri-fold PREA pamphlet.</p> <p>The auditor's review of the inmate handbook, posters, PREA video reveals the same are silent regarding 115.53(a) post trauma services. Furthermore, the auditor has not been provided any evidence that substantiates conveyance of 115.53(a) information to inmates. Accordingly, the auditor finds YCDOC non-compliant with 115.53(a) and a 180-day corrective action period is imposed wherein compliance with and institutionalization of 115.53(a) must be accomplished. The corrective action due date is February 22, 2022.</p> <p>To demonstrate compliance and institutionalization, the PCM will devise a plan to ensure inmates are adequately informed of 115.53(a) information. This plan could include amendment or updating of the inmate handbook and/or posters or some variation thereof. Upon completion of the informational updates, the PCM will upload the same for the auditor's review. He will then post a memorandum (English and Spanish) in all tanks regarding the updated information, inclusive of methods to seek VA services through Comprehensive Healthcare. Additionally, all staff stakeholders will be trained regarding the updated information, ensuring they are able to address any inmate questions regarding the same. The PCM will upload the lesson syllabus, as well as, training documentation certifying staff completion and understanding of said training.</p> <p>February 23, 2022 Update:</p> <p>The auditor's review of page 3 of the updated YCDOC Inmate Handbook reveals that both the address and telephone number for Comprehensive Healthcare VAs is now noted. Additionally, the auditor's review of 13 YCDOC Handbook Receipts reveals that inmates have received the aforementioned updated YCDOC Inmate Handbook and therefore, they have access to the above information. Of note, Immigration and Customs Enforcement (ICE) contact information is also included in the YCDOC PREA Handbook.</p> <p>In addition to the above, the auditor's review of the staff training plan regarding 115.53(a) and 15 signed staff training receipts regarding 115.53(a) and (b) reveals stakeholders have received requisite corrective action training. The auditor finds YCDOC has completed requisite 115.53(a) and (b) corrective action and they are now compliant with the same.</p> <p>Eleven interviewees state the numbers are free to call. Fifteen interviewees state they could talk with people from these services anytime.</p> <p>All five inmates who reported a sexual abuse at YCDOC interviewees stated the facility did not give them mailing addresses and telephone numbers for any outside services. Only one of the five interviewees stated he/she could talk with people from this service anytime.</p> <p>Pursuant to the PAQ, the Director self reports the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. Additionally, the Director further self reports the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any</p>

limits to confidentiality under relevant federal, state, or local law.

YCDOC Policy 606 entitled PREA, page 4, section 606.4(f) addresses 115.53(b).

Eighteen of 21 random inmate interviewees state that what they say to people from these services remains private. Nine of 21 random inmate interviewees state that their conversations with people from these service could be told to or listened to by someone else. Reasons for such sharing include conversation regarding criminal activities (inclusive of child abuse) and self injurious behavior.

Four of five inmates who reported a sexual abuse at YCDOC state they can talk or write in a confidential way with representatives for the outside service. One interviewee states the communication could be shared with or listened to by someone else based on law enforcement concerns.

Pursuant to the auditor's review of the documents mentioned in the narrative for 115.53(a), he finds there is no language regarding 115.53(b) requirements. Accordingly, the auditor finds YCDOC non-compliant with 115.53(b). The same corrective action strategies, as articulated in the narrative for 115.53(a), can also be utilized with respect to 115.53(b). The same due date and evidence of compliance is also appropriate for 115.53(b).

The auditor recommends that the PCM collaborate with the Yakima County District Attorney's Office regarding language for the update(s). This applies to the mandatory reporting requirements.

February 23, 2022 Update:

The auditor's review of a memorandum to the inmate population that is strategically posted throughout the facility reveals substantial compliance with 115.53(b). The PCM advises that the content of this same memorandum has also been uploaded to the Edovo tablets. The same has been programmed such that inmates must access the same when they access the tablet. This procedure will be utilized going forward to educate inmates regarding 115.53(b) requirements. The auditor finds that inmates now have sufficient access to this information and accordingly, YCDOC is now compliant with 115.53(b).

Pursuant to the PAQ, the Director self reports the agency or facility maintains memorandums of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse and the written MOU is on file.

The auditor's review of the Services Contract between YCDOC and Central Washington Comprehensive Mental Health reveals they provide VA services as part of the contract. According to the Comprehensive training syllabus, such VA services are provided by community service providers, apparently contracted by Comprehensive.

In view of the above, the auditor finds YCDOC substantially compliant with 115.53.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Director self reports the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Specifically, the agency has a department website and PREA hotline. The Director further self reports the agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.</p> <p>YCDOC Policy 606 entitled PREA, page 5, section 606.5 addresses 115.54(a).</p> <p>Internal sexual abuse/harassment incident(s), retaliation against staff or inmates for reporting an incident(s) of sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents options for reporting are articulated in a PREA poster and on pages 2 and 3 of the inmate handbook. Inmates have access to these materials.</p> <p>The aforementioned poster and a tri-fold pamphlet are displayed in the front entrance, clearly visible to third-parties entering the facility. Additionally, the auditor validates the requisite language is available on the YCDOC website.</p> <p>The auditor recognizes completion of the corrective action highlighted in the narrative for 115.51(b) will facilitate conveyance of accurate and better knowledge for all stakeholders. Within the meaning of 115.54(a), YCDOC has met the requisite standard.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.54.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Additionally, the Director further self reports the agency requires all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident and, in accordance with agency policy, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>YCDOC Policy 606 entitled PREA, page 5, section 606.5 and YCDOC Policy 108 entitled Standards of Conduct, page 6, section 108.5.9(a) address 115.61(a).</p> <p>All 12 random staff interviewees assert the agency requires all staff to report:</p> <p>Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;</p> <p>Retaliation against inmates or staff who reported such an incident; or</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Ten of 12 interviewees assert that reports must be effected immediately to the employee's immediate supervisor unless the supervisor is alleged to be involved in the incident. The remaining two interviewees assert the report must be made to the chain of command.</p> <p>Pursuant to the PAQ, the Director self reports that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>YCDOC Policy 606 entitled PREA, page 5, section 606.5 addresses 115.61(b).</p> <p>The PCM asserts that staff with a "need to know" regarding such reports of sexual abuse/harassment are supervisors, administrative lieutenant, administrative chief, Acting Director, and medical/mental health staff.</p> <p>Pursuant to the PAQ, the Director self reports unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report/the limitations of confidentiality, at the initiation of services.</p> <p>Correct Care Services (CCS) OPS-100 B-04 entitled Federal Abuse Regulations, page 2, sections 5.3-5.5 addresses 115.61(c).</p> <p>Both the medical and mental health interviewees state they are required to disclose the limitations of confidentiality and their duty to report at the initiation of services. The medical staff interviewee asserts the intake form reflects a section regarding the inmate's authorization to disclose information. Additionally, they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same. Both interviewees are aware of this expectation pursuant to YCDOC PREA training.</p> <p>Both interviewees assert they have become aware of such incidents and they did report the same to security supervisors. The auditor has reviewed the relevant investigation regarding the referral from the mental health interviewee and finds YCDOC is substantially compliant with 115.61(c).</p> <p>Pursuant to the PAQ, the Director self reports if the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. The PCM asserts zero vulnerable adults have been subjected to sexual abuse during the last 24 months.</p> <p>YCDOC Policy 606 entitled PREA, page 9, section 606.10(e) addresses 115.61(d).</p> <p>The Director asserts inmates under the age of 18 are not housed at YCDOC. If a vulnerable adult alleged sexual abuse, the IA Sergeant is responsible for contacting the appropriate Protective Services agency.</p> <p>Pursuant to the PAQ, the Director self reports the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>YCDOC Policy 606 entitled PREA, page 5, section 606.5 addresses 115.61(e).</p>

The Acting Director asserts that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigator(s). The chief is actually responsible for effecting such notifications to the investigator(s).

In view of the above, the auditor finds YCDOC substantially compliant with 115.61.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Director further self reports in the last 12 months, the agency or facility determined that zero inmates were subject to a substantial risk of imminent sexual abuse.</p> <p>YCDOC Policy 606 entitled PREA, page 5, section 606.8 addresses 115.62(a). This policy citation generically speaks to protocols employed during any sexual abuse incident.</p> <p>The Acting Director asserts that when it is learned an inmate is subject to a substantial risk of imminent sexual abuse, the potential victim is immediately separated from the potential perpetrator. The potential victim may be moved to another tank, floor, or single cell. The potential perpetrator may also be moved to another facility.</p> <p>All 12 random staff interviewees assert that if it is learned an inmate is at risk of imminent sexual abuse, the potential victim is immediately removed from the danger zone to a safe place.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.62.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency has a policy requiring that, upon receiving an allegation an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the last 12 months, four allegations were received at YCDOC that an inmate was abused while confined at another facility. The Director further self reports contact was made with the facility as prescribed at 115.63(a).</p> <p>YCDOC Policy 606 entitled PREA, page 5, section 606.5.1 addresses 115.63(a).</p> <p>The auditor notes that notification to the other facility is delegated to the chief, pursuant to the above policy. The same is acceptable pursuant to a PRC FAQ dated May 9, 2017.</p> <p>The auditor notes that the emails provided as evidence in support of 115.63(a) compliance originated from the YCDOC IA Sergeant and the same were not routed to the Warden or Director at the receiving facilities. Accordingly, the auditor finds YCDOC non-compliant with 115.63(a), imposing a 180-day corrective action period wherein compliance with and institutionalization of the provision will be accomplished. The corrective action period will conclude on or before February 22, 2022.</p> <p>To demonstrate compliance with and institutionalization of 115.63(a), the PCM will provide training to stakeholders (minimally the command structure and the IA Sergeant) regarding the nuances of 115.63(a). Specifically, the auditor recommends that all emails be forwarded from the Chief's email and they must be forwarded to the Warden, Director, or facility head at the facility where the alleged sexual abuse originated. The PCM will upload a copy of the training syllabus, as well as, training documentation certifying that stakeholders completed the requisite training. This document will bear the printed/written signature of the attendee, as well as, the date and name of the training.</p> <p>Throughout the 180-day corrective action period, the PCM will upload copies of requisite notifications, inclusive of the date on which the information of sexual abuse at the other facility, was learned. The auditor will then review such documentation and assess compliance.</p> <p>February 1, 2022 Update:</p> <p>The auditor's review of the training syllabus regarding 115.63 reporting procedures reveals substantial compliance with the standard. Additionally, the auditor's review of six Notifications- PREA Training documents reveals that command staff completed said training on January 11 or 12, 2022.</p> <p>The auditor finds no evidence wherein allegations were reported to staff regarding incidents that occurred at other facilities.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.63(a).</p> <p>Pursuant to the PAQ, the Director self reports agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>YCDOC Policy 606 entitled PREA, page 5, section 606.5.1 addresses 115.63(b).</p> <p>With the exception of the findings articulated in the narrative for 115.63(a), the auditor finds no deviation in terms of timelines for notification of the facility head at the institution at which the alleged sexual abuse occurred.</p> <p>Pursuant to the PAQ, the Director self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>YCDOC Policy 606 entitled PREA, page 5, section 606.5.1 addresses 115.63(c).</p> <p>The auditor's review of the notifications referenced in 115.63(a) reveals the notifications were documented.</p> <p>Pursuant to the PAQ, the Director self reports the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. The Director further self reports in the last 12 months, zero allegations of sexual abuse originating at YCDOC were received from another facility.</p> <p>YCDOC Policy 606 entitled PREA, pages 8 and 9, sections 606.10 and 606.10.1 address 115.63(c).</p>

The Acting Director asserts that the chief is the designated authority for receipt of notifications from other facilities regarding sexual abuse incidents allegedly originating at YCDOC. A full YCDOC sexual abuse investigation is conducted whenever such notification(s) are received.

In view of the above, the auditor finds YCDOC substantially compliant with 115.63.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report:</p> <p>Separates the alleged victim and abuser; Preserves and protects any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensures 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.</p> <p>The Director self reports In the past 12 months, 15 allegations were lodged regarding inmate sexual abuse. Of these allegations of sexual abuse in the last 12 months, the first security staff member to respond to the report separated the alleged victim and abuser on two occasions. In four of the 15 allegations, staff were notified within a time period that still allowed for the collection of physical evidence. Of these allegations in the last 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence on zero occasions. Similarly, there were zero occasions wherein the security first responder requested the victim and ensured the abuser did not destroy physical evidence as described above.</p> <p>The auditor's follow-up review of two 2020 sexual abuse investigations clearly reveals that once notified of the allegations, the first responders immediately removed the victim from the area. Likewise, the alleged perpetrator was also removed from the area where the incident allegedly occurred. Clothing and other personal property was secured in both cases pursuant to standard operating procedure and in accordance with evidence collection techniques and requirements. Accordingly, the auditor finds no evidence of non-compliance with 115.64(a).</p> <p>YCDOC Policy 606 entitled PREA, page 6, section 606.7(a), (c), and (d) addresses 115.64(a).</p> <p>As reflected in the narratives for 115.21 and 115.82, the vast majority of both security and non-security 1st responders, as well as random staff interviewees, accurately described all four 1st responder duties. Given the above and the fact that security staff receive training regarding evidence collection, the auditor finds no deviation from either standard or policy.</p> <p>The auditor finds that two of the fact patterns connected with the five inmates who reported a sexual abuse interviewees are applicable to 115.64(a). In three cases, sexual abuse was not alleged within the definitions establish by standard. One interviewee asserts staff responded to his report of sexual abuse a couple days following the report. Specifically, he reported the incident to a correctional officer and allegedly, intervention did not occur for a few days. Accordingly, he does not feel that the staff response was quick.</p> <p>The auditor's review of the investigation in this matter refutes the interviewee's statement. Shortly after staff were alerted by a note from the victim, staff immediately secured the victim and commenced preliminary/minimal questioning regarding the incident. Based on the auditor's assessment, staff acted quickly and deliberately regarding the incident.</p> <p>Of note, the auditor's random review of the aforementioned 11 sexual abuse/harassment investigations did not reveal any violation(s) of the requirements of 115.64.</p> <p>Pursuant to the PAQ, the Director self reports agency policy requires that if the first staff responder is not a security staff member, the responder shall request the alleged victim not take any actions that could destroy physical evidence and the responder subsequently notifies security staff. Of the allegations that an inmate was sexually abused during the last 12 months, a non-security staff member was the first responder on zero occasions.</p> <p>YCDOC Policy 606 entitled PREA, page 7, section 606.7 addresses 115.64(b).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.64.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>YCDOC Policy 606 entitled PREA, page 2, section 606.4(a) addresses 115.65(a). Additionally, the Aggravated Sexual Assault Checklist captures the requirements of 115.65.</p> <p>The Acting Director asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators and facility leadership in response to an incident of sexual abuse. The same is addressed in the Aggravated Sexual Assault Checklist. The plan is discussed during Pre-Service and PREA ART training.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.65.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Acting Director is the designated agency head of YCDOC and he asserts the agency entered into or renewed collective bargaining agreements or other agreements since August 20, 2012. The three agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted. The auditor's review of the current DOC Chiefs and Lieutenants, DOC Office and Clerical Supervisors, and DOC Officers, Corporals, and Sergeants Bargaining Agreements validates the Director's statement as reflected above.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.66.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The Director further self reports the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. At YCDOC, all supervisors are required to monitor for inappropriate behavior. When any sexual abuse incident occurs with officers and inmates, the officer is removed from the floor until the investigation is completed. Dependent upon the outcome of the investigation, the officer may not be allowed to have contact or work on the floor where the inmate is assigned. The officer's direct supervisor will monitor and assign where staff will be working. Additionally, the IA Sergeant is designated as the retaliation monitor at YCDOC.</p> <p>YCDOC Policy 606 entitled PREA, pages 5 and 6, section 606.6 addresses 115.67(a).</p> <p>Based on the auditor's review of investigations, he finds no evidence of deviation from 115.67(a). Additionally, the auditor has not determined any deviation(s) based on inmate interviews.</p> <p>Pursuant to the PAQ, the Director self reports the agency employs multiple protection measures, such as housing changes or transfers for inmate victims (rarely as the result of exaggerated circumstances) or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>YCDOC Policy 606 entitled PREA, pages 5 and 6, section 606.6 addresses 115.67(b).</p> <p>The designated staff member charged with monitoring retaliation interviewee asserts she monitors various factors relative to victims/potential victims who report sexual abuse or are the subject of reports of sexual abuse. Additionally, she coordinates actions in an attempt to ensure victim, etc. safety and freedom from retaliation. Specifically, she facilitates formal monthly meetings with individual(s), in question, and documents the same. Informal or periodic check-ins are likewise documented. She works to ensure perpetrators are transferred or placed in different housing and/or removed from the general population. Additionally, she recommends emotional support services for inmate victims, Employee Assistance Program (EAP) for staff victims. Such services may also be provided by the chaplain, mental health providers, or nurses.</p> <p>In addition to the transfers mentioned in preceding paragraphs, movement of both the victim and perpetrator(s) within the facility is also a viable alternative. Creative utilization of housing units also favors the victim's advantage. Open communication is always an option.</p> <p>In regard to retaliation against staff, strategies include shift changes, floor changes or assignment changes, or movement of the employee to the food service operation at the Fairgrounds. These strategies are intended to facilitate placement away from YCDOC staff and inmates.</p> <p>The staff member charged with monitoring retaliation asserts she initiates contact with inmates who have reported sexual abuse. She facilitates monthly meetings and check-ins with the victims.</p> <p>The Acting Director's statements in this regard parallel the retaliation monitor's statement.</p> <p>Four of the five inmates who reported a sexual abuse/harassment interviewees report they feel protected enough against possible revenge from staff or other inmates because they reported what happened to them.</p> <p>Pursuant to the PAQ, the Director self reports the facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. Monitoring continues for a period of at least 90 days however, the facility acts promptly to remedy any such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Director further self reports zero incidents of retaliation occurred in the last 12 months.</p> <p>YCDOC Policy 606 entitled PREA, page 6, section 606.6 addresses 115.67(c).</p> <p>When retaliation is suspected, the IA Sergeant handles the same immediately pursuant to implementation of measures articulated in the following paragraphs.</p> <p>The designated staff member charged with retaliation monitoring interviewee asserts she looks for the following to detect retaliation against inmates:</p> <p>Cessation of communication;</p>

Withdrawal;
Decompensation in terms of personal hygiene;
Acting out;
Refusing programs; and
Accrual of additional charges.

Retaliation against staff may include the following:

Perpetual anger;
Multiple shift and assignment change requests;
Arguments with others;
General discord;
Isolation;
Increase in sick call requests; and
Hygiene decompensation.

The designated staff member charged with monitoring retaliation interviewee asserts she monitors the conduct and treatment of inmates and staff who report the sexual abuse of an inmate or were reported to have suffered sexual abuse for at least 90 days. If there is a concern that potential retaliation might occur, monitoring may be extended until the end of confinement at YCDOC.

The auditor's review of two applicable investigations out of 11 random sexual abuse/harassment investigations completed during the last 18 months reveals 90-day retaliation monitoring was not completed. The remaining nine investigations were either determined to be unfounded or the fact pattern was descriptive of sexual harassment. Accordingly, the auditor finds YCDOC non-compliant with 115.67(c).

In view of the above, the auditor is imposing upon YCDOC a 180-day corrective action period, ending on February 22, 2022. To demonstrate compliance with 115.67, the PCM will provide training to all YCDOC staff stakeholders regarding the 30/60/90 day retaliation monitoring reviews and periodic status checks, inclusive of documentation of the same. Upon completion of this training, the PCM will provide to the auditor a copy of the lesson plan and documentation certifying stakeholders completed the training. Additionally, the PCM will provide to the auditor a copy of all sexual abuse investigations and accompanying retaliation monitoring documentation for incidents occurring between the date of the Interim Report and the aforementioned corrective action completion date. Upon review of relevant evidence, the auditor will make a determination regarding compliance, maintaining relevant documents in the audit file.

February 23, 2022 Update:

During the post-audit phase, the IA Sergeant (retaliation monitor interviewee) provided clarification regarding the two investigations and subsequent retaliation monitoring articulated in the preceding paragraphs. In one case, two months of retaliation monitoring is accountable by virtue of completion of the requisite forms. NOTE: The auditor's review of relevant PREA Incident Retaliation Forms reveals substantial compliance with the intent of 115.67(c). The inmate reported the incident on November 2, 2020 and she met with the retaliation monitor on November 23, 2020 and December 15, 2020. The inmate was released from custody on December 31, 2020.

With respect to the second matter, the retaliation monitor interviewee states that retaliation monitoring did occur however, the same was not completed over a consecutive 90-day period of time. Specifically, the victim inmate appears to suffer from cognitive impairment, as stipulated by the interviewee pursuant to her continued contact with mental health staff during periods of stabilization attempts. Periods of cognitive impairment and suicidal episodes inhibited timely and comprehensive retaliation monitoring efforts. For example, the following timeline provides a snapshot of issues related to the same:

- 10/26/20 PREA incident reported
- 10/31/20 Incident report/ Inmate suicidal
- 11/02/20 Incident report/ Mental issues/ Hallucinating rats and mice
- 11/05/20 Incident report/ Use of force/ pulling away from transport officers
- 11/10/20 Incident report/ Inmate suicidal
- 11/19/20 Incident report/ Inmate suicidal
- 11/28/20 Incident report/ Inmate suicidal
- 11/30/20 Incident report/ Damage to property/ pulled TV off the wall and destroyed
- 12/01/20 First Retaliation Report
- 12/15/20 Second Retaliation Report
- 12/26/20 Incident report/ Inmate suicidal
- 01/05/21 Third Retaliation Report

The interviewee asserts that between the victim's mental health and cognitive impairment issues, it was difficult to get him stabilized long enough to secure a report that she felt would be valid. She wanted to be able to interview the victim when he would actually be able to relate if he was being victimized, bullied or intimidated in any way. She did not feel that an interview while on suicide watch would be appropriate or accurate since he was obviously in crisis.

In view of the above, the auditor finds retaliation monitoring efforts were reasonable and commensurate with the intent of 115.67(c), under the circumstances. Accordingly, the auditor finds YCDOC substantially compliant with 115.67(c).

Pursuant to the PAQ, the Director self reports In the case of inmates, such monitoring shall also include periodic status checks.

The designated staff member charged with retaliation monitoring asserts she looks for the following to detect retaliation against inmates:

- Cessation of communication;
- Withdrawal;
- Decompensation in terms of personal hygiene;
- Acting out;
- Refusing programs; and
- Accrual of additional charges.

Retaliation against staff may include the following:

- Perpetual anger;
- Multiple shift and assignment change requests;
- Arguments with others;
- General discord;
- Isolation;
- Increase in sick call requests; and
- Hygiene decompensation.

The relevant policy citation is reflected in the narrative for 115.67(c).

Pursuant to the PAQ, the Director self reports if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The relevant policy citation is reflected in the narrative for 115.67(a).

If an individual who cooperates with an investigation expresses a fear of retaliation, the Acting Director asserts the agency employs the observations and steps articulated in the narratives for 115.67(a-d). The PCM asserts that during the last 12 months, zero inmates expressed a fear of retaliation when and after cooperating in a sexual abuse investigation.

The Acting Director also corroborates the statement of the designated staff member charged with monitoring retaliation interviewee with respect to measures that can be taken to protect inmates and staff from retaliation. As previously indicated, the investigative staff interviewee would address the same immediately.

In view of the above, the auditor finds YCDOC substantially compliant with 115.67.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Pursuant to the PAQ, the Director self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and there is/are no available alternative means of separation from likely abusers. Zero inmates who allege to have suffered sexual abuse were held in involuntary segregated housing in the last 12 months for one to 24 hours awaiting completion of assessment. Additionally, zero inmates who allege to have suffered sexual abuse were assigned to involuntary segregated housing in the last 12 months for longer than 30 days while awaiting alternative placement. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

YCDOC Policy 606 entitled PREA, pages 10 and 11, section 606.12 addresses 115.68(a).

The Acting Director asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. However, if the victim requests protective custody, they can be housed in segregated housing. Generally, victims, dependent upon the circumstances and evidence, may be placed in "cell alone" status.

The Acting Director asserts inmates at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Aside from the time frame mentioned in 115.43(a), inmates are minimally assessed within 72 hours of placement in segregated housing. Acceptable housing arrangements are assessed and possible alternatives are considered. As previously mentioned, there is generally at least one alternative housing arrangement available.

Finally, the Acting Director asserts that during the last 12 months, there were no circumstances which warranted the use of segregated housing to protect an inmate who was alleged to have suffered sexual abuse.

The staff who supervises inmates in segregated housing interviewee states there is no education program at YCDOC wherein physical instruction is accomplished rather, education programming is available on the Endovo tablets. Inmates can request religious materials from contract chaplaincy staff. The chaplain does make rounds in segregated housing and if an inmate wishes to talk to him/her, the inmate is placed in a room on the respective floor, with the chaplain. Inmate porters complete sanitation chores in segregated housing common areas for which they receive incentive bags.

The interviewee states zero inmates are confined in segregated housing for involuntary segregation as the result of sexual abuse or staff concern regarding their safety from sexual abuse.

The interviewee also states that if the facility restricts access to programs, privileges, education, or work opportunities, the facility documents:

The opportunities that have been limited;
The duration of the limitations; and
The reason for such limitations.

To restrict access as reflected above, the segregation officer recommends, in writing, suspension of the activity or privilege and his/her supervisor then signs the same. All three tenets as described above, are addressed in the recommendation.

The staff who supervises inmates in segregated housing interviewee states that inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Generally, inmates could be placed in this situation for less than 30 days however, the interviewee states he is not aware of any instances wherein a victim or potential victim has been involuntarily placed in segregated housing. The victim or potential victim may be initially placed in segregated housing for investigative purposes.

The staff who supervises inmates in segregated housing interviewee states that once an inmate is assigned to involuntary segregated housing, the facility reviews the inmate's circumstances every 30 days to determine if continued placement in involuntary segregated housing is needed. As previously indicated, a weekly classification review is facilitated to assess placement. Additionally, a 30-day review is part of this protocol.

The PCM asserts zero inmates were assigned to segregated housing (for risk of victimization/who allege to have suffered sexual abuse) at the time of the on-site audit.

In view of the above, the auditor finds YCDOC substantially compliant with 115.68.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>YCDOC Policy 606 entitled PREA, pages 8 and 9, sections 606.10 and 606.10.1 address 115.71(a). Additionally, the auditor's review of a blank Aggravated Sexual Assault Checklist reveals a chronological sequence of steps to be taken in a sexual abuse incident. The document provides space for time, date, and initials of staff completing each individualized task.</p> <p>The administrative investigative staff interviewee asserts sexual abuse/harassment investigations are generally initiated within 24 hours if off site. If on-site, investigations are initiated immediately. She would generally report to the facility in the case of a sexual abuse allegation. She may not report to the facility in the event of a sexual harassment allegation however, she would direct the shift supervisor in terms of protocol.</p> <p>The criminal investigative interviewee asserts that facility staff would report the sexual abuse allegation to Dispatch and, in turn, a patrol deputy would respond to the facility. The patrol deputy bags any physical evidence secured at the scene and transports the evidence to the YCSD office for logging into evidence. The patrol deputy's initial report is then assigned to a sexual assault unit detective.</p> <p>Both the administrative and criminal investigative interviewees assert anonymous and third-party reports of sexual abuse are investigated in the same manner as any allegation.</p> <p>The PCM asserts the collection of evidence is both part of the evidence collection protocol, as well as, the 1st Responder Checklist. The same is addressed as part of the evidence training facilitated by agency trainers.</p> <p>Pursuant to the PAQ, the Director self reports where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.</p> <p>YCDOC Policy 606 entitled PREA, page 8, section 606.10 addresses 115.71(b).</p> <p>The administrative investigative staff interviewee asserts she did receive training specific to conducting sexual abuse investigations in confinement settings. She completed the NIC course entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting. The course is a three-hour on-line course, inclusive of scenario work. The course did provide instruction regarding the following:</p> <p>Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative or prosecution referral.</p> <p>The criminal investigative interviewee asserts that he has completed specialized sexual abuse investigation training, inclusive of confinement settings. Specialty training was offered through various vendors and other Criminal Justice Training Commission (CJTC) trainings in WA. Training was in-person three to five day classes. Classes paralleled those articulated in the narrative for the administrative sexual abuse investigator.</p> <p>Pursuant to the PAQ, the Director self reports investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p>YCDOC Policy 606 entitled PREA, page 9, section 606.10 addresses 115.71(c).</p> <p>According to the administrative investigative staff interviewee, the following constitutes a snapshot of investigative steps and associated time frames for completion of the same:</p> <p>Threshold questioning of the victim (15 minutes); Check the crime scene to ensure the same is secure (5 minutes); Retrieve evidence from the victim (clothes, personal property) (30-60 minutes); Remove evidence from the crime scene (1 hour); Ensure the perpetrator is contained (1 minute); Remove evidence from the perpetrator (clothes, etc.) (15 minutes); Interview staff and inmate witnesses (30 minutes to 2 hours, dependent upon the number of interviewees);</p>

Check video and telephone monitoring (2 hours to 2 days);
Review inmate files (1-3 hours);
Contact Classification (30 minutes to 1 hour);
Facilitate re-interviews based on new evidence (1-2 hours); and
Report Writing (2-5 hours)

The administrative investigative staff interviewee is responsible for gathering video, text messages, telephone calls, inmate and staff files, interview notes, memorandums, and thumbnail notes. The criminal investigative interviewee asserts he collects physical evidence and his official interview notes.

The criminal investigative interviewee asserts investigative protocol may be as follows, dependent upon the circumstances:

Check the crime scene;

Talk to staff regarding witnesses, video, and telephone monitoring;

Threshold questioning of victim, if on-site;

Review video and telephone monitoring;

Review files;

Interview witnesses;

Final recorded interview with victim, if possible;

Re-interviews;

Interview perpetrator; and

Write report.

The PCM asserts that if there is a chance that evidence could be destroyed, the 1st Responder collects the same. If the investigator is called, the scene is secured and the investigator collects evidence.

The auditor's review of 11 administrative sexual abuse/harassment investigations reveals substantial compliance with 115.71.

Pursuant to the PAQ, the Director self reports when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. However, compelled interviewees are facilitated by YCSO investigators.

The administrative investigative staff interviewee asserts the conduct of compelled interviews is a law enforcement function. The criminal investigative interviewee asserts he does not contact prosecutorial staff prior to completion of compelled interviews.

Pursuant to the PAQ, the Director self reports the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

YCDOC Policy 606 entitled PREA, pages 8 and 9, section 606.10 addresses 115.71(e).

The administrative investigative staff interviewee asserts she bases credibility of an alleged victim, suspect, or witness on their familiarity with the fact pattern as the same unfolds throughout the investigative process. She also assesses the individual's history of credibility. The alleged victim, suspect, or witness is believable until proven otherwise.

The criminal investigative interviewee asserts he commences his investigation with deference to the victim. He then assesses the totality of available evidence, comparing the same against victim, witness, and perpetrator statements. This process provides a synopsis of credibility.

Both the administrative and criminal investigative staff interviewees assert they would not, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation. The same is a law enforcement function.

Pursuant to the PAQ, the Director self reports administrative investigations:

Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning

behind credibility assessments, and investigative facts and findings.

YCDOC Policy 606 entitled PREA, page 8, section 606.10 addresses 115.71(f).

The administrative investigative staff interviewee asserts she compares the fact pattern against the Code of Conduct and policy to determine whether staff actions or failures to act contributed to the sexual abuse. Additionally, she documents administrative investigations in written reports that bear the following information:

Executive Digest (allegations and timeline established during the investigation);
Interviews recapitulation;
Evidence recapitulation;
Credibility analysis recapitulation;
Conclusion (includes policy analysis);
Findings; and
Recommendations

YCDOC Policy 606 entitled PREA, page 8, section 606.10 addresses 115.71(g).

The administrative investigative staff interviewee asserts criminal investigation reports are documented. They somewhat mirror administrative investigations however, a thorough analysis of DNA, etc. is included in the criminal report.

The criminal investigative interviewee asserts criminal reports include the following topics:

Executive Digest, inclusive of timeline;
Victim and witness statements;
Evidence narrative;
Perpetrator's statement;
Credibility analysis; and
Summary.

The PCM asserts YCSO investigators do not forward copies of completed criminal investigations to the facility.

Pursuant to the PAQ, the Director self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. Such administrative reports are forwarded to YCSO for consideration of prosecution referral. Since the last PREA audit, three matters were referred for prosecution.

YCDOC Policy 606 entitled PREA, page 9, section 606.10 addresses 115.71(h).

The investigative staff interviewee asserts she does not refer cases for prosecution rather, such referral is a law enforcement function. The criminal investigative interviewee asserts referrals follow a finding of an RCW violation and evidence exceeding 51%. Generally, in view of the evidentiary standard for criminal findings, investigators look for a standard of evidence between 51% and 75%.

Pursuant to the PAQ, the Director self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

YCDOC Policy 606 entitled PREA, page 12, sections 606.15 addresses 115.71(a).

The auditor has not discovered any deviation from 115.71(i).

Pursuant to the PAQ, the Director self reports the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

YCDOC Policy 606 entitled PREA, page 9, section 606.10 addresses 115.71(j).

The administrative and criminal investigative staff interviewees assert that investigations continue when both a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

Pursuant to the PAQ, the Director self reports when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

YCDOC Policy 606 entitled PREA, page 9, section 606.10 addresses 115.71(l).

The Acting Director asserts that if an outside agency investigates allegations of sexual abuse, the IA Sergeant facilitates email and telephone follow-up to law enforcement to remain abreast of the status of the investigation and she documents those contacts. The PCM corroborates the Director's assertion in this regard. Finally, the investigative staff interviewee asserts she acts as a host, assisting criminal investigators with whatever they need.

In view of the above, the auditor finds YCDOC substantially compliant with 115.71.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>YCDOC Policy 606 entitled PREA, page 9, section 606.10.1 addresses 115.72(a).</p> <p>According to the investigative staff interviewee, the requisite standard of evidence to substantiate allegations of sexual abuse/harassment is "preponderance" or 51 percent. In other words, there is more evidence substantiating the fact the incident occurred, than not.</p> <p>The auditor's random review of the aforementioned 11 investigations reveals the "preponderance" standard is clearly employed in all, with the exception of one. In that particular case, the evidence more appropriately establishes a finding of unsubstantiated, as opposed to unfounded, and accordingly, the auditor discussed this investigation with the PCM. However, the auditor finds no deviation from standard.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.72.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency has a policy requiring that any inmate who makes an allegation he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Director further self reports the victims in all 20 sexual abuse cases investigated during the last 20 months, were notified pursuant to 115.73. The auditor notes, as previously, stated in this report, that 18 sexual abuse/harassment cases were investigated during the last 20 months.</p> <p>YCDOC Policy 606 entitled PREA, page 10, section 606.10.2 addresses 115.73(a).</p> <p>The Acting Director asserts the IA Sergeant notifies an inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Such notification is always made in writing. The IA Sergeant corroborates the statement of the Acting Director in this regard. Four of the five inmates who reported a sexual abuse state the facility is required to notify them when their sexual abuse allegation has been substantiated, unsubstantiated, or unfounded.</p> <p>The auditor's random review of eight sexual abuse investigations facilitated during the last 12 months reveals requisite 115.73(a) notifications were provided to the victim in three cases. Accordingly, actual practice reveals YCDOC is not substantially compliant with 115.73(a) and the auditor is imposing a 180-day corrective action period wherein YCDOC will demonstrate compliance with and institutionalization of 115.73(a) requirements. The corrective action completion date is February 22, 2022.</p> <p>To demonstrate institutionalization of the aforementioned provisions, the PCM will provide training to the IA Sergeant, as well as, all lieutenants regarding the nuances of 115.73(a), (c), and (d). Upon completion of the training, the PCM will provide the auditor with a copy of the training syllabus and training documentation substantiating the requisite training was provided as reflected above. Additionally, the PCM will provide to the auditor a copy of all sexual abuse investigations conducted during the corrective action period (between the date of this interim report and corrective action completion date), inclusive of requisite 115.73(a) notifications to inmates.</p> <p>Subsequent to the above, the auditor will make a determination regarding compliance.</p> <p>February 1, 2022 Update:</p> <p>The auditor's review of the training syllabus regarding 115.73 (in entirety) and six signed and dated Inmate Notification PREA Training documents reveals relevant stakeholders received requisite training required pursuant to corrective action.</p> <p>Additionally, the auditor's review of three 115.73(a) notifications reveals substantial compliance.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.73(a).</p> <p>Pursuant to the PAQ, the Director self reports if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The Director further self reports during the last 12 months, three investigations of alleged inmate sexual abuse in the facility were completed by an outside agency and the requisite notification was provided to each.</p> <p>YCDOC Policy 606 entitled PREA, page 10, section 606.10.2 addresses 115.73(b).</p> <p>Pursuant to the PAQ, the Director self reports following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:</p> <p>The staff member is no longer posted within the inmate's unit;</p> <p>The staff member is no longer employed at the facility;</p> <p>The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or</p> <p>The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>The Director further self reports there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the last 12 months.</p> <p>YCDOC Policy 606 entitled PREA, page 10, section 606.10.2 addresses 115.73(c).</p>

115.73(c) notifications were not applicable to all five inmates who reported a sexual abuse interviewees. Either the fact pattern was more descriptive of sexual harassment, the allegation was unfounded, the allegation did not include staff perpetrators, or none of the 115.73(c) solutions were appropriate.

The auditor's random review of three staff-on-inmate investigations conducted during the last 18 months reveals that all three cases were determined to be unfounded. Accordingly, 115.73(c) notifications were not required.

The auditor has not found nor has he been provided any evidence warranting 115.73(c) notifications.

Pursuant to the PAQ, the Director self reports that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

YCDOC Policy 606 entitled PREA, page 10, section 606.10.2 addresses 115.73(d).

115.73(d) notifications were not applicable to all five inmates who reported a sexual abuse interviewees. Either the allegation was unfounded, the allegation did not include inmate perpetrators, or none of the 115.73(d) solutions were appropriate.

The auditor has not found nor has he been provided any evidence warranting 115.73(d) notifications.

Pursuant to the PAQ, the Director self reports the agency has a policy that all notifications to inmates described under this standard are documented. The Director further self reports in the last 12 months, 20 written notifications to inmates were provided pursuant to 115.73. Again, the auditor notes, as previously, stated in this report, that 18 sexual abuse cases were investigated during the last 20 months.

YCDOC Policy 606 entitled PREA, page 10, section 606.10.2 addresses 115.73(e).

The auditor notes that all notifications referenced throughout this narrative are written.

In view of the above, the auditor finds YCDOC substantially compliant with 115.73.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>YCDOC Policy 108 entitled Standards of Conduct, pages 3 and 4, section 108.5.4(b) addresses the prohibition of employee engagement in sexual abuse with inmates. Additionally, YCDOC Policy 606 entitled Prison Rape Elimination Act, page 9, section 606.10.1 addresses 115.76(a-d). Page 12 of the YCDOC Employee Handbook identifies progressive disciplinary measures and the potential consequences for sexual abuse of an inmate.</p> <p>Pursuant to the PAQ, the Director self reports zero facility staff have violated agency sexual abuse/harassment policies during the last 12 months. Additionally, zero facility staff have been terminated (or resigned prior to termination) for violating agency sexual abuse/harassment policies.</p> <p>Pursuant to the PAQ, the Director self reports the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The Director self reports zero facility staff have been disciplined, short of termination, for violation of agency sexual abuse/harassment policies (other than actually engaging in sexual abuse).</p> <p>YCDOC Policy 108 entitled Standards of Conduct, pages 3 and 4, section 108.5.4(a) and (b) addresses the prohibition of employee engagement in sexual abuse with inmates. Page 12 of the YCDOC Employee Handbook identifies progressive disciplinary measures and the potential consequences for sexual abuse of an inmate.</p> <p>Pursuant to the PAQ, the Director self reports 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. The Director further self reports that in the last 12 months, zero facility staff have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.76.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. The Director further self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p>YCDOC Policy 606 entitled PREA, page 10, section 606.11.1 addresses 115.77(a). Additionally, the auditor's review of the PREA Handout for Non-Custodial Staff reveals substantial admonishments to contractors and volunteers and therefore, substantial compliance with 115.77(a).</p> <p>Pursuant to the PAQ, the Director self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The PCM elaborates further that if there is a claim a contractor or volunteer violated agency sexual abuse or sexual harassment policies, he/she will not be allowed in the facility.</p> <p>The Acting Director asserts that in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, facility access privileges are immediately suspended pending the outcome of an investigation. If the investigation is substantiated, access privileges are revoked on a permanent basis.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.77.</p>

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

Pursuant to the PAQ, the Director self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt that an inmate engaged in inmate-on-inmate sexual abuse. In the last 12 months, zero administrative findings or criminal findings of guilt for inmate-on-inmate sexual abuse occurred at the facility.

YCDOC Policy 600 entitled Inmate Discipline, page 8, section 600.11 addresses 115.78(a). Pages 15, 16, and 19-22 of the YCDOC Inmate Handbook also address 115.78(a) and (b).

Pursuant to the PAQ, the Director self reports sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

YCDOC Policy 600 entitled Inmate Discipline, page 8, section 600.11 addresses 115.78(b).

The Acting Director asserts inmates are subject to criminal charges, charged with a 300 level incident, and placed in segregation for up to 90 days, 60 of which must be approved by the administrative chief, as consequences for sexual abuse of an inmate. Sanctions imposed are proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary history, and the sanction(s) imposed for similar offenses by other inmates with similar histories.

Pursuant to the PAQ, the Director self reports the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

YCDOC Policy 600 entitled Inmate Discipline, page 4, section 600.4.2 addresses 115.78(c).

The Acting Director asserts that mental disability or mental illness is considered when determining sanctions.

Pursuant to the PAQ, the Director self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Mental Health staff provide follow-up and the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

The mental health staff interviewee states that the facility does consider whether to offer services (therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse) to perpetrators. However, they do not require an inmate's participation as a condition of access to programming or other benefits.

Pursuant to the PAQ, the Director self reports the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. An investigation is conducted and if proven the inmate was inappropriate with staff and staff was not a willing participant, the inmate can be disciplined.

YCDOC Policy 600 entitled Inmate Discipline, page 8, section 600.10 addresses 115.78(e).

Pursuant to the PAQ, the Director self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

YCDOC Policy 600 entitled Inmate Discipline, page 8, section 600.10 addresses 115.78(f).

Pursuant to the PAQ, the Director self reports the agency prohibits all sexual activity between inmates and disciplines inmates for such activity only when the agency deems such activity was coerced.

YCDOC Policy 600 entitled Inmate Discipline, page 8, section 600.10 addresses 115.78(g).

In view of the above, the auditor finds YCDOC substantially compliant with 115.78.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports all inmates at the facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake. In the last 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner as all inmates are offered follow ups with mental health and medical. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p>
	<p>The inmate who reported community sexual victimization during risk screening interviewee states that when he told someone at the facility about prior sexual abuse, staff did not ask him if he wanted to meet with a medical or mental health care practitioner. NOTE: The auditor's review of the report regarding this interviewee reveals he was seen by mental health staff within 14 days of his prior report of sexual victimization.</p>
	<p>Of note, the PCM asserts that all inmates are provided medical and mental health screenings within 14 days of Booking.</p>
	<p>The staff who perform screening for risk of victimization and abusiveness interviewee asserts she does offer a follow-up meeting with a medical and/or mental health practitioner whenever a 115.41 screening indicates that an inmate has experienced prior sexual victimization. Specifically, classification staff refer affected inmates to mental health staff. Generally, the screening occurs immediately following the referral.</p>
	<p>The auditor's review of six reports wherein inmates reported 115.81(a) historical sexual abuse reveals that medical/mental health follow-up was declined in two cases and requisite 115.81(a) follow-up was facilitated in three cases.</p>
	<p>Pursuant to the PAQ, the Director self reports the facility is a jail and therefore, 115.81(b) is not applicable. The auditor concurs with this assessment as the facility is classified as a jail.</p>
	<p>Pursuant to the PAQ, the Director self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Distribution is limited to Care and Custody staff to assist with security decisions such as housing, bed assignment and treatment.</p>
	<p>YCDOC Policy 606 entitled PREA, page 8, section 606.9(j) addresses 115.81(d).</p>
	<p>Pursuant to the PAQ, the Director self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.</p>
	<p>YCDOC Policy 606 entitled PREA, page 8, section 606.9(i) addresses 115.81(e).</p>
	<p>Both medical and mental health staff interviewees state that they obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. Both interviewees also state zero inmates under the age of 18 are housed at YCDOC and accordingly, there is no need for a separate informed consent process.</p>
	<p>In view of the above, the auditor finds YCDOC substantially compliant with 115.81.</p>

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Pursuant to the PAQ, the Director self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

YCDOC Policy 704 entitled Emergency Health Care Services and YCDOC policy 606 entitled PREA, pages 7 and 8, section 606.8 and 606.9 address

115.82(a).

Both medical and mental health staff interviewees assert victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The same commences immediately following report of the incident. The nature and scope of these services is rendered pursuant to their professional judgment.

The one inmate who alleged sexual abuse by contact stated he refused medical treatment however, he was interviewed by mental health staff. Fact patterns prevalent in the remaining four cases involved no sexually abusive contact.

The auditor's further review of the fact pattern and supporting documentation surrounding the inmate who alleged sexual abuse by physical contact reveals he was provided a forensic examination on or about April 10, 2020. During the same, sexually transmitted prophylactic medication was provided in view of the victim's fears regarding AIDS. Accordingly, the auditor finds YCDOC substantially compliant with 115.82(a).

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

YCDOC Policy 606 entitled PREA, page 6, section 606.7(b) addresses 115.82(b).

The security staff 1st responder staff interviewee correctly cited 115.64(a) 1st responder duties. The PCM advised the auditor that all YCDOC staff are considered security staff and accordingly, the non-security 1st responder interview was not facilitated. Medical/mental health staff are contractors and accordingly, they do not meet the definition specified in the provision.

Pursuant to the PAQ, the Director self reports inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

YCDOC Policy 606 entitled PREA, page 8, section 606.9(d and e) addresses 115.82(c).

The medical staff interviewee states that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

115.82(c) interventions are addressed in the narrative for 115.82(a) above.

Pursuant to the PAQ, the Director self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

YCDOC Policy 606 entitled PREA, page 8, section 606.9(h) addresses 115.82(d).

The auditor has not learned of any instance wherein financial charges for treatment services were imposed upon the victim whether he/she named the abuser or cooperated with any investigation arising out of the incident.

In view of the above, the auditor finds YCDOC substantially compliant with 115.82.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>YCDOC Policy 606 entitled PREA, pages 7 and 8, section 606.9 addresses 115.83(a).</p> <p>The auditor's review of six reports wherein inmates reported 115.83(a) historical sexual abuse reveals that medical/mental health follow-up was declined in two cases and requisite 115.83(a) follow-up was facilitated in three cases.</p> <p>Pursuant to the PAQ, the Director self reports the evaluation and treatment of such victims shall 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.</p> <p>YCDOC Policy 606 entitled PREA, page 8, section 606.9(g) addresses 115.83(b).</p> <p>According to the medical staff interviewee, crisis evaluation and treatment of inmates who have been sexually abused entails a vitals check, clothed inspection for wounds, and threshold medical questioning. If a forensic examination is facilitated, a follow-up visit by the nurse practitioner ensues.</p> <p>The mental health staff interviewee states she assesses mental status and attempts to mitigate the crisis. VAs are activated through Aspen Victim Advocacy Services. Additionally, the interviewee states she calms and reassures the victim, educating regarding available services at the same time.</p> <p>Two of the five inmates who reported sexual abuse at YCDOC interviewees state that the medical or mental health doctor/nurse discussed with them follow-up services, treatment plans, or any, if necessary, referrals for continued care. Two interviewees described fact patterns wherein sexual contact was not involved. One interviewee stated he did not receive 115.83(b) services.</p> <p>The facility provides such victims with medical and mental health services consistent with the community level of care.</p> <p>The medical/mental staff health interviewees state that medical and mental health services offered are consistent with the community standard of care, both at YCDOC and during the forensic examination at the hospital.</p> <p>Pursuant to the PAQ, the Director self reports female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.</p> <p>YCDOC Policy 606 entitled PREA, page 8, section 606.9(f) addresses 115.83(d).</p> <p>The auditor has not been provided nor has he discovered any evidence reflective of sexually abusive vaginal penetration of a female inmate during the last 12 months and the PCM reports no such incidents have occurred. A discussion regarding specifics of the forensic examination as applied to 115.83 is addressed in the narrative for 115.21(c).</p> <p>Pursuant to the PAQ, the Director self reports if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.</p> <p>The relevant policy citation and discussion is articulated in the narrative for 115.83(d).</p> <p>The medical staff interviewee reports that if pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. Specifically, the same is facilitated at YCDOC by the OB-GYN. Such information and services are ordinarily provided post incubation.</p> <p>The auditor notes that one of the inmates who reported a sexual abuse was female and the fact pattern involved no evidence of penetration. Accordingly, this explanation suffices for both 115.83(d) and (e).</p> <p>Pursuant to the PAQ, the Director self reports inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>YCDOC Policy 606 entitled PREA, page 8, section 606.9(c) addresses 115.83(f).</p> <p>One inmate who described a fact pattern conducive with sexual abuse states he was offered tests for sexually transmitted infections. While the auditor notes that his response to this question contradicts his statement regarding access to a medical/mental health doctor, the auditor's review of forensic examination reveals such tests were offered. The fact patterns</p>

regarding the remaining four interviewees are discussed throughout the narratives for 115.82 and 115.83.

Pursuant to the PAQ, the Director self reports treatment services are 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.

YCDOC Policy 606 entitled PREA, page 8, section 606.9(h) addresses 115.83(g).

None of the applicable inmates who reported a sexual abuse interviewees state that they paid for any services related to sexual abuse.

As YCDOC is classified as a jail, 115.83(h) has been determined to be not-applicable to YCDOC.

In view of the above, the auditor finds YCDOC substantially compliant with 115.83.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Director further self reports in the last 12 months, 18 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility, excluding only "unfounded" incidents.</p> <p>YCDOC Policy 606 entitled PREA, page 11, section 606.13 addresses 115.86(a).</p> <p>Pursuant to the PAQ, the Director self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Director further self reports in the last 12 months, 18 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.</p> <p>YCDOC Policy 606 entitled PREA, page 11, section 606.13 addresses 115.86(b).</p> <p>The auditor's review of one applicable of 11 random sexual abuse investigations completed during the last 18 months reveals a Sexual Abuse Incident Review (SAIR) was completed within 30 days of completion of the investigation. The remaining investigations were either determined to be unfounded or the fact pattern was descriptive of sexual harassment.</p> <p>Pursuant to the PAQ, the Director self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>YCDOC Policy 606 entitled PREA, page 11, section 606.13 addresses 115.86(c).</p> <p>The Acting Director asserts that the facility does have a SAIR team and the team includes upper-level management officials, allowing for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>The auditor's review of the SAIR team composition in the aforementioned report reveals substantial compliance with 115.86(c).</p> <p>Pursuant to the PAQ, the Director self reports the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PCM.</p> <p>YCDOC Policy 606 entitled PREA, page 11, section 606.13 and (a-f) addresses 115.86(d).</p> <p>The Acting Director asserts the SAIR team utilizes the information gleaned from the SAIR to enhance "all things PREA" related to the incident, in question. The review addresses strengths and shortcomings.</p> <p>The review team considers the following:</p> <ul style="list-style-type: none"> Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation, and/or other group dynamics at the facility; Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assesses the adequacy of staffing levels in that area during different shifts; and Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. <p>The SAIR review team member corroborated the statement of the Acting Director.</p> <p>The PCM asserts the facility conducts SAIRs and reports are prepared from its findings, including any determinations pursuant to 115.86(d)(1-5) and recommendations pursuant to 115.86(e). The PCM asserts that he writes the SAIR reports and recommendations are implemented. If a recommendation cannot be implemented, the rationale is documented.</p> <p>The auditor's review of the aforementioned SAIR report reveals substantial compliance with 115.86(d).</p> <p>Pursuant to the PAQ, the Director self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>YCDOC Policy 606 entitled PREA, page 11, section 606.13 addresses 115.86(f).</p> <p>The auditor's review of the aforementioned SAIR report reveals zero recommendations were documented in the report.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.86.</p>

115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Director self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>YCDOC Policy 606 entitled PREA, page 4, section 606.4(i) addresses 115.87(a).</p> <p>The PCM asserts that all IA and PREA cases are stored in one particular database. PREA cases are given a unique case number, separate from IA case numbers. The Department of Justice survey is completed each year.</p> <p>Pursuant to the PAQ, the Director self reports the agency aggregates the incident-based sexual abuse data at least annually.</p> <p>YCDOC Policy 606 entitled PREA, page 4, section 606.4(i)(b) addresses 115.87(b).</p> <p>Based on the auditor's review of sexual abuse/harassment allegations and accompanying investigations, he finds no deviations from 115.87(b-d).</p> <p>Pursuant to the PAQ, the Director self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>YCDOC Policy 606 entitled PREA, page 4, section 606.4(i)(a) addresses 115.87(c).</p> <p>Pursuant to the PAQ, the Director self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Pursuant to the PAQ, the Director self reports the agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Pursuant to the auditor's observation and research, YCDOC does not contract with private facilities for confinement of YCDOC inmates.</p> <p>In view of the above, the auditor finds 115.87(e) not applicable to YCDOC.</p> <p>Pursuant to the PAQ, the Director self reports the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.87.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ul style="list-style-type: none"> Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p>YCDOC Policy 606 entitled PREA, page 12, section 606.14 addresses 115.88(a).</p> <p>The Director asserts YCDOC executives use incident-based sexual abuse data to assess and improve "all things PREA." In other words, the assessment of existing data and facts is utilized to strengthen the program in all areas.</p> <p>The PCM asserts the agency does review all data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. Mechanically, all sexual abuse data is monitored by IA, the administrative chief, and administrative lieutenant. Information is maintained in the IA Pro Database with hard copy(ies) maintained in the IA Sergeant's Office in a locked cabinet. The IA Sergeant actually provides the data.</p> <p>The PCM further asserts all PREA cases are reviewed weekly in the Classification meeting. YCDOC staff, medical, and mental health practitioners are in attendance. Additionally, PREA cases are administratively reviewed at IA meetings where possible corrective actions are assessed.</p> <p>115.88 requires that an official annual PREA report be published on an annual basis and made available to the public on the agency website or through some other means. Since YCDOC does have a website, public distribution of the annual report would best be handled through that mechanism.</p> <p>The annual PREA report must address the following as articulated in the standard:</p> <ul style="list-style-type: none"> Identification of problem areas; Taking corrective action on an ongoing basis; Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole; A comparison of the current year's data and corrective actions with those from prior years; Provides an assessment of the agency's progress in addressing sexual abuse; and The annual reports are approved by the agency head. <p>In view of the above and the fact YCDOC does not generate the requisite 115.88 annual report, the auditor finds YCDOC non-compliant with 115.88 and is imposing a 180-day corrective action period during which YCDOC staff will ensure agency compliance with the aforementioned 115.88 requirements. The auditor finds no evidence that an annual PREA report has been completed throughout the audit period and accordingly, completion of the 2020 report must be completed to demonstrate compliance with and institutionalization of 115.88 requirements.</p> <p>Corrective action will be accomplished through articulation of SART findings during 2020 and recommendations implemented during that period, in the annual report, comparing the positive impact of the same on the overall sexual safety of clients. This will provide a beginning synopsis for the agency, providing a point of reference going forward as to the progress in addressing inmate sexual safety at YCDOC. An analysis of demographics related to sexual abuse/misconduct/harassment will likewise capture future gains realized and serve as a basis for comparison of the current year's data and corrective actions implemented going forward. In summary, the annual report will address all tenets of 115.88. Finally, the PCM will ensure that signature lines and date for both the Director and PCM, signifying his/her review and approval of the report, are included.</p> <p>The auditor will provide assistance and guidance with respect to generation of this first 115.88 annual report. The completion date for this corrective action is February 22, 2022. The PCM will provide a copy of the 2020 annual report to the auditor for review prior to inclusion of the same on the YCDOC website.</p> <p>January 31, 2022 Update:</p>

The auditor's review of the 2021 YCDOC Annual PREA Report reveals substantial compliance with 115.88. This initial report serves as a good baseline from which to make a comparative analysis of progress during each subsequent year. Proactive training and other preventative measures are addressed in this initial report.

In view of the above, the auditor finds YCDOC substantially compliant with 115.88(a).

Pursuant to the PAQ, the Director self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse.

YCDOC Policy 606 entitled PREA, page 12, section 606.14 addresses 115.88(b).

Pursuant to the PAQ, the Director self reports the agency does not make its annual report readily available to the public at least annually through its website. Rather, YCDOC does honor public disclosure requests from the public and inmates. Records clerks handle such requests. The annual reports are approved by the agency head.

YCDOC Policy 606 entitled PREA, page 12, section 606.14 addresses 115.88(c).

The auditor has determined an annual PREA Report is not included on the YCDOC website.

The Director asserts he has assumed the Acting Director responsibilities for a very short period and has not approved and signed any annual PREA reports.

January 31, 2022 Update:

The initial YCDOC Annual PREA Report, as mentioned above, does include a grid reflective of sexual abuse/harassment cases and dispositions during consecutive years. Accordingly, the auditor now finds YCDOC substantially compliant with 115.88(c).

Pursuant to the PAQ, the Director self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency then indicates the nature of material redacted.

YCDOC Policy 606 entitled PREA, page 12, section 606.14 addresses 115.88(d).

In view of the above, the auditor finds YCDOC non-compliant with 115.88.

January 31, 2022 Update:

The auditor finds no evidence of redactions in this initial YCDOC PREA Annual Report. Accordingly, the auditor finds YCDOC substantially compliant with 115.88.

In view of the above, the auditor finds YCDOC substantially compliant with 115.88.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency ensures that incident-based and aggregate data are securely retained.</p> <p>YCDOC Policy 606 entitled PREA, page 12, section 606.15 addresses 115.89(a).</p> <p>The PCM asserts the agency does review all data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. Mechanically, all sexual abuse data is monitored by IA, the administrative chief, and administrative lieutenant. Information is maintained in a secure database with hard copy(ies) maintained in the IA Sergeant's Office in a locked cabinet. The IA Sergeant actually provides the data.</p> <p>During the on-site audit, the auditor observed safe and secure storage of PREA information as described above.</p> <p>Pursuant to the PAQ, the Director self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.</p> <p>YCDOC Policy 606 entitled PREA, page 12, section 606.15 addresses 115.89(b).</p> <p>Pursuant to the auditor's research, he has not discovered any evidence of the aforementioned policy compliance as the aggregated sexual abuse data is not maintained on the YCDOC website. Additionally, the PCM asserts that no one but Internal Affairs, the administrative lieutenant, administrative chief and the Acting Director have access to PREA files in IA-PRO. All files are maintained for the Washington State retention period and rules.</p> <p>In view of the above, the auditor finds YCDOC non-compliant with 115.89(b) as requisite information is not provided to the public for review. Accordingly, 115.89(b) transparency is not available in accordance with the provision. The auditor is imposing a 180-day corrective action period wherein YCDOC will demonstrate compliance with and institutionalization of 115.89(b) requirements. The corrective action due date is February 22, 2022.</p> <p>To demonstrate compliance, the PCM will develop a format for reporting incident-based and annually aggregated data for placement on the YCDOC website. Information captured in the SSV will be reflected in this document. The document will not include any names or identifying information.</p> <p>Going forward, the PCM will ensure this document is updated annually, reflective of current year data. As PREA audits are scheduled and completed on a three-year cycle, reports will remain on the website for three years. Alternatively, data can be included in one document broken down by every year during the audit cycle. Subsequently, the report(s)/update(s) will be posted to the website on an annual basis.</p> <p>The auditor will work with the PCM to develop and implement the 115.89(b) document. The auditor notes that the agency must maintain sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>February 21, 2022 Update:</p> <p>The auditor's review of the 2021 YCDOC Annual PREA Report and accompanying 2020 and 2021 115.87 information reveals compliance with 115.89(b). Given the directions articulated in the corrective action narrative for 115.89(b) and conversations between the Chief and the auditor, he (the auditor) is satisfied that perpetual compliance will be maintained throughout the future. The auditor notes this information is available on the YCDOC website for public consumption.</p> <p>The auditor now finds YCDOC compliant with 115.89(b).</p> <p>Pursuant to the PAQ, the Director self reports that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Additionally, the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>YCDOC Policy 606 entitled PREA, page 12, sections 606.14 and 606.15 address 115.89(c).</p> <p>In view of the findings as articulated in the narrative for 115.89(b), the auditor finds YCDOC non-compliant with 115.89(c). Accordingly, the same corrective action is applicable for 115.89(c).</p>

February 21, 2022 Update:

Given the update narrative for 115.89(b), the auditor has reviewed all documentation and has determined compliance with 115.89(c) is established. There is no evidence of personal identifiers included within the PREA Annual Report or 115.87 information.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.89(c).

Pursuant to the PAQ, the Director self reports the agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

YCDOC Policy 606 entitled PREA, page 12, sections 606.15 addresses 115.89(d).

The auditor found no deviations from either standard or policy during the on-site audit.

In view of the above, the auditor finds YCDOC substantially compliant with 115.89.

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor's review of the YCDOC website reveals the last on-site PREA audit was facilitated on April 16-20, 2017 and the final report was issued on August 30, 2018. The audit addressed the entirety of YCDOC correctional operations.</p> <p>As reflected in the audit report narratives, the auditor was provided full access to all areas of the facility. Throughout the facility tour, the auditor randomly observed mechanical rooms, mop closets, staff bathrooms, staff assembly rooms, and the basement of the facility. Additionally, the auditor was granted access to each tank, attorney client area, laundry, meeting rooms, etc. The auditor was also provided with any requested documents and information (inclusive of electronically stored information among other informational resources).</p> <p>Throughout the on-site visit, the auditor randomly selected residents and staff for interviews. All interviews were conducted in private settings as articulated throughout this report.</p> <p>As reflected throughout the audit report narratives, ample audit notices were posted throughout the facility as observed by the auditor during the facility tour. Inmates were advised of the auditor's P. O. Box in the audit notices, prepared in both English and Spanish. None of the interviewees stated they were unaware of the PREA audit.</p> <p>The auditor notes that he received no correspondence from YCDOC inmates either prior to the on-site audit or during the same.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.401.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	As reflected in the narrative for 115.401(a), the previous on-site visit was facilitated during April, 2017 with a final report distribution date in August, 2018. The same is posted on YCDOC website.
	In view of the above, the auditor finds YCDOC substantially compliant with 115.403(f).

Appendix: Provision Findings

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

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	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
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	no
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	no
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or 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.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

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

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

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

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of 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 inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	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 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

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

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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