

PREA Facility Audit Report: Final

Name of Facility: Yakima County Jail

Facility Type: Prison / Jail

Date Interim Report Submitted: 01/04/2025

Date Final Report Submitted: 08/02/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Kenneth E. Arnold

Date of Signature: 08/02/2025

AUDITOR INFORMATION

Auditor name: Arnold, Kenneth

Email: kenarnold220@gmail.com

Start Date of On-Site Audit: 08/13/2024

End Date of On-Site Audit: 08/15/2024

FACILITY INFORMATION

Facility name: Yakima County Jail

Facility physical address: 111 North Front Street, Yakima, Washington - 98901

Facility mailing address: 111 N. Front St, Yakima, Washington - 98901

Primary Contact

Name:	Ernest Coxen
Email Address:	ernest.coxen@co.yakima.wa.us
Telephone Number:	509-574-1684

Warden/Jail Administrator/Sheriff/Director

Name:	Jeremy Welch
Email Address:	jeremy.welch@co.yakima.wa.us
Telephone Number:	509-574-1758

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site

Name:	Tela Sigsworth
Email Address:	tela.sigsworth@co.yakima.wa.us
Telephone Number:	509-574-1654

Facility Characteristics

Designed facility capacity:	988
Current population of facility:	608
Average daily population for the past 12 months:	634
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-72
Facility security levels/inmate custody levels:	Minimum/Medium/Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	139
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	38
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	149

AGENCY INFORMATION	
Name of agency:	Yakima County Department of Corrections
Governing authority or parent agency (if applicable):	N/A
Physical Address:	111 North Front Street, Yakima, Washington - 98901
Mailing Address:	111 N. Front St, Yakima, Washington - 98901
Telephone number:	509-574-1700

Agency Chief Executive Officer Information:
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Name:	Jeremy Welch
Email Address:	jeremy.welch@co.yakima.wa.us
Telephone Number:	509-574-1758

Agency-Wide PREA Coordinator Information			
Name:	Ernest Coxen	Email Address:	ernest.coxen@co.yakima.wa.us

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> 115.31 - Employee training
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-08-13
2. End date of the onsite portion of the audit:	2024-08-15

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:	Program Manager at Comprehensive Healthcare Advocacy Services- no reports or conversations regarding sexual abuse at YCDOC during the last 12 months.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	988
15. Average daily population for the past 12 months:	634
16. Number of inmate/resident/detainee housing units:	34
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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	557
25. 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:	1
26. 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:	2
27. 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
28. 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:	0
29. 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:	2
30. 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:	2

31. 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:	1
32. 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:	3
33. 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:	4
34. 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
35. 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):	None
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	136
37. 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:	148

38. 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:	45
39. 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:	None
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	18
41. 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
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewees were selected from all floors and and most tanks/units represented within the facility.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

44. 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):	Two inmates (one random inmate interviewee and one transgender inmate) refused an interview.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. 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:	2
49. 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:	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 the auditor's review of medical roster(s), he did not find any evidence of blind inmates housed at YCDOC. Additionally, he did not identify any similarly situated inmates pursuant to staff and inmate interviews. Finally, zero such inmates were identified during facility tours.</p>
<p>50. 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>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 the auditor's review of medical roster(s), he did not find any evidence of deaf or low hearing inmates housed at YCDOC. Additionally, he did not identify any similarly situated inmates pursuant to staff and inmate interviews. Finally, zero such inmates were identified during facility tours.</p>
<p>51. 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>2</p>

52. 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:	2
53. 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:	1
54. 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:	3
55. 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:	4
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>

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>The auditor's review of sexual abuse investigations did not reveal placement in segregated housing/isolation for risk of sexual victimization or a report of sexual abuse. Furthermore, the interview process did not reveal anything to the contrary.</p>
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	<p>Two inmates (one random inmate interviewee and one transgender inmate) refused an interview. Additionally, only three inmates who reported a sexual abuse incident at YCDOC were available for interview.</p>
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	<p>12</p>
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<p> <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 </p>
If "Other," describe:	<p>Given the ethnic composition of the YCDOC inmate population, the auditor did consider whether interviewees were bilingual.</p>
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None
Specialized Staff, Volunteers, and Contractor Interviews	
<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>	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17
63. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the Agency Head:	The Agency Head advised that nothing has changed with respect to his responses noted in his interview facilitated during the last PREA audit.
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<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)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<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
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Mental Health contractor interviewee. Despite two attempts each to telephonically contact two volunteers and three attempts to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative and volunteer interviews could not be facilitated.

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.

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. 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)?

☒ Yes

☐ No

73. 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)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. 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
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Documentation Sampling

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

77. 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
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78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Staff/Human Resources, inclusive of contractors/volunteers 21 Staff Training 11 plus 37 contractor files Prisoner/detainee files 20 Investigative files 20 The auditor notes that 9 of the above investigations pertain to sexual abuse incidents that occurred at other facilities.
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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.

79. 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	13	0	13	0
Staff-on-inmate sexual abuse	7	0	7	0
Total	20	0	20	0

80. 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	16	0	16	0
Staff-on-inmate sexual harassment	4	0	4	0
Total	20	0	20	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.

81. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	3	0
Staff-on-inmate sexual abuse	0	0	3	4
Total	0	2	6	4

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.

83. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	13	0	3
Staff-on-inmate sexual harassment	0	4	0	0
Total	0	17	0	3

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

9

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" 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	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<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)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<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)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	None

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. 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	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11(a)</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. The policy outlines how the facility will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Definitions of prohibited behaviors regarding sexual abuse and sexual harassment are included in the policy. Sanctions for those found to have participated in prohibited behaviors are included in the policy. The Director further 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 Prison Rape Elimination Act (PREA), page 2, section 606.2; pages 1-12, sections 606.1 through 606.15; pages 1 and 2, section 606.1.1; page 9 , section 606.10.1; and pages 1-12, sections 606.1 through 606.15 addresses</p>

115.11(a). The YCDOC policy is comprehensive, incorporating both standards and some implementation language.

In view of the above, the auditor finds YCDOC to be substantially compliant with 115.11(a).

115.11(b)

Pursuant to the PAQ, the Director self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC). The Director further self 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 that the care and custody lieutenant is designated as the PC at YCDOC.

YCDOC Policy 100 entitled YCDOC Organizational Structure and Responsibility, sections 100.2-100.4 addresses 115.11(b). YCDOC Policy 606 entitled Prison Rape Elimination Act (PREA), pages 2-5, section 606.4 identifies specific PREA Coordinator (PC) responsibilities.

The lieutenant assigned to PC duties asserts he reports to the Chief, Security Division/ Facilities Director and the Chief reports to the YCDOC Director. Accordingly, the PC clearly has access to facility executive staff in terms of all matters PREA. The Director reports to the Board of County Commissioners.

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 as he serves in the role of Chief. The PCM responsibilities are closely linked to the 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, the PCM assesses PREA poster placements, camera placements, and staff utilization to identify any weaknesses in terms of inmate sexual safety.

A multi-disciplinary roundtable meeting is facilitated on Tuesday of each week to discuss inmate housing, inclusive of sexual safety, gang members and groupings, inmate mental/physical health issues that may impact the general population, and inmates who pose a security threat to other inmates or staff. PREA incidents and investigations are also discussed at this meeting.

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 Director. The PCM has spending authority up to \$7500.00 and a Request for Purchase is required for purchases exceeding \$10,000.00. The PCM meets daily with the Director and keeps him abreast of all PREA matters.

The PCM asserts he does have policy-making authority however, approval is collaborative with the Director. The PCM oversees staff training and accordingly, he

	<p>directs any necessary PREA training changes with collaborative approval from the Director.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.11(b).</p> <p>115.11(c)</p> <p>Pursuant to the PAQ, the Director self reports the Chief is designated as the PREA Compliance Manager (PCM) at YCDOC. The PCM is identified in the organizational structure.</p> <p>Of note, the jail and annex are the only facilities that fall under the YCDOC umbrella.</p> <p>Pursuant to the PAQ, the 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 in terms of the PC and PCM are discussed in the narrative for 115.11(b).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.11(c).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.11.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.12(a)</p> <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 provisions 115.12(a) and (b), he finds YCDOC substantially compliant with 115.12.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard

Auditor Discussion
<p>115.13(a)</p> <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, the average daily number of inmates is 633 while the average daily number of inmates on which the staffing plan is predicated is 988 inmates.</p> <p>YCDOC Policy 606 entitled PREA, page 3, section 606.4(c)(1-11) addresses 115.13(a).</p> <p>The Chief (also interviewed pursuant to the Warden questionnaire) asserts the agency does have a staffing plan and staffing levels are adequate to protect inmates against sexual abuse. Specifically, in the Main Jail, two to six staff are assigned to each floor to facilitate non-routine rounds or tours every 30 minutes in general population tanks. One correctional officer (CO) is assigned to supervise each maximum security tank on the 4th floor. Additionally, one CO is assigned to the control center. Investigation outcomes and inmate population changes or increases are two factors considered in staffing considerations.</p> <p>The auditor's observations during the facility tour and subsequent tours throughout the onsite visit validate the Warden's statement(s) regarding staffing positioning, etc. Staff were actively facilitating tours on a regular basis. The auditor noted an abundance of cameras and review of monitors reveals clarity in terms of images.</p> <p>The Warden asserts that the PREA staffing plan is more like a staffing analysis (developed in 2022 or 2023). In other words, the PREA staffing plan, in its current form, does not specifically address the 11 considerations articulated in 115.13(a). Additionally, evidence of annual PREA staffing plans for 2023 and 2024 has not been provided to the auditor.</p> <p>In view of the above, the auditor finds YCDOC non-compliant with both 115.13(a) and (c). Accordingly, the auditor imposes a 180-day corrective action period wherein the Warden/PCM will implement a PREA staffing plan that addresses the following 11 considerations on an annual basis. The corrective action due date is April 28, 2025.</p> <p>To demonstrate compliance with and institutionalization of 115.13(a) and (c) requirements, the Warden/PCM will develop a YCDOC PREA Staffing Plan form that clearly reflects the 11 considerations with space for comment(s) under each element. The form will reflect the name of the author of the annual staffing plan and date of completion. If the PCM completes the form and the Director is the approving authority, all names and dates will be reflected. Additionally, space must be allotted for any comments by the PC regarding efforts to enhance inmate sexual safety at YCDOC. Specifically, camera additions, adjustments, addition of shower curtains, etc. should be documented in this space.</p>

Subsequent to completion of the form, the Warden/PCM will email the same to the auditor for review. Once approved, the 2024 or 2025 YCDOC Staffing Plan will be uploaded. Additionally, annual reviews [115.13(c)] will be retained by the Warden/PC/ or PCM for inclusion in the 2028 Pre-Audit Questionnaire (PAQ).

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.

Video monitoring is employed throughout the facility on a 24/7 basis. Plenty of staff eyes are focused on camera monitoring.

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.

According to the Warden/PCM, the YCDOC PREA staffing plan considers the following topics and strategies:

1. The Warden asserts that when assessing adequate staffing levels and the need for video monitoring, the facility is reviewed offsite (documentation review) by the United States Marshal Service (USMS) regarding conditions of confinement matters. Washington Association of Sheriffs and Police Chiefs (WASPC) facilitate an onsite audit of YCDOC on a triennial basis. Additionally, WASPC, requires an annual review of PREA and Internal Affairs (IA). Washington Department of Corrections (WA DOC) facilitates annual reviews, much like USMS reviews.

All of the above tests assess efficiency in terms of "Best Practices" and offer a comparative analysis against other similarly situated jails in terms of staffing strength and provision of sound security and safety measures, inclusive of sexual safety.

2, 3, 4. 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.

5. 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. Additionally, a monthly documented tour of the facility is completed by the care and custody lieutenant wherein he assesses blind spots, needed repairs, safety issues, etc.

During these MBWA rounds, affected staff assess blind spots, minimally. If diagnosed, camera angles may be adjusted; additional cameras may be requested and implemented, if approved; and mirrors may also be installed.

6. 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, an occasional Blood or Crip, and an occasional white supremacist) can be problematic however, pursuant to closer monitoring and effective geographic separation within the facility, the same are manageable. Classification staff perform well, ensuring that such

information is disseminated to stakeholders. In terms of ethnic composition, the facility is comprised of primarily caucasian (87%), hispanics (30%), and black (4%) with minimal problems evolving from the same. Age and physical health are not a concern in terms of PREA issues.

7. The number and placement of supervisory staff is not a concern. Corporals, sergeants, two lieutenants, one Chief, and the Director are included in the supervisory command structure and accordingly, there is adequate supervision. Corporals are key players and the sergeants assume shift commander responsibilities.

8. Most programming occurs on the 1st shift in view of the significant number of staff available on that shift. Generally, staff work 12-hour shifts at YCDOC. Education is available to the general inmate population via the tablets. Religious programming is also available pursuant to contractor delivery. Generally, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) would be included in the programming plan. Aramark (food service contractor) provides Safe Serve training to inmates. If programming needs require a higher concentration of staff, positions are administratively realigned to meet needs.

9. Most YCDOC inmates fall under the RCW (Washington state statutes). Additionally, USMS inmates fall under the U.S. Code and YCDOC policies.

10. 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. Many of the cases involve, in some way, mental health issues and/or cases.

11. The Warden did not identify any other rationale associated with the PREA staffing plan.

In view of the above, the auditor finds YCDOC non-compliant with 115.13(a).

May 28, 2025 Update:

The auditor's review of the 2025 YCDOC Staffing Plan Assessment dated January 28, 2025, authored by the Care & Custody Lt./PRC, reveals a complete explanation of staffing by unit, explanation of the 11 critical questions of consideration and applicability to YCDOC operations, and "last resort" operational decisions in the event of staffing plan non-compliance. Similarly, the auditor's review of the 2025 YCDOC Staffing Plan provides much of the same information. Both documents are thorough, addressing 115.13(a) and (c) requirements. The February 6, 2025 YCDOC Staffing Plan is signed by the YCDOC Director.

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

115.13(b)

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 Director's statement.

The Warden asserts that zero posts were left unencumbered during the last 12 months. Accordingly, zero deviations occurred during the last 12 months.

In regard to compliance checks regarding staffing plan compliance, lieutenants and sergeants closely monitor the daily roster as they assign posts. Sergeants can backfill with volunteer replacements or they can mandate overtime. Posts are never vacated. The Chief ensures the Director is apprised of call-offs, etc.

Of note, all overtime assignments are noted on the daily roster and the same would be addressed through an email to the lieutenant.

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

115.13(c)

Pursuant to the PAQ, the Warden/PCM self reports at least once every year the facility/agency, in collaboration with the PC, 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.

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.

During the PC's interview, the auditor learned that the staffing plan has not been reviewed annually throughout the audit period. Actually, the only evidence provided to the auditor reflects that the PREA staffing plan was only developed in 2022 and as mentioned in the narrative for 115.13(a), the staffing plan, in question, does not meet muster.

The Warden asserts that the PREA staffing plan is more like a staffing analysis

(developed in 2022 or 2023). In other words, the PREA staffing plan, in its current form, does not address the 11 considerations articulated in 115.13(a). Additionally, evidence of annual PREA staffing plans for 2023 and 2024 has not been provided to the auditor.

In view of the above, the auditor finds YCDOC non-compliant with both 115.13(a) and (c). Accordingly, the auditor imposes a 180-day corrective action period wherein the Warden/PCM will implement a PREA staffing plan that addresses the 11 considerations on an annual basis. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.13(a) and (c) requirements, the Warden/PCM will develop a YCDOC PREA Staffing Plan form that clearly reflects the 11 considerations with space for comment(s) under each element. The form will reflect the name of the author of the annual report and date of completion. If the PCM completes the form and the Director is the approving authority, all names and dates will be reflected. Additionally, space must be allotted for any comments by the PC regarding efforts to enhance inmate sexual safety at YCDOC. Specifically, camera additions, adjustments, addition of shower curtains, etc. should be documented in this space.

Subsequent to completion of the form, the Warden/PCM will email the same to the auditor for review. Once approved, the 2024 or 2025 YCDOC Staffing Plan will be uploaded. Additionally, annual reviews [115.13(c)] will be retained by the Warden/PC/ or PCM for inclusion in the 2028 Pre-Audit Questionnaire (PAQ).

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

May 28, 2025 Update:

The auditor's review of the 2025 YCDOC Staffing Plan Assessment dated January 28, 2025, authored by the Care & Custody Lt./PRC, reveals a complete explanation of staffing by unit, explanation of the 11 critical questions of consideration and applicability to YCDOC operations, and "last resort" operational decisions in the event of staffing plan non-compliance. Similarly, the auditor's review of the 2025 YCDOC Staffing Plan provides much of the same information. Both documents are thorough, addressing 115.13(a) and (c) requirements. The February 6, 2025 YCDOC Staffing Plan is signed by the YCDOC Director.

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

115.13(d)

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/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 has not been provided any uploads of electronic log entries reflective of unannounced PREA rounds and PREA announcements and accordingly, the auditor finds YCDOC non-compliant with 115.13(d) and he imposes a 180-day corrective action period wherein the Warden/PCM will demonstrate compliance with and institutionalization of 115.13(d) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.13(d) requirements, the Warden/PCM will provide training to all corporals, sergeants, and lieutenants regarding facilitation of unannounced PREA rounds and documentation of the same. The Warden/PCM will upload a copy of the training plan into OAS, as well as, proof that all stakeholders completed the training. The proof document will reflect the title of the training, date training provided, staff presenter, and printed name and signature of the attendee(s). A copy of the proof document will also be uploaded into OAS.

In addition to the above, the Warden/PCM will upload four screen shots (two from each shift) per month between the dates of this interim report and April 18, 2025 wherein intermediate or higher level staff completed unannounced inmate sexual safety rounds. Two screen shots must address the 1st Shift and two additional screen shots must address the 2nd Shift. The screen shots will also cover different days throughout the month.

The intermediate or higher level facility staff member who conducts unannounced sexual safety rounds interviewee states she 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, checks on occupants, and talks with them.

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 non-compliant with 115.13(d).

May 28, 2025 Update:

The auditor's review of Post Order 13-08-07-01 reveals substantial compliance with 115.13(d) as a training resource regarding the conduct of unannounced PREA rounds (UPR). A training roster reflects that 18 supervisors (corporals, sergeants, and lieutenants) completed said training. Participants signed and dated this document, signifying the date on which they completed the training.

In addition to the above, the auditor's review of January and February, 2025 entries on an electronic UPR report reveals that such rounds were completed during both

	<p>shifts. The report reflects the name of the supervisor or acting supervisor who completed each round, as well as, the time and date of the tour.</p> <p>In view of the above, the auditor now finds YCDOC substantially compliant with 115.15(d).</p> <p>In view of the corrective action articulated in the narratives for 115.13(a), (c), and (d), the auditor now finds YCDOC substantially compliant with 115.13.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14(a-c)</p> <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. 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.15(a)</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>

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.

YCDOC Policy 512 entitled Searches, pages 5 and 6, section 512.4.4 addresses 115.15(a).

While the non-medical staff member who may be involved in cross-gender strip or visual searches interviewee states such searches are not conducted at YCDOC, he/she states that if a transgender inmate requests to be strip searched by an opposite gender staff member (e.g. transgender female inmate requests that a female staff member strip search her or a transgender male inmate requests that a male staff member strip search him), the same can be accommodated. 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, as well as, documentation.

The auditor found no concerns related to the conduct of strip searches in private. Strip searches in the Booking Area are facilitated in a room separate from view by others. Reportedly, and confirmed by Booking Area staff, strip searches, with the exception of the example cited above, are conducted by same sex staff. Based on inmate interviews, the auditor finds no reason to believe that cross-gender strip searches are conducted.

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

115.15(b)

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. Furthermore, 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. Finally, the Director self reports there was zero pat-down searches of female inmates that were conducted by male staff during the last 12 months.

YCDOC Policy 512 entitled Searches, page 2, section 512.3 addresses 115.15(b).

During the pre-audit phase, as well as the on-site visit, 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.

Ten of 12 random staff interviewees state 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. Two random staff stated they did not know

whether the activity would be cancelled under such circumstances.

All seven 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.

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

115.15(c)

Pursuant to the PAQ, the Director self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches of inmates are documented. The Director further self reports all cross-gender pat-down searches of female inmates are documented.

YCDOC Policy 512 entitled Searches, page 2, section 512.3 and page 6, sections 512.4.4 c(9 and 10) address 115.15(c).

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. During the pre-audit phase, as well as the on-site visit, 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.

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

115.15(d)

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.

YCDOC Policy 509 entitled Walk Throughs and Segregation Check Procedures, page 1, section 509.1(d) and YCDOC Policy 202 entitled Supervision of Inmates-Minimum Requirements, page 1, section 202.3 address 115.15(d).

Fourteen of 18 random inmate interviewees report staff of the opposite gender announce their presence when entering their housing area. Eighteen of 18 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.

During the facility tour, the auditor noted there is no barrier or shower curtain in the upper tier shower in tank 3D. This issue was also addressed during the last PREA audit and the same was not corrected. The auditor also noted that the shower in Booking (right hand side of the unit) is also absent a shower curtain or privacy shield. The auditor did observe the area from different angles and determined there is a conflict with 115.15(d).

In view of the above, the auditor finds YCDC non-compliant with 115.15(d) and accordingly, he places YCDC in a 180-day corrective action period wherein privacy curtains or a privacy shield will be implemented in the affected areas. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.15(d) requirements, the Warden/PCM will ensure that privacy curtains or a privacy shield are installed in the affected areas. Subsequent to installation of the same, the Warden/PCM will upload a photograph of the enhancements into OAS. The photograph(s) will be labeled to identify the areas in which the enhancement(s) were made. Additionally, during the PC's monthly inspection of the facility, he will assess all showers/toilets to ensure proper privacy guarding is in place. If not in place, corrective actions will be taken.

Throughout the facility tour and subsequent tours during the onsite audit, the auditor noted zero occasions wherein cross-gender staff failed to announce their presence when entering a tank.

Eleven of 12 random staff interviewees state that they, as well as, other officers announce their presence when entering a housing unit that houses inmates of the opposite gender. One interviewee states that an announcement is made regarding cross gender staff presence in the unit at the beginning of the shift and the same suffices for all cross-gender staff. Eleven of 12 random staff also state that inmates are 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 regarding the shower on the 4th Floor.

In view of the above, the auditor finds YCDC non-compliant with 115.15(d).

June 25, 2025 Update:

The auditor's review of several photographs capturing shower curtains in those areas described above reveals substantial compliance with 115.15(d). Corrective action has been completed to address the finding.

In view of the above, the auditor now finds YCDC substantially compliant with 115.15(d).

115.15(e)

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 8, section 512.5 addresses 115.15(e).

Ten 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, one interviewee asserts 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 a staff member of the other gender searches the other half. Additionally, one of the 12 random staff interviewees states that three to four months ago, he was involved in such a search process of a transgender inmate. Both staff state that they were not trained to conduct such searches as described and such searches would/were based on their own decision. This is validated pursuant to the auditor's review of slides 19-22 of the PREA Training for First Responders Power Point Presentation.

As the afore-described process is not a rampant practice as suggested by appropriate responses from 10 of the 12 random staff interviewees, the auditor finds no basis for a deviation. In both cases, the auditor did correct the staff regarding the proper protocol and he advised the PC of the need to issue a memorandum to all staff for dissemination during roll calls, etc. Accordingly, the auditor strongly recommends PC follow-through as suggested. This should eliminate any confusion for all staff.

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 one transgender inmate interviewee states she has not been placed in a housing area only for transgender or intersex inmates and she has no reason to believe she has been strip-searched for the sole purpose of determining genital status. Of note, the transgender interviewee stated she has not been subjected to a search by staff of both genders.

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

115.15(f)

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.

	<p>YCDOC Policy 512 entitled Searches, pages 9 and 10, section 512.10 and page 8, section 512.5 address 115.15(f).</p> <p>The auditor's review of slides 19-22 of the PREA Training for First Responders Power Point Presentation reveals substantial compliance with 115.15(f).</p> <p>All 12 random staff interviewees state 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. All 12 interviewees state they have completed such training, some pursuant to classroom training and some pursuant to on-line training. Ten interviewees state they completed the training during 2023 or 2024 and two interviewees state they do not recall when they completed the training. Review of the training file of one of the two interviewees who states he doesn't recall when he completed this training reveals he completed the same during 2022 and 2024, in conjunction with PREA annual refresher training (ART). Training formats consisted of a mixture of Power Point Presentation (PPP), video, discussion, and test.</p> <p>The auditor's review of a 2024 training roster bearing the names of 130 YCDOC staff reveals they completed the annual PREA inservice training, inclusive of how to conduct cross-gender pat down searches and searches of transgender/ intersex inmates in a professional and respectful manner, consistent with security needs.</p> <p>Accordingly, the auditor finds YCDOC substantially compliant with 115.15(f).</p> <p>In view of the corrective action articulated in the narrative for 115.15(d) and evidence reflected throughout this standard narrative, the auditor now finds YCDOC substantially compliant with 115.15.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16(a)</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).</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 reads materials to inmates who are blind/low vision and inmates who are deaf or hard of hearing can read PREA materials.

Inmates with disabilities interviewees (one physically disabled and two cognitively impaired) state the facility provides information about sexual abuse and sexual harassment they are able to understand.

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. Sign language interpretation can be secured pursuant to a contract with Certified Languages International (CLI). Staff Spanish translators are available on each shift.

In view of the above, the auditor finds YCDCO substantially compliant with 115.16(a).

115.16(b)

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.

The PCM asserts that CLI can be accessed to assist inmates who speak languages other than English or Spanish. Bilingual staff (Spanish) are available on all squads.

The auditor's review of the CLI website reveals substantial compliance with 115.16(b). YCDCO staff can access over 200 languages translated by representatives from CLI.

Both [Limited English Proficient (LEP)] inmate interviewees state the facility provides information about sexual abuse and sexual harassment they are able to understand.

The auditor tested the CLI line at 4:53PM on August 15, 2024 from a staff telephone. After the six digit facility code was entered, the language menu was activated. At this point , the auditor determined that the test was good. The auditor notes that staff would have to access CLI for an inmate who needed the same for reporting purposes.

In view of the above, the auditor finds YCDCO substantially compliant with 115.16(b).

115.16(c)

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

	<p>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. 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 6, section 606.7 addresses 115.16(c).</p> <p>Following the auditor's recitation of a mock scenario, eleven of 12 random staff interviewees state 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>Pursuant to the auditor's review of sexual abuse/harassment investigations, he has found no incidents wherein an inmate interpreter, inmate reader, or other type of inmate assistant assisted inmates with disabilities or inmates who are LEP when making an allegation of sexual abuse or harassment.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.16(c).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.16.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.17(a)</p> <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:</p> <p>Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility,</p>

juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

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;

Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

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

The auditor's review of eight of eight random Human Resources (HR) files relative to YCDOC staff hired during 2022 through 2024 reveals there is evidence that the requisite 115.17(a) questions were asked of applicants. These questions were asked only on the YCDOC Pre-Employment Questionnaire. The auditor notes that applicants did not respond in the affirmative to any of the 115.17(a) questions.

Furthermore, evidence has been provided that one of two promotion applicants were asked 115.17(a) questions and such questions were asked pursuant to the YCDOC Personal History Statement the applicant completed as part of the promotion process. The auditor has not been provided evidence that the requisite 115.17(a) questions were asked of any of the five contractors (Well Path, Comprehensive Healthcare, or Aramark) who may have contact with inmates.

Given the lack of substantial evidence in support of 115.17(a), the auditor finds YCDOC non-compliant with standard provision 115.17(a). In view of the above, the auditor is imposing a 180-day corrective action period wherein the PC and/or PCM must demonstrate compliance with the above provisions, as well as, institutionalization of the same. The corrective action due date is April 28, 2025.

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 YCDOC Pre-Employment Personal History Statement and the YCDOC Personal History Statement document or, as an alternative, development of a separate form bearing the three 115.17(a) questions, as well as, the 115.17(b) question. It is also recommended that language be incorporated into this document regarding the continuing obligation to report such information [See 115.17(f)] and that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination [See 115.17(g)]. This language is present in one of the documents however, the same is not present in both. Of course, with respect to the three 115.17(a) questions and the 115.17(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.

The auditor notes that all of the non-compliant files contain a computer generated YCDOC Pre-Employment Personal History Statement and/or YCDOC Personal History

Statements. Requisite 115.17(a) and (b) language, as well as, 115.17(f) and (g) language is missing from both computer generated documents. If the PC and/or PCM chooses to use these computer generated documents, the auditor strongly recommends that all are consistent in terms of asking the three 115.17(a) and one 115.17(b) questions, as well as, language regarding the continuing obligation to report such information [See 115.17(f)] and that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination [See 115.17(g)].

If the separate form is adopted, the same can be used in the following situations:
YCDCOC Applicants and Employees: In conjunction with the application process; At the hiring interview; and during promotion interviews or in conjunction with promotion applications. Contractors: In conjunction with the contractor's submission of their application; and at the selection interview.

With respect to Well Path, Comprehensive Healthcare, and Aramark contractors, the PC and/or PCM will collaborate with representative officials to ensure that either they use the aforementioned YCDCOC separate and singular form or they include the aforementioned language in their application. For the sake of continuity, the auditor strongly recommends that the separate and singular form be developed and utilized for all YCDCOC staff, as well as, Well Path, Comprehensive Healthcare, and Aramark contractors.

Such corrective action will require that the PCM provide training to all relevant stakeholders regarding all policy provision requirements articulated throughout this standard narrative. The PCM will provide the auditor with a copy of the training plan(s), as well as, training documentation validating understanding by the stakeholder recipients of the training. 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 April 28, 2025. The auditor will randomly select 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.

In view of the above, the auditor finds YCDCOC non-compliant with 115.17(a).

July 6, 2025 Update:

By virtue of emails from the PC to hiring managers for Aramark, Well Path, and Comprehensive Healthcare, training has been provided regarding incorporation of the YCDCOC Pre-Employment Questionnaire into the hiring process. This serves as training for contractors regarding 115.17(a) requirements.

The auditor has been provided evidence substantiating that two of two promotion applicants completed the same documents. Three of the four random contractors (Comprehensive Healthcare and Well Path) also completed the same document

during 2025 (annual update).

In view of the above, the auditor now finds YCDOC substantially compliant with 115.17(a).

115.17(b)

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 states the facility does 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. The YCDOC Training Coordinator secures a form from the applicant wherein 115.17(a) and (b) questions and issues are addressed. The hiring manager subsequently considers responses during the hiring decision process.

YCDOC Policy 305 entitled Recruitment and Selection, page 4, section 305.6.1 does address the 115.17(b) requirement.

The auditor's on-site review of three of eight random Human Resources (HR) files relative to YCDOC staff hired during 2022 through 2024 reveals there is no evidence that the requisite 115.17(b) question was asked of applicants or promotion applicants. This question was not asked in any hiring or promotion document. Furthermore, the auditor has not been provided evidence that the requisite 115.17(b) question was asked of any of the five contractors who may have contact with inmates. Given the lack of substantial evidence in support of 115.17(b), the auditor finds YCDOC non-compliant with standard provision 115.17(b).

In view of the above, the auditor is imposing a 180-day corrective action period wherein the PC and/or PCM must demonstrate compliance with the above provisions, as well as, institutionalization of the same. The corrective action due date is April 28, 2025.

In follow-up to other non-compliance findings articulated as follows, the auditor recommends incorporation of the one 115.17(b) question into the YCDOC Pre-Employment Personal History Statement and the YCDOC Personal History Statement document or, as an alternative, development of a separate form bearing both the 115.17(a) and 115.17(b) questions. It is also recommended that language be incorporated into these documents regarding the continuing obligation to report such information [See 115.17(f)] and that provision of material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination [See 115.17(g)]. This language is present in one of the documents however, the same is not present in both. Of course, with respect to the three 115.17(a) questions and the 115.17(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.

The auditor notes that all of the non-compliant files contained computer generated YCDOC Pre-Employment Personal History Statement and YCDOC Personal History Statements. If the PC and/or PCM choses to use these computer generated documents, the auditor strongly recommends that all are consistent in terms of asking the three 115.17(a) and one 115.17(b) questions, as well as, language regarding the continuing obligation to report such information [See 115.17(f)] and that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination [See 115.17(g)].

These forms can be used in the following situations: YCDOC Applicants and Employees: In conjunction with the application process; At the hiring interview; and during promotion interviews or in conjunction with promotion applications.

Contractors: In conjunction with the contractor's submission of their application; and at the selection interview.

With respect to Well Path, Comprehensive Healthcare, and Aramark contractors, the PC and/or PCM will collaborate with representative officials to ensure that either they use the aforementioned separate form or they include the aforementioned language in their application. For the sake of continuity, the auditor strongly recommends that a separate singular form be developed and utilized for all YCDOC staff, as well as, Well Path, Comprehensive Healthcare, and Aramark contractors.

Such corrective action will require that the PCM provide training to all relevant stakeholders regarding all policy provision requirements articulated throughout this standard narrative. The PCM will provide the auditor with a copy of the training plan(s), as well as, training documentation validating understanding by the stakeholder recipients of the training. 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 April 28, 2025. The auditor will randomly select 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.

In view of the above, the auditor finds YCDOC non-compliant with 115.17(b).

July 6, 2025 Update:

By virtue of emails from the PC to hiring managers for Aramark, Well Path, and Comprehensive Healthcare, training has been provided regarding incorporation of the YCDOC Pre-Employment Questionnaire into the hiring process. This serves as training for contractors regarding 115.17(a) requirements.

The auditor has been provided evidence substantiating that two of two promotion applicants completed the same documents. Three of the four random contractors (Comprehensive Healthcare and Well Path) also completed the same document during 2025 (annual update).

The auditor's review of eight of eight random Human Resources (HR) files relative to YCDOC staff hired during 2022 through 2024 reveals there is evidence that the requisite 115.17(b) question was asked of applicants. These questions were asked only on the YCDOC Pre-Employment Questionnaire. The auditor notes that applicants did not respond in the affirmative to any of the 115.17(a) questions.

The auditor notes that the 115.17(b) question has been added to the YCDOC Pre-Employment Questionnaire. In seven of eight of these random cases, staff signed and dated the new YCDOC Pre-Employment Questionnaire forms (2025), as well as, two contractors.

In view of the above, the auditor now finds that 115.17(b) requirements are institutionalized at YCDOC and accordingly, compliance is established.

115.17(c)

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; and

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, nine persons were hired, who may have contact with inmates and all 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 (a) 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) questions of previous institutional employers. With respect to the eight random staff HR files reviewed by the auditor, 115.17(c) follow-up was not required as prior institutional employers were not reflected in the Personal History Statements. Additionally,

pursuant to review of seven of eight of those files, the criminal background record check was completed either prior to the hiring date or on the hiring date.

HR staff and the PCM state that the NCIC serves as the criminal background record check and Washington Department of Corrections staff actually facilitate such checks. Additionally, YCDOC Training Department staff have the ability to facilitate such checks. The hiring manager does carefully scrutinize the same for 115.17(a) violations.

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

115.17(d)

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 four 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.

The auditor's PAQ review of two contractor criminal background record checks uploaded into OAS reveals zero concerns with 115.17(a) and (d) requirements. Both criminal background record checks pertained to Aramark applicants.

The HR interviewee states agency policy requires that (a) before it hires any new contractors who may have contact with inmates, it conducts criminal background record checks.

HR staff and the PCM state that the NCIC serves as the criminal background record check and Washington Department of Corrections staff actually facilitate such checks. Additionally, YCDOC Training Department staff have the ability to facilitate such checks. The hiring manager does carefully scrutinize the same for 115.17(a) violations.

The auditor does note that he has not been provided evidence to substantiate compliance with 115.17(d) and accordingly, YCDOC is considered non-compliant with 115.17(d). Specifically, he is in need of the physical criminal background record check and accordingly, the PC and/or PCM will upload the same for randomly selected Well Path, Comprehensive Healthcare, and Aramark contractors. The names have been provided to the PC pursuant to an Issues Log entry.

Upon upload of the same, the auditor will make a determination regarding compliance. The due date for this corrective action is April 28, 2025.

In view of the above, the auditor currently finds YCDOC non-compliant with 115.17(d).

July 19, 2025 Update:

Pursuant to the auditor's review, two of the random contractor files reviewed pertained to individuals hired during the last audit cycle and accordingly, they are not considered for this audit. Of the two remaining random contractor files, the auditor was provided evidence of both completed criminal record background record checks by virtue of a memorandum from the hiring contractor managers.

The PC asserts that as a department, YCDOC does not retain copies of criminal background record checks pursuant to Washington State Patrol (WSP) records retention policies. Once a background check is completed and reviewed by the Director or designee, the decision is documented, and the background record is then destroyed as required.

Per RCW 40.14 and WAC 44-14, YCDOC is not permitted to permanently retain such records. Additionally, WSP Records Retention Rule LE07-01-05 states that criminal history records must be destroyed once transmitted and no longer needed for agency business.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.17(d).

115.17(e)

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 four random HR files (relative to staff hired prior to 2017) reveals no physical 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 YCDOC Training Coordinator facilitates the same, using a spreadsheet to manage timely reinvestigations.

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.

As previously indicated, the auditor's review of four random staff HR files relative to staff hired prior to 2017 plus one contractor file reveals zero five-year criminal background record checks were completed within the last five year period. As evidence of five-year reinvestigation completion, a roster generated by the YCDOC Training Coordinator has been uploaded however, a copy of the five-year criminal background record check has not yet been uploaded to OAS. 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 April 28, 2025.

To accomplish the above corrective action, the PCM, in conjunction with the YCDOC Training Coordinator, 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. If the lesson plan differs from the previously referenced protocol, the PC will upload a copy of the same.

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 April 28, 2025. Relevant reinvestigations will subsequently be uploaded into OAS.

In view of the above, the auditor finds YCDOC non-compliant with 115.17(e).

July 9, 2025 Update:

The auditor's review of five-year criminal background record checks regarding the aforementioned YCDOC staff due for the same reveals substantial compliance with 115.17(e). All four reinvestigations were completed during May, 2023. Accordingly, actual practice is confirmed with respect to YCDOC staff reinvestigations.

With respect to contractor, the auditor's review of current rosters for Well Path, Comprehensive Healthcare, and Aramark reveals that zero new contractors were brought on board during the corrective action period. Additionally, the one contractor identified as needing a five-year criminal background record check reinvestigation is not yet due. Accordingly, the auditor rescinds the finding as applied to the contractor.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.17(e).

115.17(f)

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 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.

As previously reflected, there is little available evidence substantiating that the facility imposes upon staff a continuing affirmative duty to disclose any such previous misconduct. The auditor noted a form in one of eight applicable staff files randomly reviewed, wherein the three 115.17(a) questions are asked and the requisite affirmative duty to report verbiage is reflected in the same. Additionally, he noted the three 115.17(a) questions were asked in the Personal History Statement attached to one of the two promotion files, as well as, the same form in three of the eight applicable staff files reviewed by the auditor.

YCDOC Policy 108 entitled Standards of Conduct, page 5, section 108.5.8(a) addresses 115.17(f).

In view of the inconsistency in application of corrective action implemented during the preceding PREA audit, the auditor finds YCDOC non-compliant with 115.17(f). Accordingly, the auditor imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.17(f) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.17(f) requirements, the auditor recommends incorporation of the three 115.17(a) questions plus the one 115.17(b) question into the YCDOC Pre-Employment Personal History Statement and the YCDOC Personal History Statement documents or, as an alternative, development of a separate form bearing the three 115.17(a) questions, as well as, the 115.17(b) question. It is also recommended that language be incorporated into this document regarding the continuing obligation to report such information [See 115.17(f)] and that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination [See 115.17(g)]. This language is present in one of the documents however, the same is not present in both. Of course, with respect to the three 115.17(a) questions and the 115.17(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.

The auditor notes that all of the non-compliant files contained computer generated YCDOC Pre-Employment Personal History Statement and/or YCDOC Personal History Statements. If the PC and/or PCM choses to use these computer generated documents, the auditor strongly recommends that all are consistent in terms of asking the three 115.17(a) and one 115.17(b) questions, as well as, language

regarding the continuing obligation to report such information [See 115.17(f)] and that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination [See 115.17(g)].

The auditor recommends, as an alternative to the above amendments to existing forms and subsequent follow through, that a separate singular form be created and implemented. The same must capture all of the questions and information articulated in the preceding paragraph, including Yes and No answer blocks, as well as, employee and witness printed/signature and date blocks.

If adopted, this form can be used in the following situations: YCDOC Applicants and Employees: In conjunction with the application process; At the hiring interview; and during promotion interviews or in conjunction with promotion applications.

Contractors: In conjunction with the contractor's submission of their application; and at the selection interview.

In addition to the above, the PC and/or PCM will provide to the auditor a roster of staff who were hired at YCDOC between the dates of this interim report and April 28, 2025.. The auditor will randomly select names of employees and the PC and/or PCM will upload applicable documents that substantiate compliance with 115.17(f). The auditor will subsequently determine whether standard compliance has been achieved.

In view of the above, the auditor finds YCDOC substantially non-compliant with 115.17(f).

July 9, 2025 Update:

The auditor's review of the YCDOC Pre-Employment Questionnaire (form used to capture 115.17(a) and (b) requirements as well as 115.17(f) and (g) requirements now reveals substantial compliance with 115.17(f). Nine of 12 documents pertaining to 2025 annual review of these issues by each employee provides further validation. The auditor notes that the employee signs and dates the form.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.17(f).

115.17(g)

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).

As previously reflected, there is little available evidence substantiating that material omissions regarding such misconduct, or the provision of materially false information,

are grounds for termination. The auditor noted the aforementioned form bearing this admonishment in one of eight applicable staff files randomly reviewed by the auditor.

In view of the inconsistency in application of corrective action implemented during the preceding PREA audit, the auditor finds YCDOC non-compliant with 115.17(f).

Accordingly, the auditor imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.17(f) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.17(f) requirements, the auditor recommends incorporation of the three 115.17(a) questions plus the one 115.17(b) question into the YCDOC Pre-Employment Personal History Statement and the YCDOC Personal History Statement documents or, as an alternative, development of a separate singular form bearing the three 115.17(a) questions, as well as, the 115.17(b) question. It is also recommended that language be incorporated into this document regarding the continuing obligation to report such information [See 115.17(f)] and that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination [See 115.17(g)]. This language is present in one of the documents however, the same is not present in both. Of course, with respect to the three 115.17(a) questions and the 115.17(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.

The auditor notes that all of the non-compliant files contained computer generated YCDOC Pre-Employment Personal History Statement and/or YCDOC Personal History Statement forms. If the PC and/or PCM choses to use these computer generated documents, the auditor strongly recommends that all are consistent in terms of asking the three 115.17(a) and one 115.17(b) questions, as well as, language regarding the continuing obligation to report such information [See 115.17(f)] and that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination [See 115.17(g)].

If adopted, this form can be used in the following situations: YCDOC Applicants and Employees: In conjunction with the application process; At the hiring interview; and during promotion interviews or in conjunction with promotion applications.

Contractors: In conjunction with the contractor's submission of their application; and at the selection interview.

In addition to the above, the PC and/or PCM will provide to the auditor a roster of staff who were hired at YCDOC between the dates of this interim report and April 28, 2025. The auditor will randomly select names of employees and the PC and/or PCM will upload applicable documents that substantiate compliance with 115.17(g). The auditor will subsequently determine whether standard compliance has been achieved.

In view of the above, the auditor finds YCDOC non-compliant with 115.17(g).

	<p>July 9, 2025 Update:</p> <p>The auditor's review of the YCDOC Pre-Employment Questionnaire (form used to capture 115.17(a) and (b) requirements as well as 115.17(f) and (g) requirements now reveals substantial compliance with 115.17(f). Nine of 12 documents pertaining to 2025 annual review of these issues by each employee provides further validation. The auditor notes that the employee signs and dates the form.</p> <p>In view of the above, the auditor now finds YCDOC substantially compliant with 115.17(g).</p> <p>115.17(h)</p> <p>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.</p> <p>The HR interviewee states 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, nor has he discovered any deviation from standard provision.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.17(h).</p> <p>In view of the above completed corrective action and the evidence cited throughout the 115.17 narrative, the auditor finds YCDOC substantially compliant with 115.17.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.18(a)</p> <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).</p>

	<p>In view of the above, the auditor finds 115.18(a) not applicable to YCDOC.</p> <p>115.18(b)</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 that servers were updated during early 2024.</p> <p>According to the Director, justification for video monitoring systems/electronic surveillance systems upgrades would be documented in a report/email/ after action review report, 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>In the instant matter, a failing server could have resulted in a safety issue for both inmates and staff as the entire system may become non-functional. The justification for replacement is uploaded to OAS.</p> <p>The Warden interviewee concurs with the above rationale.</p> <p>YCDOC Policy 606 entitled PREA, page 3, section 606.4(d) addresses 115.18(b).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.18(b).</p> <p>In view of the above finding(s), the auditor finds YCDOC substantially compliant with 115.18.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.21(a)</p> <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 Department (YCSD) 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).</p>

YCDOC Policy 206 entitled Disposition of Evidence, pages 1-3, sections 206.4 and 206.4.1-6 also addresses 115.21(a).

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. Ten 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.

All 12 random staff interviewees state that the Internal Affairs Sergeant (IA Sgt.) conducts administrative sexual abuse/harassment investigations and 11 random staff interviewees state that YCSD investigator(s) facilitate criminal sexual abuse/harassment investigations. Given the combination of the aforementioned policies and the interview results, the auditor is confident 115.21(a) and (b) requirements are met.

In view of the above, the auditor finds YCDOC substantially compliant with 115.21(a).

115.21(b)

Pursuant to the PAQ, the Director self reports the protocol is not applicable to youth as 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.

YCDOC Policy 606 entitled PREA, pages 8 and 9, section 606.10 addresses 115.21(b)-1 and 2.

In view of the above, the auditor finds YCDOC substantially compliant with 115.21(b).

115.21(c)

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. 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. One forensic medical exam was conducted during the last 12 months.

The auditor's review of two random administrative sexual abuse investigations clearly

reflects that the victims were transported to Multi-Care Yakima Valley Memorial Hospital for the conduct of a forensic examination following the incident and threshold investigation. In one case, the alleged victim refused the forensic examination and ultimately recanted his allegation.

In the other case, following initial threshold interviews and preliminary investigation, the matter was referred to YCSD for criminal investigation given the fact that penetration was alleged. A forensic examination was conducted at Multi-Care Yakima Valley Memorial Hospital and pursuant to statements from the investigating YCSD deputy, conclusive DNA results were not found. Accordingly, the fact pattern and allegation(s) was/were not substantiated.

YCDOC Policy 606 entitled PREA, page 7, section 606.9(a) addresses 115.21(c).

The PCM asserts YCDOC maintains a contract with Multi-Care Yakima Valley Memorial Hospital for the provision of 24/7 SANE services. The auditor's review of the Multi-Care Yakima Valley Memorial Hospital contract reveals that forensic sexual assault/abuse investigations appear to be a covered procedure.

The SANE interviewee asserts that currently, she is the only SANE nurse at Multi-Care Yakima Memorial Hospital. However, three nurses are currently involved in a SANE training program which includes a 20 hour online and in-person IAFN curriculum, as well as, a 20 hour preceptorship. Subsequently, the enrollee completes a forensic examination(s) under the mentorship of a senior SANE. Once these three nurses complete training, they will be utilized on an on-call basis.

If the interviewee is not available, the ER physician competes the forensic examination while an Emergency Room (ER) Nurse completes the evidence collection.

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 as he/she facilitates the forensic examination.

Provision of information about and access to emergency contraception/sexually transmitted infection prophylaxis is included in the forensic examination. While a pregnancy test may be given to a female inmate during the course of the forensic examination and in conjunction with infectious disease testing, timely follow-up regarding provision of information and access to all lawful pregnancy-related services is the responsibility of facility medical practitioners. It is noted that Infection prophylaxis is also administered as part of the forensic examination.

In view of the above, the auditor finds YCDOC substantially compliant with 115.21(c).

115.21(d)

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.

YCDOC Policy 606 entitled PREA, pages 7 and 8, sections 606.8 and 606.9(b) addresses 115.21(d).

The auditor notes that only one of the three alleged victims of sexual abuse at YCDOC interviewees, was subject to a forensic examination, and he states he was not allowed to contact a victim advocate (VA) nor was he provided a VA for assistance during the forensic examination. In one of the other cases, the incident was more representative of sexual harassment and accordingly, a forensic examination was not required. In the final case, the fact pattern and allegations did not support a finding of penetration and accordingly, the facilitation of a forensic examination was not warranted.

The auditor notes there is no evidence that the one victim who was subjected to a forensic examination interviewee requested a VA during the forensic examination and/or investigatory interviews.

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 services 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 (VA), 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.

In view of the above, the auditor finds YCDOC substantially compliant with 115.21(d) and (e).

115.21(e)

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.

The auditor notes that only one of the three alleged victims of sexual abuse at YCDOC interviewees, was subject to a forensic examination, and he states he was not allowed to contact a victim advocate (VA) nor was he provided a VA for assistance during the forensic examination. In one of the other cases, the incident was more representative of sexual harassment and accordingly, a forensic examination was not required. In the final case, the fact pattern and allegations did not support a finding of penetration and accordingly, the facilitation of a forensic examination was not warranted.

The auditor notes there is no evidence that the one victim who was subjected to a forensic examination interviewee requested a VA during the forensic examination and/or investigatory interviews.

In view of the above, the auditor finds YCDOC substantially compliant with 115.21(e).

115.21(f)

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 and departmental regulations.

In view of the above, the auditor finds YCDOC substantially compliant with 115.21(f).

115.21(h)

Pursuant to the PAQ, the Director self reports a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

As previously mentioned in the narrative for 115.21(e), 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.

In view of the above, the auditor finds YCDOC substantially compliant with 115.21(h).

Based on the above findings, 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>115.22(a)</p> <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, 46 allegations of sexual abuse and sexual harassment were received. However, one sexual abuse investigation was referred for criminal investigation within the last 12 months. All investigations were not reportedly completed.</p> <p>YCDOC Policy 606 entitled PREA, page 8, section 606.10 addresses 115.22(a).</p> <p>The auditor's review of the PREA investigations roster encompassing all sexual abuse/harassment investigations completed during the last 12 months reveals that 37 such investigations were opened and 31 investigations were completed. Of note, the vast majority of these investigations involve mental health situations giving rise to reports of sexual abuse/harassment.</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 the 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>The auditor's review of 16 randomly selected sexual abuse/harassment investigations corroborates the above. Investigations are facilitated in a systematic fashion, inclusive of compliance with the Aggravated Sexual Abuse Checklist, when applicable.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.22(a).</p> <p>115.22(b)</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 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.

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).

As mentioned in the narrative for 115.22(a), one sexual abuse investigation was referred for criminal investigation within the last 12 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 interdepartmental portal.

The administrative 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.

Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.

The auditor's review of the one case file regarding the allegation that was referred to YCSD for criminal investigation reveals email correspondence originated by the administrative investigator with the YCSD investigator(s). This email correspondence constituted an attempt to determine the status of the criminal investigation and sharing of information known by the administrative investigator.

In view of the above, the auditor finds YCDOC substantially compliant with 115.22(b).

115.22(c)

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(c).

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

In view of the above, the auditor finds YCDOC substantially compliant with 115.22(c).

	In view of the above, the auditor finds YCDOC substantially compliant with 115.22.
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.31(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency trains all employees who may have contact with inmates on the following:</p> <p>The agency's zero-tolerance policy for sexual abuse and sexual harassment;</p> <p>How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</p> <p>The right of inmates to be free from sexual abuse and sexual harassment;</p> <p>The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</p> <p>The dynamics of sexual abuse and sexual harassment in confinement;</p> <p>The common reactions of sexual abuse and sexual harassment victims;</p> <p>How to detect and respond to signs of threatened and actual sexual abuse;</p> <p>How to avoid inappropriate relationships with inmates;</p> <p>How to communicate effectively and professionally with inmates, inclusive of lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and</p> <p>How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>YCDOC Policy 310 entitled PREA Training, pages 1 and 2, section 310.3 addresses 115.31(a).</p> <p>The auditor's cursory review of the PREA Training for Initial Responders training slides reveals substantial compliance with 115.31(a).</p> <p>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 online or in person with a Power Point Presentation, lecture, and discussion.</p>

The auditor's onsite view of 10 of 11 random staff training files reveals substantial compliance with 115.31(a), (c), and (d) as PREA ART training was completed within the last 12 months. The auditor notes that four of the random training files reviewed pertained to staff hired during the audit period. Those new employees hired during this audit period completed New Employee PREA Orientation (NEO) training prior to contact with inmates.

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.

In view of the above, the auditor finds YCDOC substantially compliant with 115.31(a).

115.31(b)

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.

In view of the above, the auditor finds YCDOC substantially compliant with 115.31(b).

115.31(c)

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 annual PREA ART is provided, as opposed to, PREA training every two years. Staff are issued daily training bulletins if updates are made to policy. Provision 115.31(c) requires refresher training every two years.

In view of the above, the auditor finds YCDOC exceeds expectations with respect to 115.31(c).

	<p>115.31(d)</p> <p>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.</p> <p>YCDOC Policy 310 entitled PREA Training, page 2, section 310.3 addresses 115.31(d).</p> <p>The auditor's review of two PAQ 2024 PREA Compliance Sign-Off documents reveals a short test and signature/date spaces for the stakeholder. Additionally, an "I understand" caveat is included on this form.</p> <p>The auditor's onsite view of 10 of 11 random staff training files reveals substantial compliance with 115.31(a), (c), and (d). Of note, PREA ART training was completed within the last 12 months. The auditor notes that four additional random training files reviewed pertained to staff hired during the audit period. Those new employees hired during this audit period completed New Employee PREA Orientation (NEO) training prior to contact with inmates.</p> <p>In view of the above the auditor finds YCDOC substantially compliant with 115.31(d).</p> <p>Based on the finding articulated in 115.31(c), the auditor finds YCDOC exceeds expectations with respect to 115.31.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.32(a)</p> <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 33 contractors and 154 volunteers are currently utilized at YCDOC. The same training slides referenced in the narrative for 115.31(a) are presented to contractors and volunteers. The auditor notes that the same are applicable to the requirements of 115.32(a).</p> <p>YCDOC Policy 310 entitled PREA Training, pages 1 and 2, section 310.3 addresses 115.32(a).</p> <p>As previously mentioned, the Director asserts 33 contractors and 154 volunteers are currently utilized at YCDOC. He further self reports Well Path and Comprehensive</p>

Healthcare conduct their own PREA orientation, specialty, and PREA ART training.

The two contractors 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. The Well Path interviewee states she receives PREA training developed by Well Path and the same is an online course augmented with videos, a power point presentation, voice overs, and a test. The Comprehensive Healthcare interviewee states that she receives an informative pamphlet regarding PREA and a test generated by YCDOC training staff. She signs the test, signifying completion of the requisite PREA training. Training generally addresses some specific expectations regarding PREA procedures, as well as, the impacts of sexual abuse in confinement settings and boundaries between inmates and contractors/volunteers, to name a few.

Both 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. The auditor's review of seven 2024 Employee Yearly PREA Training certifications (test) reveals three affected volunteers and four affected contractors completed PREA training and read/understand the PREA brochure. The volunteers and contractors affixed their printed name, signature, and date to the test document certifying compliance with 115.32(a).

The auditor's review of a Well Path roster reveals that five Well Path staff have not completed either/and PREA Orientation/PREA inservice. Additionally, this roster review revealed no evidence of completion of PREA Orientation and/or Inservice training with respect to eight travel nurses. Finally, the auditor finds evidence that only one Comprehensive Healthcare contractor completed Orientation and/or Inservice PREA training and the same is documented on the YCDOC training roster.

Despite two attempts to contact two volunteers who provide services to inmates at YCDOC, the auditor was unsuccessful on both accounts. He left voicemail messages on each occasion with no response to either voicemail.

In view of the above, the auditor cannot validate that all contractors have completed requisite training pursuant to 115.32(a-c). Accordingly, he finds YCDOC non-compliant with 115.32(a) and (c) and he imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.32(a-c) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.32(a-c) requirements, the PC and/or PCM will collaborate with the three contractors (Well Path, Comprehensive Healthcare, and Aramark), developing a plan to address these standard provisions. Given the fragmented nature of PREA training with respect to these contractors, the auditor recommends that a more streamlined approach be employed. Generally, if YCDOC maintained both Orientation and Inservice training responsibilities and accountability, the outcome should be significantly better. This training can be provided either in-person or online and the training coordinator could add separate entries on the report for each contractor. The training coordinator would then enter into the existing report completions for contractor staff and he could

track due dates. Of course, this protocol can only work if contracting staff are relieved of duties at the prescribed time for which training is scheduled.

If the above plan is adopted, the PC and/or PCM will upload any policy adjustments, operational memorandums specifying the new procedures, and examples of documents to be utilized for tracking and verification. Of course, the training coordinator must be trained if he/she is not involved in the brainstorming. Copies of any protocols utilized to train him/her, as well as, verification of receipt of such training will be uploaded into OAS. Such training will include the supervising Lt. and Chief, minimally.

In view of the above, the auditor finds YCDOC non-compliant with 115.32(a).

July 18, 2025 Update:

The auditor's review of 18 of the aforementioned tests reveals that Well Path staff completed 2025 PREA ART training. Additionally, three travel nurses completed the same training. Similarly, the auditor's review of 16 of the aforementioned tests reveals that Well Comprehensive staff completed 2025 PREA ART training. Seven ARAMARK contractors completed the same training.

The PC asserts that he has provided the facility PREA lesson plan and slides to the three contracting supervisors, as well as, the certifying PREA test. The facility training coordinator facilitates PREA Orientation training while the contracting supervisors present the PREA ART, inclusive of administration of the test.

In view of the above, the auditor is reasonably assured that YCDOC is substantially compliant with 115.32(a) and (c)

115.32(b)

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.

YCDOC Policy 310 entitled PREA Training, pages 1 and 2, section 310.3 addresses 115.32(a).

As previously mentioned, the Director asserts 33 contractors and 154 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.

The two contractors and 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. The Well Path

interviewee states she receives PREA training developed by Well Path and the same is an online course augmented with videos, a power point presentation, voice overs, and a test. The Comprehensive Healthcare interviewee states that she receives an informative pamphlet regarding PREA and a test generated by YCDOC training staff.

She signs the test, signifying completion of the requisite PREA training. Training generally addresses some specific expectations regarding PREA procedures, as well as, the impacts of sexual abuse in confinement settings and boundaries between inmates and contractors/volunteers, to name a few.

Both contractor 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. The auditor's review of seven 2024 Employee Yearly PREA Training certifications (test) reveals three affected volunteers and four affected contractors completed PREA training and read/understand the PREA brochure. The volunteers and contractors affixed their printed name, signature, and date to the test document certifying compliance with 115.32(a).

The auditor's review of a Well Path training roster reveals that five Well Path staff have not completed either/and PREA Orientation/PREA inservice. Additionally, this roster review revealed no evidence of completion of PREA Orientation and/or Inservice training with respect to eight travel nurses. Finally, the auditor finds evidence that only one Comprehensive Healthcare contractor completed Orientation and/or Inservice PREA training and the same is documented on the YCDOC training roster.

Despite two attempts to contact two volunteers who provide services to inmates at YCDOC, the auditor was unsuccessful on both accounts. He left voicemail messages on each occasion with no response to either voicemail.

In view of the above, the auditor cannot validate that all contractors have completed requisite training pursuant to 115.32(a-c). Accordingly, he finds YCDOC non-compliant with 115.32(a-c) and he imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.32(a-c) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.32(a-c), the PC and/or PCM will collaborate with the three contractors (Well Path, Comprehensive Healthcare, and Aramark), developing a plan to address these standard provisions. Given the fragmented nature of PREA training with respect to these contractors, the auditor recommends that a more streamlined approach be employed. Generally, if YCDOC maintained both Orientation and Inservice training responsibilities and accountability, the outcome should be significantly better. This training can be provided either in-person or online and the training coordinator could add separate entries on the report for each contractor. The training coordinator would then enter into the existing report completions for contractor staff and he could track due dates. Of course, this protocol can only work if contracting staff are relieved of duties at the prescribed time for which training is scheduled.

If the above plan is adopted, the PC and/or PCM will upload any policy adjustments,

operational memorandums specifying the new procedures, and examples of documents to be utilized for tracking and verification. Of course, the training coordinator must be trained if he/she is not involved in the brainstorming. Copies of any protocols utilized to train him/her, as well as, verification of receipt of such training will be uploaded into OAS. Such training will include the supervising Lt. and Chief, minimally.

In view of the above, the auditor finds YCDOC non-compliant with 115.32(b).

July 18, 2025 Update:

The auditor's review of 18 of the aforementioned tests reveals that Well Path staff completed 2025 PREA ART. training. Additionally, three travel nurses completed the same training. Similarly, the auditor's review of 16 of the aforementioned tests reveals that Well Comprehensive staff completed 2025 PREA ART training. Seven ARAMARK contractors completed the same training.

The PC asserts that he has provided the facility PREA lesson plan and slides to the three contracting supervisors, as well as, the certifying PREA test. The facility training coordinator facilitates PREA Orientation training while the contracting supervisors present the PREA ART, inclusive of administration of the test.

In view of the above, the auditor is reasonably assured that YCDOC is substantially compliant with 115.32(b).

115.32(c)

Pursuant to the PAQ, the Director self reports the agency maintains documentation confirming that volunteers and contractors understand the training they have received.

YCDOC Policy 310 entitled PREA Training, page 2, section 310.3 addresses 115.32(c).

As previously indicated, the auditor's review of seven Employee Yearly PREA Training receipts (tests) reveals contractors and volunteers 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.

The auditor's review of a Well Path training roster reveals that five Well Path staff have not completed either/and PREA Orientation/PREA inservice training.

Additionally, this roster review revealed no evidence of completion of PREA Orientation and/or Inservice training with respect to eight travel nurses. Finally, the auditor finds evidence that only one Comprehensive Healthcare contractor completed Orientation and/or Inservice PREA training and the same is documented on the YCDOC training roster.

In view of the above, the auditor cannot validate that all contractors have completed

requisite training pursuant to 115.32(a-c). Accordingly, he finds YCDOC non-compliant with 115.32(a-c) and he imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.32(a-c) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.32(a-c), the PC and/or PCM will collaborate with the three contractors (Well Path, Comprehensive Healthcare, and Aramark), developing a plan to address these two standards. Given the fragmented nature of PREA training with respect to these contractors, the auditor recommends that a more streamlined approach be employed. Generally, if YCDOC maintained both Orientation and Inservice training responsibilities and accountability, the outcome should be significantly better. This training can be provided either in-person or online and the training coordinator could add separate entries on the report for each contractor. The training coordinator would then enter into the existing report completions for contractor staff and he could track due dates. Of course, this protocol can only work if contracting staff are relieved of duties at the prescribed time for which training is scheduled.

If the above plan is adopted, the PC and/or PCM will upload any policy adjustments, operational memorandums specifying the new procedures, and examples of documents to be utilized for tracking and verification. Of course, the training coordinator must be trained if he/she is not involved in the brainstorming. Copies of any protocols utilized to train him/her, as well as, verification of receipt of such training will be uploaded into OAS. Such training will include the supervising Lt. and Chief, minimally.

In view of the above, the auditor finds YCDOC non-compliant with 115.32(c).

July 9, 2025 Update:

The auditor notes that the YCDOC PREA Orientation and ART slides have been provided to the contract managers to utilize for contract staff PREA training. The contract managers are expected to provide this training using these resources and validate the same through the use of a test signed and dated by the individual contractors. Hiring managers representing the three contract providers have been notified of expectations through a memorandum that provides an explanation of procedures to be utilized.

The PC asserts that he has provided the facility PREA lesson plan and slides to the three contracting supervisors, as well as, the certifying PREA test. The facility training coordinator facilitates PREA Orientation training while the contracting supervisors present the PREA ART, inclusive of administration of the test.

In view of the above, these training processes are consistent across all contract providers. Accordingly, the auditor now finds YCDOC substantially compliant with 115.32 (a) and (c).

	<p>Given the completed corrective action as noted in the narratives for 115.32(a-c) and the evidence cited throughout the 115.32 narrative, the auditor finds YCDOC substantially compliant with 115.32.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.33(a)</p> <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 6516 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 PCM asserts requisite information is available in the YCDOC 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. The auditor's review of the PREA video entitled "What You Need to Know" reveals substantial compliance with 115.33(a) and (b).</p> <p>While sexual abuse/harassment reporting options are noted in the English and Spanish inmate handbooks and poster(s), zero tolerance is not mentioned. According to the PCM, the PREA video and other PREA information is included on the Edovo tablets. Zero tolerance is clearly addressed in the PREA video entitled "What You Need to Know", as validated by the auditor.</p> <p>Inmates are provided PREA information at intake or Booking. The intake staff interviewee states he provides the YCDOC Inmate Handbook at Booking on the day of arrival at YCDOC. The inmate signs a receipt for the handbook and the intake interviewee retains the same.</p> <p>If necessary, the interviewee may refer cognitively impaired inmates to mental health staff for translation. He further notes that PREA posters (English and Spanish) are hung throughout the tanks and the auditor validated the same during the facility tour.</p> <p>Twelve of 18 random inmate interviewees state they received information about the facility's rules against sexual abuse and harassment. Interviewees state they received the YCDOC Inmate Handbook and PREA pamphlet (pamphlet is also posted on bulletin boards) on the day of arrival. Additionally, the same information is generally available pursuant to the PREA video on the tablet and the kiosk and the majority of interviewees state they viewed the PREA video as a precursor to tablet</p>

use.

The auditor's review of files for five of the six random inmate interviewees who state they did not receive requisite PREA information reveals that they did receive the same on the day of arrival at YCDOC.

The auditor's onsite review of 15 applicable random inmate files reveals substantial compliance with 115.33(a) in terms of timeliness, etc. Initial PREA information was provided to inmates on the day of arrival.

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

115.33(b)

Pursuant to the PAQ, the Director self reports 1254 inmates admitted during the last 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.

The PCM asserts that inmates gain access to relevant PREA information on both the kiosks and Edovo tablets. The intake staff interviewee states he explains and/or reads reporting procedures and zero tolerance requirements to the inmate with low reading or low vision/blindness. He provides the aforementioned written PREA materials to the inmate who is deaf or low hearing, for reading. Inmates are generally made aware of these rights at Booking or intake.

Thirteen of 18 random inmate interviewees state that when they came to YCDOC, they were told about:

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.

Eight interviewees state they received this information at Booking while five interviewees state they watched this information on the tablet within two to four weeks of Booking.

The auditor's onsite review of 15 random inmate files reveals zero documentary evidence that this information was provided to inmates within 30 days of arrival. Pursuant to conversation with the PC, the auditor learned that transcripts for the Edovo tablets can be printed to demonstrate that the inmate did review the "What You Need to Know" PREA video. Pursuant to this process, the auditor determined that 13 of the 15 random inmates had reviewed the video. According to the PC, such review of the PREA video serves as the 115.33(b) comprehensive education.

As evidence, the auditor requested that the PC print dated transcripts reflecting the

dates on which each of the affected inmates watched the PREA video. The PC was not able to print those dates and accordingly, timeliness could not be verified. Additionally, if an inmate opted to not use the tablet, he/she never received comprehensive PREA education. In view of the above, the auditor cannot validate compliance with 115.33(b) and accordingly, the auditor finds YCDOC non-compliant.

In view of the above, the auditor finds YCDOC non-compliant with 115.33(b) and he imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate substantial compliance with and institutionalization of 115.33(b). The corrective action due date is April 28, 2025.

To demonstrate compliance with 115.33(b), the PC and/or PCM will develop a plan to prove the date on which comprehensive education (30-day PREA education) is completed, as well as, ensuring that all inmates complete the same within 30-days of arrival at YCDOC. The PC and/or PCM should collaborate with the Edovo tablet technical staff to add a feature wherein tablet access and review of the aforementioned PREA video is documented. If this can be accomplished, the PC and/or PCM can print the chronological display as evidence of compliance.

In regard to assurance that each inmate actually viewed the PREA video on the Edovo tablet, the PC and/or PCM will develop and implement a plan to accomplish the same. This may include running a roster of all inmates who accessed the Edovo tablet during the 21-28 day period subsequent to arrival at YCDOC. If an inmate did not access the Edovo tablet during that period, alternative measures must be taken to ensure he/she received comprehensive PREA education in a timely manner.

The PC and/or the PCM will advise the auditor of the plan to accomplish blanket completion of comprehensive PREA education. The same will be uploaded into OAS.

Within 90 days of the date of this interim report, the PC will provide the auditor with a roster of inmates who arrived at YCDOC. The auditor will subsequently identify a sample of comprehensive PREA education validations which he will review for consideration of corrective action closure.

In view of the above, the auditor finds YCDOC non-compliant with 115.33(b).

July 8, 2025 Update:

The auditor's review of the documented plan to ensure compliance with 115.33(b) reveals substantial compliance with the standard provision. Specifically, within 21-28 days of arrival at YCDOC, Classification Department staff review each new arrival, assessing whether the inmate reviewed the PREA video on the Edovo tablet within 30 days of arrival at the facility amongst other topics. Classification Department staff subsequently follow through with PREA education if not completed at that time. Results are documented on a log.

In addition to the above, the PC uploaded Edovo tablet transcripts for the 15 random inmate files the auditor reviewed during the onsite visit. All transcripts reflect the

date of November 8, 2024. This exemplifies the process and capabilities if required as evidence. Unfortunately, that date is reflective of only the date on which the transcript was accessed.

The auditor's review of two months of new arrival Comprehensive PREA Education completions reveals substantial compliance with 115.33(b). Accordingly, the auditor now finds YCDOC substantially compliant with 115.33(b).

115.33(c)

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.

Inmates are provided PREA information at intake. The intake staff interviewee states he provides the YCDOC Inmate Handbook at Booking on the day of arrival at YCDOC. The inmate signs a receipt for the handbook and he/she retains the same.

With respect to the provision of comprehensive PREA education, as articulated in 115.33(b), to all inmates currently housed at YCDOC, the auditor's onsite review of 15 random inmate files reveals zero documentary evidence that this information was provided to inmates within 30 days of arrival. Pursuant to conversation with the PC, the auditor learned that transcripts for the Edovo tablets can be printed to demonstrate that the inmate did review the "What You Need to Know" PREA video.

Pursuant to this process, the auditor determined that 13 of the 15 random inmates had reviewed the video. According to the PC, such review of the PREA video serves as the 115.33(b) comprehensive education.

As evidence, the auditor requested that the PC print dated transcripts reflecting the dates on which each of the affected inmates watched the PREA video. The PC was not able to print those dates and accordingly, timeliness could not be verified.

Additionally, if an inmate opted to not use the tablet, he/she never received comprehensive PREA education. In view of the above, the auditor cannot validate compliance with 115.33(b) and accordingly, the auditor finds YCDOC non-compliant.

In view of the above, the auditor finds YCDOC non-compliant with 115.33(b) and (c) and he imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate substantial compliance with and institutionalization of 115.33(b). The corrective action due date is April 28, 2025.

To demonstrate compliance with 115.33(b), the PC and/or PCM will develop a plan to prove the date on which comprehensive education (30-day PREA education) is completed, as well as, ensuring that all inmates complete the same within 30-days of

arrival at YCDOC. The PC and/or PCM should collaborate with the Edovo tablet technical staff to add a feature wherein tablet access and review of the aforementioned PREA video is documented. If this can be accomplished, the PC and/or PCM can print the chronological display as evidence of compliance.

In regard to assurance that each inmate actually viewed the PREA video on the Edovo tablet, the PC and/or PCM will develop and implement a plan to accomplish the same. This may include running a roster of all inmates who accessed the Edovo tablet during the 21-28 day period subsequent to arrival at YCDOC. If an inmate did not access the Edovo tablet during that period, alternative measures must be taken to ensure he/she received comprehensive PREA education in a timely manner.

The PC and/or the PCM will advise the auditor of the plan to accomplish blanket completion of comprehensive PREA education. The same will be uploaded into OAS.

Within 90 days of the date of this interim report, the PC will provide the auditor with a roster of inmates who arrived at YCDOC. The auditor will subsequently identify a sample of comprehensive PREA education validations which he will review for consideration of corrective action closure.

In view of the above, the auditor finds YCDOC non-compliant with 115.33(c).

July 8, 2025 Update:

The auditor's review of the documented plan to ensure compliance with 115.33(b) reveals substantial compliance with the standard provision. Specifically, within 21-28 days of arrival at YCDOC, Classification Department staff review each new arrival, assessing whether the inmate reviewed the PREA video on the Edovo tablet within 30 days of arrival at the facility amongst other topics. Classification Department staff subsequently follow through with PREA education if not completed at that time. Results are documented on a log.

In addition to the above, the PC uploaded Edovo tablet transcripts for the 15 random inmate files the auditor reviewed during the onsite visit. All transcripts reflect the date of November 8, 2024. This exemplifies the process and capabilities if required as evidence. Unfortunately, that date is reflective of only the date on which the transcript was accessed.

The auditor's review of two months of new arrival Comprehensive PREA Education completions reveals substantial compliance with 115.33(b) and (c). Accordingly, the auditor now finds YCDOC substantially compliant with 115.33(b) and (c).

115.33(d)

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 with reading skills.

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.

Inmates are provided PREA information at intake. The intake staff interviewee states he provides the YCDOC Inmate Handbook at Booking on the day of arrival at YCDOC. The inmate signs a receipt for the handbook and the intake interviewee retains the same.

If necessary, he may refer cognitively impaired inmates to mental health staff for translation. He further notes that PREA posters (English and Spanish) are hung throughout the tanks and the auditor validated the same during the facility tour.

The PCM asserts that CLI can be accessed to assist inmates who speak languages other than English or Spanish. Bilingual staff (Spanish) are available on all squads.

The auditor's review of the CLI website reveals substantial compliance with 115.16(b). YCDOC staff can access over 200 languages translated by representatives from CLI.

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

115.33(e)

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 YCDOC 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 four Edovo tablet transcripts reveals four inmates viewed the PREA video however, the date on which the PREA video was reviewed is absent. Additionally, as referenced above, four inmate handbook signature pages (two dated in 2023 and two dated in 2024) validate receipt of the Inmate Handbook and other PREA materials.

The auditor's review of files for five of the six random inmate interviewees who state they did not receive requisite PREA information reveals that they did receive the same on the day of arrival at YCDOC.

The auditor's onsite review of 15 random inmate files reveals substantial compliance with 115.33(a) in terms of timeliness, etc. Initial PREA information was provided to inmates on the day of arrival.

The auditor's onsite review of 15 random inmate files reveals zero documentary

evidence that 115.33(b) information was provided to inmates within 30 days of arrival. Pursuant to conversation with the PC, the auditor learned that transcripts for the Edovo tablets can be printed to demonstrate that the inmate did review the "What You Need to Know" PREA video. Pursuant to this process, the auditor determined that 13 of the 15 random inmates had reviewed the video. According to the PC, such review of the PREA video serves as the 115.33(b) comprehensive education.

As evidence, the auditor requested that the PC print dated transcripts reflecting the dates on which each of the affected inmates watched the PREA video. The PC was not able to print those dates and accordingly, timeliness could not be verified.

Additionally, if an inmate opted to not use the tablet, he/she never received comprehensive PREA education. In view of the above, the auditor cannot validate compliance with 115.33(e) and accordingly, the auditor finds YCDOC non-compliant.

In view of the above, the auditor finds YCDOC non-compliant with 115.33(e) and he imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate substantial compliance with and institutionalization of 115.33(b) and (e). The corrective action due date is April 28, 2025.

To demonstrate compliance with 115.33(e), the PC and/or PCM will develop a plan to prove the date on which comprehensive education (30-day PREA education) is completed, as well as, ensuring that all inmates complete the same within 30-days of arrival at YCDOC. The PC and/or PCM should collaborate with the Endovo tablet technical staff to add a feature wherein tablet access and review of the aforementioned PREA video is documented. If this can be accomplished, the PC and/or PCM can print the chronological display as evidence of compliance.

In regard to assurance that each inmate actually viewed the PREA video on the Edovo tablet, the PC and/or PCM will develop and implement a plan to accomplish the same.

This may include running a roster of all inmates who accessed the Endovo tablet during the 21-28 day period subsequent to arrival at YCDOC. If an inmate did not access the Endovo tablet during that period, alternative measures must be taken to ensure he/she received comprehensive PREA education in a timely manner.

The PC and/or the PCM will advise the auditor of the plan to accomplish blanket completion of comprehensive PREA education. The same will be uploaded into OAS.

Within 90 days of the date of this interim report, the PC will provide the auditor with a roster of inmates who arrived at YCDOC. The auditor will subsequently identify a sample of comprehensive PREA education validations which he will review for consideration of corrective action closure.

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

July 8, 2025 Update:

The auditor's review of the documented plan to ensure compliance with 115.33(b)

reveals substantial compliance with the standard provision. Specifically, within 21-28 days of arrival at YCDOC, Classification Department staff review each new arrival, assessing whether the inmate reviewed the PREA video on the Edovo tablet within 30 days of arrival at the facility amongst other topics. Classification Department staff subsequently follow through with PREA education if not completed at that time. Results are documented on a log.

In addition to the above, the PC uploaded Edovo tablet transcripts for the 15 random inmate files the auditor reviewed during the onsite visit. All transcripts reflect the date of November 8, 2024. This exemplifies the process and capabilities if required as evidence. Unfortunately, that date is reflective of only the date on which the transcript was accessed.

The auditor's review of two months of new arrival Comprehensive PREA Education completions reveals substantial compliance with 115.33(b), (c), and (e). Accordingly, the auditor now finds YCDOC substantially compliant with 115.33(b), (c), and (e).

115.33(f)

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.

With respect to reporting sexual abuse/harassment incidents, the auditor notes that two telephone numbers [*567 and (509)574-2985] listed in the YCDOC Inmate Handbook are linked to both the YCDOC IA Office, as well as, the YCSD Hotline. The poster is absent any mention of the YCSD Hotline and any associated telephone number(s) although *567 and (509)574-2985 are clearly identified as applicable to the YCDOC IA Office. The auditor has not been provided any clarification regarding these issues and accordingly, he finds YCDOC non-compliant with 115.51(a) and (b) and 115.33(f), imposing a 180-day corrective action period wherein the YCDOC PC and PCM will demonstrate compliance with and institutionalization of provision requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.51(a) and (b) and 115.33(f) requirements, the PC and PCM will amend both the YCDOC Inmate Handbook and poster, where necessary. Additionally, they will post the amended poster and provide the amended YCDOC Inmate Handbook to all incoming inmates. Copies of the amended documents will be uploaded into OAS for the auditor's review and approval.

With respect to a report of sexual abuse to the YCSD Hotline, the PCM asserts the Hotline constitutes a call to the Yakima County Sheriff Department. Accordingly, such report is made to an external public entity. The call is toll-free however, the reporter must enter his/her name into the Hotline menu to complete the call.

The lack of anonymity with respect to the YCSD Hotline is further demonstrated by

the auditor's facilitation of a test call to the YCSD Hotline from an inmate telephone on August 13, 2024. The tank 4B inmate telephone was operational with zero difficulty during the attempt to place the call. The auditor notes that an inmate pin number was required before the telephone call could be placed. Accordingly, the auditor determined that the test call failed in view of privacy and anonymity issues.

The auditor notes that an MOU between YCDOC and YCSD clearly captures the logistics of the process.

According to a PAQ email dated September 10, 2024 from Securus Technologies Tech Support to the YCDOC PCM, the issue regarding a telephone call to the YCSD Hotline has been addressed as an inmate pin number is no longer required for entry regarding the YCSD Hotline. If an "8" is keyed prior to the YCSD Hotline telephone number, there is no need to key inmate pin numbers and the calls are not monitored. The process was allegedly tested and validated as operational.

The auditor has not been provided any evidence validating that applicable posters and the YCDOC Inmate Handbook have been updated to reflect this information.

In view of the above, the auditor finds YCDOC non-compliant with 115.51(b) and 115.33(f). The auditor imposes a 180-day corrective action period wherein the PC and/or the PCM will demonstrate compliance with 115.51(b) requirements and institutionalization of any corrective action. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.51(b) and 115.33(f) requirements, the PC and PCM will update and amend applicable poster(s) and the YCDOC Inmate Handbook to capture the above procedures. Additionally, they will develop an informational memorandum to the inmate population, addressing the above information. Upon completion of the same, the PC and PCM will upload a copy of the amended poster(s), the amended YCDOC Inmate Handbook, and the informational memorandum. Five photos of the informational memorandum posted in various tanks will also be uploaded into OAS.

Subsequently, the auditor will make a determination regarding compliance.

With respect to communication between sexual abuse victims and Comprehensive Healthcare Aspen Advocacy Services victim advocates (VAs), the auditor's review of the YCDOC Inmate Handbook and No Means No poster reveals disparity in terms of the telephone number provided for Comprehensive Healthcare Aspen Advocacy Services in each document. Specifically, the YCDOC Inmate Handbook reflects (509-575-4200) while the No Means No poster reflects (509-575-4085) as the Comprehensive Healthcare Aspen Advocacy Services telephone number. This is very confusing to the auditor and undoubtedly, the inmate population. The YCDOC Inmate Handbook is provided to the inmates and the poster is generously posted throughout the facility.

At 4:46 PM on August 15, 2024, the auditor tested the Aspen Advocacy Services Line. The telephone call was placed from an inmate telephone in the Booking Area. The

telephone was operational however, entry of an inmate pin number was required. Given the same, the call could not be completed and consequently, the auditor determined that the test was a failure. Of note, the identifying information is problematic as anonymity is inhibited.

In addition to the above, the auditor's review of a PAQ email dated September 10, 2024 from Securus Technologies Tech Support to the YCDOC PCM, reveals that the issue regarding a telephone call to the Comprehensive Victim Advocacy telephone number (509)452-9675 has been addressed as an inmate pin number is no longer required for entry regarding Comprehensive Victim Advocacy. If a "1" is keyed prior to the Comprehensive VA telephone number, there is no need to key inmate pin numbers and the calls are not monitored. The process was allegedly tested and validated as operational.

As reflected above, three telephone numbers are listed for Comprehensive Victim Advocacy Services in three separate documents. 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) requirements must be accomplished. The corrective action due date is April 28, 2025.

To demonstrate compliance and institutionalization of 115.53(a) requirements, the PC and/or PCM will amend or update the YCDOC Inmate Handbook and/or poster to reflect the accurate information. Upon completion of the informational updates, the PC and/or PCM will upload the same for the auditor's review. The PC and/or PCM will subsequently post a memorandum (English and Spanish) in all tanks regarding the updated information, inclusive of methods to seek VA services through Comprehensive Healthcare. A copy of the memorandum, as well as, five photographs of the postings in different tanks will also be uploaded into OAS.

Additionally, all staff stakeholders will be trained regarding the updated information, ensuring they are able to address any inmate questions regarding the same. This can be accomplished pursuant to provision of an informational email to all staff wherein the correct information is conveyed. The PCM will upload the actual email, as well as, a bulk email reflecting the names of all recipients.

YCDOC is clearly non-compliant with 115.33(f).

June 25, 2025 Update:

The auditor's review of a poster and the YCDOC Inmate Handbook reveals requisite amendments have been made regarding the Yakima County PREA Reporting Line. All documents clearly reflect that the reporting line is used as confidential and the same is known as the Yakima County PREA Reporting Line with the contact number as follows:

(509)574-2985 or *567.

At approximately 11:40AM on June 25, 2025, the auditor tested this reporting line

	<p>from his office telephone and the same was functional. The auditor was not required to key a pin number or inmate number to continue with the call. The auditor did not speak to a person but rather, he left a message. On June 27, 2025, the auditor spoke with the reporting line operator in the YCSO and she advised that she forwarded the "test" information to the YCDOC IA Sergeant on the same date. Accordingly, the auditor finds that corrective action has been completed.</p> <p>The auditor also notes that he reviewed six photographs relative to postings in living areas and in the Staff Break Room. He is satisfied that corrective action has been completed and institutionalized with respect to 115.51(a) and (b).</p> <p>July 8, 2025 Update:</p> <p>With respect to the telephone number for Comprehensive Aspen Victim Advocacy Services, the emotional support service contracted in accordance with 115.53, the auditor's review of a memorandum poster (presented in English and Spanish) has been posted in all tanks. Pursuant to the auditor's review, all requisite information is now correct. Photos of the posted memorandum posters have been uploaded into OAS. Additionally, the amended YCDOC Inmate Handbook reflecting the above corrected telephone number is uploaded into OAS.</p> <p>In view of the above, the auditor now finds YCDOC substantially compliant with 115.33(f).</p> <p>In view of the completed corrective actions as noted in the narratives for 115.33(b), (c), (e), and (f) and the evidence cited throughout, the 115.33 narrative, the auditor now finds YCDOC substantially compliant with 115.33.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34(a)</p> <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</p>

training course entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting. The auditor's review of the training plan regarding the aforementioned training reveals substantial compliance with 115.34.

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.

The administrative investigative staff interviewee states 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 and included scenarios, as well as, lecture. Additionally, a testing component was included.

Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.

In view of the above, the auditor finds YCDOC substantially compliant with 115.234(a).

115.34(b)

Pursuant to the PAQ, the Director self reports that specialized training shall include 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 action or prosecution referral.

YCDOC Policy 310 entitled PREA Training, page 4, section 310.5 addresses 115.34(b).

The administrative investigative staff interviewee states that specialized training included 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 action or prosecution referral.

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

	<p>with 115.34(b).</p> <p>Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.34(b).</p> <p>115.34(c)</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 is currently one investigator on board. However, three additional staff are properly trained to facilitate such investigations.</p> <p>YCDOC Policy 310 entitled PREA Training, page 4, section 310.5 addresses 115.34(c).</p> <p>The auditor's review of one NIC Certificate relative to the aforementioned course substantiates completion of the specialty training by one investigator.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.34(c).</p> <p>Based on the above findings, the auditor finds YCDOC substantially compliant with 115.34.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.35(a)</p> <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 25 medical and 13 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).</p> <p>Additionally, Wellpath (medical services contractor) Policy HCD-100 entitled Response to Sexual Abuse- Yakima, page 3, section 6.2.2 through 6.2.7 addresses 115.235(a).</p>

The medical staff interviewee states that she received specialized PREA training pursuant to an on line Well Path course while the mental health staff interviewee reports she has not received specialized training regarding sexual abuse/harassment through Aspen Victim Services and Comprehensive Healthcare or YCDOC.

For the medical staff interviewee, training encompassed the following:

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.

The auditor notes that he did request the Well Path and Comprehensive Healthcare specialty sexual abuse training plan and/or slides from the PC and neither were uploaded. Additionally, the auditor requested evidence validating that all Well Care and Comprehensive Healthcare staff completed PREA specialty training and none was uploaded. A roster reflecting that the majority of Well Path practitioners completed PREA ART during 2023 and 2024 was provided.

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 the PC and/or PCM will demonstrate compliance with and institutionalization of 115.35 requirements. The corrective action due date is April 28, 2025.

To demonstrate the same, the PC and/or PCM will work with contract medical and mental health providers to implement the requisite specialty training required by 115.35(a). The auditor notes that Relias training is mentioned in the Comprehensive Healthcare Staff Development and Training Plan. During previous PREA audits conducted at other prisons and jails, the auditor did note that Relias medical/mental health specialty PREA training [meeting the requirements of 115.35(a)] was utilized to meet 115.35(a) and (c) requirements. Accordingly, the auditor recommends that the PC and/or PCM work with both Well Path and Comprehensive Healthcare to use either Relias or the National Institute of Corrections (NIC)/PREA Resource Center (PRC) resources to meet compliance.

The PCM will upload a plan into OAS regarding accomplishment of corrective action for 115.35(a) and (c). 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 or the respective contractor agency will document in a system of records the employee's completion of requisite specialty training [115.35(c)].

Of note, both 115.35(a) and (c) also pertain to per diem and travel medical practitioners.

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

June 27, 2025 Update:

The auditor's review of a general Comprehensive Healthcare training outline reveals sufficient compliance with 115.35(a). There is no indication that a Relias specialty training curriculum or other online medical/mental health resource is utilized however, such training is minimally provided by in-house trainers. For purposes of this audit, the auditor will accept this evidence as compliant with 115.35(a).

The auditor categorically recommends that Comprehensive Healthcare create a syllabus that parallels the requirements of 115.35(a) specifically, utilizes Relias to provide this specialty training, and that validating completion of training documentation provide more specificity regarding the name of the specialty training and provider.

In addition to the above, sufficient evidence has been provided to memorialize receipt of this training as the same is keyed into an electronic training record. Pursuant to cursory review, the auditor finds substantial compliance with 115.35(a).

115.35(b)

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.

In view of the above, the auditor finds 115.35(b) not applicable to YCDOC.

115.35(c)

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 auditor notes that he did request the Well Path and Comprehensive Healthcare specialty sexual abuse training plan and/or slides from the PC and neither were uploaded. Additionally, the auditor requested documentary evidence validating that all Well Path and Comprehensive Healthcare staff completed PREA specialty training and none was uploaded. A roster reflecting that the majority of Well Path practitioners completed PREA ART during 2023 and 2024 was uploaded, however.

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 the PC and/or PCM will demonstrate compliance with and institutionalization of 115.35 requirements. The corrective action due date is April 28, 2025.

To demonstrate the same, the PC and/or PCM will work with contract medical and mental health providers to implement the requisite specialty training required by 115.35(a). The auditor notes that Relias training is mentioned in the Comprehensive Healthcare Staff Development and Training Plan. During previous PREA audits conducted at other prisons and jails, the auditor did note that Relias medical/mental health specialty PREA training [meeting the requirements of 115.35(a)] was utilized to meet 115.35(a) and (c) requirements. Accordingly, the auditor recommends that the PC and/or PCM work with both Well Path and Comprehensive Healthcare to use either Relias or the National Institute of Corrections (NIC)/PREA Resource Center (PRC) resources to meet compliance.

The PCM will upload a plan into OAS regarding accomplishment of corrective action for 115.35(a) and (c). 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 or the respective contractor agency will document in a system of records the employee's completion of requisite specialty training [115.35(c)]. Of note, both 115.35(a) and (c) also pertain to per diem and travel medical practitioners.

In view of the above, the auditor finds YCDOC non-compliant with 115.35(c).

June 27, 2025 Update:

The auditor's review of a general Comprehensive Healthcare training outline reveals sufficient compliance with 115.35(a). There is no indication that a Relias specialty training curriculum or other online medical/mental health resource is utilized however, such training is minimally provided by in-house trainers. For purposes of this audit, the auditor will accept this evidence as compliant with 115.35(a).

The auditor categorically recommends that Comprehensive Healthcare create a syllabus that parallels the requirements of 115.35(a) specifically, utilizes Relias to provide this specialty training, and that validating completion of training documentation provide more specificity regarding the name of the specialty training and provider.

In addition to the above, sufficient evidence has been provided to memorialize receipt of this training as the same is keyed into an electronic training record. Pursuant to cursory review, the auditor finds substantial compliance with 115.35(c).

115.35(d)

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 two PAQ 2024 Employee Yearly PREA Training receipts reveals that two contract medical/mental health providers completed and tested regarding 115.35(d) training.

The auditor's review of a Well Path roster and comparison against a Well Path training roster reveals that zero of three traveling nurses and several per diem nurses have not received any PREA training whatsoever during 2023 and 2024. Additionally, many permanent Well Path practitioners have not yet completed PREA training for 2024. The auditor notes that both per diem and traveling nurses must also complete PREA training, as well as, the aforementioned specialty PREA training.

With respect to Comprehensive Healthcare 115.35(d) training, the auditor's review of a YCDOC training roster reveals that one practitioner completed 115.32 PREA training. Furthermore, the PC and/or PCM have not uploaded either a Well Path or Comprehensive Healthcare training plan or syllabus for review. As a suggestion, the auditor recommends that both Well Path and Comprehensive Healthcare trainers utilize the YCDOC PREA training plan or YCDOC trainers provide the training to Well Path and Comprehensive Healthcare staff, documenting such training on a mutually approved roster.

In view of the above, the auditor finds YCDOC non-compliant with 115.35(d) and he imposes a 180-day corrective action period wherein the PC and/or the PCM will demonstrate compliance with and institutionalization of 115.35(d) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.35(d) requirements, the PC and/or PCM will work with Well Path and Comprehensive Healthcare management to provide a PREA training syllabus or training plan for uploading into OAS. Additionally, the PC and/or PCM will work with Comprehensive Healthcare management to develop a roster system or form to track both PREA specialty training, as well as, PREA Orientation training and/or PREA ART training. Copies of the above documents will be uploaded into OAS and the auditor will review the same for sufficiency. Henceforth, such documents will be implemented for use.

In addition to the above, the PC and/or PCM will provide to the auditor a roster of both Well Path staff and Comprehensive Healthcare staff on board between the dates of this interim report and April 28, 2025. The auditor will randomly select names and the PC and/or PCM will upload documentation reflecting completion of requisite PREA Orientation or PREA ART. The auditor will subsequently make a determination regarding compliance.

In view of the above, the auditor finds YCDOC non-compliant with 115.35(d).

June 27, 2025 Update:

	<p>The PCM reports that PREA Orientation and ART for contract medical/mental health providers is now being provided through the YCDOC Training Department. The YCDOC Training Department validates provision of such training pursuant to successful completion of the PREA test. The auditor's review of the PREA training slide show and syllabus reveals substantial compliance with both 115.31 and 115.35.</p> <p>In addition to the above, the auditor's cursory review of tests for both WellPath and Comprehensive Healthcare practitioners reveals substantial compliance with 115.35(d). Comparison of tests against staff rosters reveals substantial compliance with 115.35(d).</p> <p>In view of completed 115.35(a), (c), and (d) corrective action, the auditor now finds YCDOC substantially compliant with 115.35.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.41(a)</p> <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).</p> <p>Initial classifications, inclusive of PREA questioning and determinations, are facilitated within 24 hours of arrival at the facility. 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. Screening is accomplished by Booking staff.</p> <p>Ten of 14 applicable random inmate interviewees state they were initially screened within 24 hours of arrival at YCDOC. The remaining four inmates state they were initially screened on the next day (two) or beyond. The auditor's review of initial classifications regarding the four interviewees reveals that two were screened the day following admission while the two remaining inmates were screened within one week of arrival.</p> <p>The auditor's review of 13 of 15 random resident initial victimization/aggressor assessments reveals both comprehensive and timely assessments.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.41(a).</p>

115.41(b)

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 3771 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.

The policy citation reflected in the narrative for 115.41(a) is also applicable to 115.41(b). The same requires classification within 24 hours of arrival at the facility.

As previously referenced in the narrative for 115.41(a), initial screenings are facilitated within 24 hours of arrival at the facility. The staff responsible for risk screening interviewee states Booking staff screen the inmate upon arrival and Classification staff re-screen within 72 hours of arrival. The same serves as a check and balance.

Ten of 14 applicable random inmate interviewees state they were initially screened within 24 hours of arrival at YCDOC. The remaining four inmates state they were initially screened on the next day (two) or beyond. The auditor's review of initial classifications regarding the four interviewees who state they were not initially screened within 24 hours of arrival at YCDOC reveals that two were screened the day following admission while the two remaining inmates were screened within one week of arrival.

Four of the aforementioned inmates state they were not asked the following questions within 72 hours of arrival at YCDOC:

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.

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

115.41(c)

Pursuant to the PAQ, the Director self reports risk assessment is conducted using an objective screening instrument.

The auditor's review of the Classification Face to Face Interview Form (classification tool used to determine 115.41 assessment compliance and determine propensity for sexual victimization/aggression) is substantially compliant with 115.241(c) and (d). The same is reflective of a weighting system by individual and groups of questions. Specific parameters are identified for sexual victimization/aggressor determinations.

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

115.41(d)

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 Classification Face to Face Interview Form does encompass the above criteria.

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

Criminal history;

Medical/mental health issues;

History of assaultive behavior while in custody;

LGBTI status;

History of sexual victimization; and

Inmate's assessment of sexual safety at YCDOC.

The interviewee states she does read the PREA questions to the inmate and asks probing questions, when appropriate. She documents notes on the hard copy screening tool. The interview is conducted in an isolated hallway with zero staff or other inmates in the area.

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

115.41(e)

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 victimization/aggressor assessments.

Ten of 14 applicable random inmate interviewees state they were initially screened within 24 hours of arrival at YCDOC. The remaining four inmates state they were initially screened on the next day (two) or beyond. The auditor's review of initial classifications regarding the four interviewees reveals that two were screened the day following admission while the two remaining inmates were screened within one week of arrival.

The auditor's review of 13 of 15 random resident initial victimization/aggressor screenings reveals both comprehensive and timely assessments.

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

115.41(f)

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. Additionally, the PCM self reports 1254 reassessments for sexual victimization or being sexually abusive were conducted within the last 12 months. This represent those inmates who remained at the facility for 30-days subsequent to admission, who were reassessed within 30-days of arrival at YCDOC. This represent 100% of those inmates similarly situated.

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

The staff responsible for facilitation of risk screening interviewee states Classification staff do facilitate 30-day PREA reassessments for inmates housed in restrictive housing or the general population within 30-days of arrival at YCDOC. The interviewee states PREA questions are again asked by classification staff.

Four of the applicable 18 random resident interviewees state they were reassessed within 30-days of arrival at YCDOC. Six interviewees state they were not reassessed within 30-days of arrival at YCDOC and eight interviewees were not yet due for reassessment in view of proximity to their date of arrival at YCDOC.

The auditor's review of six of eight random applicable (inmates who arrived at YCDOC within the last 12 months) files reveals that comprehensive and timely 30-day reassessments were properly completed. Two of the random samples of 30-day reassessments were untimely and seven additional 30-day reassessments were not yet due in view of the proximity of arrival to the onsite visit and interview dates of August 13, 14, and 15, 2024.

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

115.41(g)

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, page 4, section 507.6.1 addresses 115.41(g).

The staff responsible for facilitation of risk assessment interviewee states that an inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. She reviews reports of incidents (reports regarding inmate activities, fights, assaults, sexual abuse) on a daily basis. Additionally, the Internal Affairs Sergeant (investigator) works with classification staff regarding reassessment notices as the result of investigation. Additionally, she is responsive to kites regarding separation needs. If reassessment is warranted, she facilitates the same.

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

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

115.41(h)

Pursuant to the PAQ, the Director self reports the policy prohibits disciplining inmates

	<p>for refusing to answer (or for not disclosing complete information related to) questions regarding:</p> <p>Whether or not the inmate has a mental, physical, or developmental disability;</p> <p>Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;</p> <p>Whether or not the inmate has previously experienced sexual victimization; and</p> <p>The inmate's own perception of vulnerability.</p> <p>YCDOC Policy 507 entitled Inmate Classification, page 2, section 507.3.1 addresses 115.41(h).</p> <p>The auditor has not identified any evidence indicating that disciplinary action was initiated against inmates for any of the above reasons.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.41(h).</p> <p>115.41(i)</p> <p>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.</p> <p>YCDOC Policy 507 entitled Inmate Classification, page 2, section 507.3.1 addresses 115.41(i).</p> <p>The PC and PCM assert that classification staff, internal affairs, and administrative staff, minimally, have access to inmate assessments. The staff responsible for facilitation of risk screening interviewee states that routing for inmate assessments goes from Booking staff to Classification staff to disposition Clerks. All security staff and the Disposition Clerks do have access to such information.</p> <p>Screenings are maintained in the basement in locked file cabinets when the room is not occupied. The door to the room is locked when not occupied by staff. The auditor did observe the same during the facility tour.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.41(i).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.41.</p>
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115.42	Use of screening information
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.42(a)

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.

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

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.

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 in close proximity to one another. Programs and any work assignments are supervised by staff while inmates work on education programming pursuant to the Endovo tablet.

The staff responsible for risk screening interviewee essentially corroborates the PCM's statement as articulated in the preceding paragraph. The on-duty sergeant makes the initial bed assignment. Either victims or perpetrators may be moved within the tank to provide the best observation or monitoring point for staff. Of note, housing assignments can only be modified by a supervisor and the same is accomplished through Spillman. The auditor's limited review of inmates during the selection of interviewees process reveals no conflicting evidence in violation of the provision.

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

115.42(b)

Pursuant to the PAQ, the Director self reports the agency/facility makes individualized determinations about how to ensure the safety of each inmate.

YCDOC Policy 507 entitled Inmate Classification, page 3, section 507.5.1 addresses 115.42(b).

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. The assessment tool does provide a general outline of assignment informational needs and staff ask probing questions to ensure the most prudent and sexually safe placement can be made.

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

115.42(c)

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.

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

The PCM asserts the 115.41 assessment 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.

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.

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.

The one transgender inmate interviewee states she has no reason to believe she has been placed in a housing area only for transgender or intersex inmates. Similarly, she did not express any reason to believe she has been strip-searched for the sole purpose of determining genital status.

The auditor notes that an additional transgender interviewee refused to be interviewed on August 15, 2024.

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

115.42(d)

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.

YCDOC Policy 507 entitled Inmate Classification, page 4, section 507.6.1 addresses 115.42(d).

The PCM asserts transgender/intersex inmates are discussed on a weekly basis regarding security/safety needs. 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.

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 however, she states that transgender inmates are generally not housed at YCDOC more than six months.

The auditor's review of two transgender inmate files reveals that both arrived at YCDOC on August 13, 2024 and accordingly, neither inmate was due for a 115.42(d) review.

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

115.42(e)

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 member responsible for risk screening interviewee corroborates the same. Self assessment of safety is included in the assessment tool.

The transgender inmate interviewee states YCDOC staff do not ask questions about her safety. As previously noted, this interviewee arrived at YCDOC two days prior to this interview. The auditor's review of her initial assessment clearly reflects she was asked regarding her perception of sexual safety at YCDOC. The second transgender inmate refused to be interviewed.

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

	<p>115.42(f)</p> <p>Pursuant to the PAQ, the Director self reports transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.</p> <p>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).</p> <p>The staff responsible for risk screening corroborates the statement of the PCM. The one transgender inmate interviewee states she is allowed to shower without other inmates.</p> <p>The staff responsible for risk screening states that the transgender inmate can request separate showers through the classification corporal who subsequently approves the request, developing a protocol memorandum. The same is directed to the correctional officer (CO) responsible for the tank in which the inmate is housed.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.42(f).</p> <p>115.42(g)</p> <p>Pursuant to the PAQ, the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.</p> <p>The PCM and PC assert 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 states that he doesn't know if he has been placed in a housing area only for LGBTI inmates while the inmate who self identified as bisexual and the transgender interviewees state they have not been placed in housing area(s) only for LGBTI inmates.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.42(g).</p> <p>Based on the lack of findings as noted throughout this standard narrative, the auditor finds YCDOC substantially compliant with 115.42.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion**115.43(a)**

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. Zero inmates were reportedly placed in "involuntary segregation" for sexual victimization during the last 12 months. Alternative housing assignments are offered to the inmate if the inmate expresses any concerns regarding his/her sexual safety. 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) is paramount.

YCDOC Policy 507 entitled Inmate Classification, page 5, section 507.10 addresses 115.43(a).

The Warden interviewee 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.

The Warden interviewee asserts that, generally, victims, dependent upon the circumstances and evidence, may be placed in a "cell alone" status. Additionally, alternative housing assignments are offered to the inmate if the inmate expresses any concerns regarding his/her sexual safety.

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

115.43(b)

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:

The opportunities that have been limited;

The duration of the limitation; and

The reasons for such limitations.

YCDOC Policy 505 entitled Special Management Inmates, pages 2 and 3, section 505.5 addresses 115.43(b).

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. Additionally, recreation and commissary are available to this population. Inmate porters complete sanitation chores in segregated housing common areas for which they receive incentive bags. Telephone, television, and library books issued from a cart (leisure reading) are also offered to this inmate population.

The interviewee states zero inmates are confined in segregated housing or 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 actual suspension of the above is documented in the electronic log unique to the particular inmate.

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 onsite visit and accordingly, the respective interview(s) could not be facilitated.

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

115.43(c)

Pursuant to the PAQ, the 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. The 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.

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 two to seven days however, the interviewee states he is not aware of any instances, occurring within the last 12 months, wherein a victim or potential victim has been involuntarily placed in segregated housing based on 115.43 considerations. The victim or potential victim may be initially placed in segregated housing for investigative purposes.

In view of the above, the auditor finds YCDC substantially compliant with 115.43(c).

115.43(d)

Pursuant to the PAQ, the Director self reports zero inmates at risk of sexual victimization were assigned to involuntary segregated housing during the last 12 months. Pursuant to the auditor's review of random sexual abuse investigations, he has found no contradictory evidence. Accordingly, the 115.43(d) requirements were not invoked, including the following:

A statement of the basis for facility's concern for the inmate's safety, and

The reason or reasons why alternative means of separation could not be arranged.

In view of the above, the auditor finds YCDC substantially compliant with 115.43(d).

115.43(e)

Pursuant to the PAQ, the Director self reports that 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.

YCDC 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 week to determine if continued placement in involuntary segregated housing is needed.

As previously indicated, a weekly classification review is facilitated to assess placement and continued placement in RHU status. Additionally, a 30-day review is part of this protocol.

In view of the above, the auditor finds YCDC substantially compliant with 115.43(e).

	Accordingly, the auditor finds YCDOC substantially compliant with 115.43.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51(a)</p> <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;</p> <p>Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and</p> <p>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 page 3 of the Updated YCDOC Inmate Handbook however, the auditor finds some disparity in terms of the mechanics of the two telephone numbers provided for the YCDOC IA Office and the Yakima County Sheriff Department (YCSD) Hotline. The discrepancies are noted in the following paragraphs. Inmates have access to these materials.</p> <p>According to the Updated YCDOC Inmate Handbook, sexual abuse reporting can be accomplished by:</p> <p>Verbal report to correctional staff, medical, mental health, chaplaincy staff;</p> <p>Call the YCDOC Sexual Abuse/Assault telephone line;</p> <p>Write a grievance in the kiosk system;</p> <p>Write a letter to the YCDOC Internal Affairs Office; or</p> <p>Contact the Yakima County Sheriff Department (YCSD) Hotline.</p> <p>All 12 random staff interviewees were able to articulate at least two private reporting options for inmates regarding sexual abuse/harassment incidents, retaliation by other</p>

inmates or staff for reporting sexual abuse/sexual harassment incidents, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or harassment. Options cited include:

Submission of an anonymous letter;

Kite;

Third-party report;

Verbal to staff;

Yakima County Sheriff Office (YCSD) Hotline;

YCDOC Hotline to IA;

Slide note under staff member's office door;

Kite to Internal Affairs (IA); and

Kiosk report.

Fourteen of 18 random inmate interviewees were able to articulate at least one private reporting option regarding sexual abuse/harassment incident(s), retaliation by other inmates or staff for reporting sexual abuse/sexual harassment incident(s), or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or harassment. Options cited include:

Submission of an anonymous letter;

Third-party report;

Verbal to staff;

YCDOC Hotline;

Kite to Internal Affairs (IA);

Kiosk report; and

YCSD Hotline;

The auditor notes that a majority of interviewees cited the YCSD Hotline and verbal report to staff as the preferred methods of reporting.

The auditor notes YCDOC PREA posters, reflective of reporting options, are amply posted in living areas (tanks), program areas, and work locations throughout the facility.

The auditor notes that two telephone numbers [*567 and (509)574-2985] listed in the YCDOC Inmate Handbook are linked to both the YCDOC IA Office, as well as, the YCSD Hotline. The poster is absent any mention of the YCSD Hotline and any associated telephone number(s) although *567 and (509)574-2985 are clearly identified as

applicable to the YCDOC IA Office. The auditor has not been provided any clarification regarding these issues and accordingly, he finds YCDOC non-compliant with 115.51(a) and (b), imposing a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of provision requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.51(a) and (b) requirements, the PC and PCM will amend both the YCDOC Inmate Handbook and poster, where necessary. Additionally, they will post the amended poster and provide the amended YCDOC Inmate Handbook to all incoming inmates. Copies of the amended documents will be uploaded into OAS for the auditor's review and approval. The auditor will telephonically test the respective numbers from his home office to validate compliance.

In addition to the above, the PC and/or PCM will develop an informational memorandum addressing the above changes, posting the same in all tanks. A copy of the informational memorandum will be uploaded into OAS, along with five photos of the posted memorandum in five different tanks. The auditor will then make a determination regarding compliance with the respective provisions.

In view of the above, the auditor finds YCDOC non-compliant with 115.51(a) and (b).

June 25, 2025 Update:

The auditor's review of a poster and the YCDOC Inmate Handbook reveals requisite amendments have been made regarding the Yakima County PREA Reporting Line. All documents clearly reflect that the reporting line is used as confidential and the same is known as the Yakima County PREA Reporting Line with the contact number as follows:

(509)574-2985 or *567.

At approximately 11:40AM on June 25, 2025, the auditor tested this reporting line from his office telephone and the same was functional. The auditor was not required to key a pin number or inmate number to continue with the call. The auditor did not speak to a person but rather, he left a message. On June 27, 2025, the auditor spoke with the reporting line operator in the YCSO and she advised that she forwarded the "test" information to the YCDOC IA Sergeant on the same date. Accordingly, the auditor finds that corrective action has been completed.

The auditor also notes that he reviewed six photographs relative to postings in living areas and in the Staff Break Room. He is satisfied that corrective action has been completed with respect to 115.51(a) and (b).

In view of the above, the auditor finds YCDOC substantially compliant with 115.51(a) and (b).

115.51(b)

Pursuant to the PAQ, the Director self reports the agency provides 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. 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.

YCDOC Policy 606 entitled PREA, page 5, section 606.5 and page 4, section 606.4(h) address 115.51(b).

According to the Updated YCDOC Inmate Handbook, sexual abuse reporting can be accomplished by:

Verbal report to correctional staff, medical, mental health, chaplaincy staff;

Call the YCDOC Sexual Abuse/Assault telephone line;

Write a grievance in the kiosk system;

Write a letter to the YCDOC Internal Affairs Office; or

Contact the Yakima County Sheriff Department (YCSD) Hotline.

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:

Submission of an anonymous letter;

Kite;

Third-party report;

Verbal to staff;

Yakima County Sheriff Department (YCSD) Hotline;

YCDOC Hotline to IA;

Slide note under staff member's office door;

Kite to Internal Affairs (IA); and

Kiosk report.

Fourteen of 18 random inmate interviewees were able to articulate at least one private reporting option regarding sexual abuse/harassment incident(s), retaliation by

other inmates or staff for reporting sexual abuse/sexual harassment incident(s), or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or harassment. Options cited include:

Submission of an anonymous letter;

Third-party report;

Verbal to staff;

YCDOC Hotline;

Kite to Internal Affairs (IA);

Kiosk report; and

YCSD Hotline;

The auditor notes that a majority of interviewees cited the YCSD Hotline and verbal report to staff as the preferred methods of reporting.

The auditor notes that two telephone numbers [*567 and (509)574-2985] listed in the YCDOC Inmate Handbook are linked to both the YCDOC IA Office, as well as, the YCSD Hotline. The poster is absent any mention of the YCSD Hotline and any associated telephone number(s) although *567 and (509)574-2985 are clearly identified as applicable to the YCDOC IA Office. The auditor has not been provided any clarification regarding these issues and accordingly, he finds YCDOC non-compliant with 115.51(a) and (b), imposing a 180-day corrective action period wherein the YCDOC PC and PCM will demonstrate compliance with and institutionalization of provision requirements. The corrective action date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.51(a) and (b) requirements, the PC and/or PCM will amend both the YCDOC Inmate Handbook and poster, where necessary. Additionally, they will post the amended poster and provide the amended YCDOC Inmate Handbook to all incoming inmates. Copies of the amended documents will be uploaded into OAS for the auditor's review and approval. The auditor will telephonically test the respective numbers from his home office to validate compliance.

In addition to the above, the PC and/or PCM will develop an informational memorandum addressing the above changes, posting the same in all tanks. A copy of the informational memorandum will be uploaded into OAS, along with five photos of the posted memorandum in five different tanks. The auditor will then make a determination regarding compliance with the respective provisions.

Nine of 18 random inmate interviewees state they are allowed to make a report without having to give their name.

With respect to a report of sexual abuse to the YCSD Hotline, the PCM asserts the Hotline constitutes a call to the Yakima County Sheriff Department. Accordingly, such report is made to an external public entity. The call is toll-free however, the reporter

must enter his/her name into the Hotline protocol to complete the call. The turnaround time for YCSD to report the call to the on-duty YCDOC Sgt. occurs immediately when the line is live monitored. During weekends and federal holidays when voice mail is monitored, contact is generally initiated within two days, at most. Notification is generally accomplished via email.

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 Updated YCDOC Inmate Handbook that the reporter must enter his/her name into the Hotline protocol.

The lack of anonymity as applied to the YCSD Hotline [115.51(b)] is demonstrated by the auditor's facilitation of a test call from an inmate telephone on August 13, 2024. The tank 4B inmate telephone was operational with zero difficulty in the attempt to place the call. The auditor notes that an inmate pin number was required before the telephone call could be placed. Accordingly, the auditor determined that the test call failed in view of privacy and anonymity issues.

The auditor notes that an MOU between YCDOC and YCSD clearly captures the logistics of the process.

According to a PAQ email dated September 10, 2024 from Securus Technologies Tech Support to the YCDOC PC, the issue regarding a telephone call to the YCSD Hotline has been addressed as an inmate pin number is no longer required for entry regarding the YCSD Hotline. If an "8" is keyed prior to the YCSD Hotline telephone number, there is no need to key inmate pin numbers and the calls are not monitored. The process was allegedly tested and validated as operational.

The auditor has not been provided any evidence validating that applicable posters and the YCDOC Inmate Handbook have been updated to reflect this information.

In view of the above, the auditor finds YCDOC non-compliant with 115.51(b) and he imposes a 180-day corrective action period wherein YCDOC will demonstrate compliance with 115.51(b) requirements and institutionalization of any corrective action. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.51(b) requirements, the PC and PCM will update and amend applicable poster(s) and the YCDOC Inmate Handbook to capture the above procedures. Additionally, they will develop an informational memorandum to the inmate population, addressing the above information. Upon completion of the same, the PC and/or PCM will upload a copy of the amended poster(s), the amended YCDOC Inmate Handbook, and the informational memorandum. Five photos of the informational memorandum posted in various tanks will also be uploaded into OAS.

Subsequently, the auditor will make a determination regarding compliance.

Subsequent to completion of the above corrective action, the auditor strongly

recommends that the PC and/or PCM develop a schedule wherein inmate telephone lines are tested on a monthly basis. Specifically, the YCSD Hotline should be tested to ascertain whether the menu requires a pin number or inmate name, as well as, any calling card information. Results of the monthly tests should be documented.

Finally, the auditor notes the telephone numbers and addresses for Department of Homeland Security (DHS) reporting locations are noted in the YCDOC Inmate Handbook.

In view of the above, the auditor finds YCDOC non-compliant with 115.51(b).

June 25, 2025 Update:

The auditor's review of a poster and the YCDOC Inmate Handbook reveals requisite amendments have been made regarding the Yakima County PREA Reporting Line. All documents clearly reflect that the reporting line is used as confidential and the same is known as the Yakima County PREA Reporting Line with the contact number as follows:

(509)574-2985 or *567.

At approximately 11:40AM on June 25, 2025, the auditor tested this reporting line and the same was functional. The auditor was not required to key a pin number or inmate number to continue with the call. The auditor did not speak to a person but rather, he left a message. On June 27, 2025, the auditor spoke with the reporting line operator in the YCSO and she advised that she forwarded the "test" information to the YCDOC IA Sergeant on the same date. Accordingly, the auditor finds that corrective action has been completed.

The auditor also notes that he reviewed six photographs relative to postings in living areas and in the Staff Break Room. He is satisfied that corrective action has been completed with respect to 115.51(a) and (b).

In view of the above, the auditor now finds YCDOC substantially compliant with 115.51(a) and (b).

115.51(c)

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. Eleven of the 12 interviewees state they do immediately document verbal reports.

Seventeen of 18 random inmate interviewees state they can make reports of sexual abuse/harassment both verbally and in writing. Thirteen of 18 interviewees state that someone else can also make a report for the victim so they do not have to be named.

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

115.51(d)

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 ART 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 report behind closed doors with their supervisor;

Telephone call to supervisor;

Call to the YCSD Hotline; and

Email.

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(d).

Accordingly, based on the corrective action completed with respect to the narratives for 115.51(a) and (b) and the evidence cited throughout this narrative, the auditor now finds YCDOC substantially compliant with 115.51.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.52(a)</p> <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, pages 3 and 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. Pursuant to inmate interviews, inclusive of inmates who reported an incident of sexual abuse/harassment at YCDOC, the auditor has not discovered that any inmates filed grievances regarding sexual abuse incidents.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.52(a).</p> <p>115.52(b)</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 does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>YCDOC Policy 610 entitled Inmate Grievances, pages 3 and 4, sections 610.5(a), (c), and (d) address 115.52(b).</p> <p>The auditor's review of the YCDOC 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 YCDOC Inmate Handbook, ensuring all residents are educated regarding 115.52 rights.</p> <p>In view of the lack of contradictory evidence as the result of zero grievance filings pursuant to 115.52, the auditor finds YCDOC substantially compliant with 115.52(b).</p> <p>115.52(c)</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</p>

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.

YCDOC Policy 610 entitled Inmate Grievances, page 4, sections 610.5 (c) and (d) addresses 115.52(c).

In view of the lack of contradictory evidence as the result of zero grievance filings pursuant to 115.52, the auditor finds YCDOC substantially compliant with 115.52(c).

115.52(d)

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. 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. The Director further reports that zero grievances wherein sexual abuse was alleged were filed within the last 12 months.

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

The PCM asserts zero grievances regarding sexual abuse have been received during the last 12 months. Pursuant to inmate interviews, inclusive of inmates who reported an incident of sexual abuse/harassment at YCDOC, the auditor has not discovered that any inmates filed grievances regarding sexual abuse incidents.

In view of the lack of contradictory evidence as the result of zero grievance filings pursuant to 115.52, the auditor finds YCDOC substantially compliant with 115.52(d).

115.52(e)

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 remedy 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 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.

YCDOC Policy 610 entitled Inmate Grievances, pages 3 and 4, section 610.5 (b)

addresses 115.52(e).

The PCM asserts zero grievances regarding sexual abuse have been received during the last 12 months. Pursuant to inmate interviews, inclusive of inmates who reported an incident of sexual abuse/harassment at YCDOC, the auditor has not discovered that any inmates filed grievances regarding sexual abuse incidents.

In view of the lack of contradictory evidence as the result of zero grievance filings pursuant to 115.52, the auditor finds YCDOC substantially compliant with 115.52(e).

115.52(f)

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 during 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.

YCDOC Policy 610 entitled Inmate Grievances, page 4, section 610.5.1 addresses 115.52(f).

The PCM asserts zero grievances regarding sexual abuse have been received during the last 12 months. Pursuant to inmate interviews, inclusive of inmates who reported an incident of sexual abuse/harassment at YCDOC, the auditor has not discovered that any inmates filed grievances regarding sexual abuse incidents.

In view of the lack of contradictory evidence as the result of zero grievance filings pursuant to 115.52, the auditor finds YCDOC substantially compliant with 115.52(f).

115.52(g)

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.

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

The PCM asserts zero grievances regarding sexual abuse have been received during the last 12 months. Pursuant to inmate interviews, inclusive of inmates who reported

	<p>an incident of sexual abuse/harassment at YCDOC, the auditor has not discovered that any inmates filed grievances regarding sexual abuse incidents.</p> <p>In view of the lack of contradictory evidence as the result of zero grievance filings pursuant to 115.52, the auditor finds YCDOC substantially compliant with 115.52(g).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.52.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.53(a)</p> <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. 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, such detainees are not housed at YCDOC. Finally, the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential 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>Seventeen of 18 random inmate interviewees state that services are available outside of the facility for dealing with sexual abuse, if they needed the same. Ten interviewees state service providers are comprised of counseling, mental health, therapy, VAs, the YWCA, and the Yakima Nation Hotline. Eleven interviewees state the facility provides addresses and telephone numbers for these outside services pursuant to the YCDOC Inmate Handbook, No Means No poster, and the kiosk.</p> <p>Fourteen interviewees state the numbers are free to call. Twelve interviewees state they could talk with people from these services during telephone time and with staff assistance.</p> <p>Two of the three inmates who reported a sexual abuse at YCDOC interviewees state the facility did give them mailing addresses and telephone numbers for</p>

Comprehensive Healthcare Aspen Advocacy Services. These two interviewees also stated they could talk to staff from this service during telephone hours and/or with staff assistance.

The auditor's review of the YCDOC Inmate Handbook and No Means No poster reveals disparity in terms of the telephone number provided for Comprehensive Healthcare Aspen Advocacy Services in each document. Specifically, the YCDOC Inmate Handbook reflects (509)-575-4200 while the No Means No poster reflects (509)-575-4085 as the Comprehensive Healthcare Aspen Advocacy Services telephone number. This is very confusing to the auditor and undoubtedly, the inmate population. The YCDOC Inmate Handbook is provided to the inmates and the poster is generously posted throughout the facility.

At 4:46 PM on August 15, 2024, the auditor tested the Comprehensive Healthcare Aspen Advocacy Services Line. The telephone call was placed from an inmate telephone in the Booking Area. The telephone was operational however, entry of an inmate pin number was required. Given the same, the call could not be completed and consequently, the auditor determined that the test was a failure. Of note, the identifying information is problematic as anonymity is inhibited.

In addition to the above, the auditor's review of a PAQ email dated September 10, 2024 from Securus Technologies Tech Support to the YCDOC PCM, reveals that the issue regarding a telephone call to Comprehensive Healthcare Victim Advocacy Services telephone number (509)452-9675 has been addressed as an inmate pin number is no longer required for entry into the system to facilitate a telephone call to Comprehensive Healthcare Victim Advocacy Services. If a "1" is keyed prior to the Comprehensive Healthcare VA Services telephone number, there is no need to key inmate pin numbers and the calls are not monitored. The process was allegedly tested and validated as operational.

As reflected above, three telephone numbers are listed for Comprehensive Healthcare Victim Advocacy Services in three separate documents. 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 April 28, 2025.

To demonstrate compliance with and institutionalization of 115.53(a) requirements, the PC and/or PCM will amend or update the YCDOC Inmate Handbook and/or poster to reflect accurate information. Upon completion of the informational updates, the PC and/or PCM will upload the same for the auditor's review. The PC and/or PCM will subsequently post a memorandum (English and Spanish) in all tanks regarding the updated information, inclusive of methods to seek VA services through Comprehensive Healthcare Victim Advocacy Services. A copy of the memorandum, as well as, five photographs of the postings in different tanks will also be uploaded into OAS.

Additionally, all staff stakeholders will be trained regarding the updated information, ensuring they are able to address any inmate questions regarding the same. This can be accomplished pursuant to provision of an informational email to all staff wherein

the correct information is conveyed. The PCM will upload the actual email, as well as, a bulk email reflecting the names of all recipients.

Subsequent to completion of the above corrective action, the auditor strongly recommends that the PC and/or PCM develop a schedule wherein inmate telephone lines are tested on a monthly basis. Specifically, the Comprehensive Victim Advocacy Services Hotline should be tested to ascertain whether the menu requires a pin number or inmate name, as well as, any calling card information. Results of the monthly tests should be documented.

In view of the above, the auditor finds YCDOC non-compliant with 115.53(a).

July 8, 2025 Update:

The auditor's review of an informational email to all staff reveals that the training component of this corrective action has been completed. Specifically, the correct telephone number [(509)452-9675] has been clearly articulated to staff.

In addition to the above, the auditor's review of a memorandum poster (presented in English and Spanish) has been posted in all tanks. Pursuant to the auditor's review, all requisite information is now correct. Photos of the posted memorandum posters have been uploaded into OAS. Additionally, the amended YCDOC Inmate Handbook reflecting the above corrected telephone number and the amended No Means No poster are uploaded into OAS.

July, 29, 2025 Update:

At approximately 10:03AM on July, 28, 2025, the auditor tested the Comprehensive VA line. The telephone call was effected from the auditor's cell phone and his home office. The telephone call was made to (509)452-9675 and he discussed confidentiality and mandatory reporting with the responding VA. In view of the above, the auditor finds that the test was successfully completed.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.53(a).

115.53(b)

Pursuant to the PAQ, the Director self reports the facility informs inmates, prior to giving them access to outside support services, of the extent to which such communications will be monitored. 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 limits to confidentiality under relevant federal, state, or local law.

YCDOC Policy 606 entitled PREA, pages 3 and 4, section 606.4(f) addresses 115.53(b).

Sixteen of 18 random inmate interviewees state that what they say to people from these services remains private. Seven of 18 random inmate interviewees state that their conversations with people from these services could be told to or listened to by someone else. Reasons for such sharing include conversation(s) regarding self injurious behavior, being in immediate danger, and testifying at trial.

All three inmates who reported a sexual abuse incident at YCDOC state they can talk or write in a confidential way to representatives for the outside service. One interviewee states the communication could be shared with or listened to by someone else but was unaware of the circumstances under which the same could occur.

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. This includes the Edovo tablet provision(s), added pursuant to corrective action during the last YCDOC PREA audit, wherein inmates are informed, 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 limits to confidentiality under relevant federal, state, or local law.

Accordingly, the auditor finds YCDOC non-compliant with 115.53(b) and imposes a 180-day corrective action period wherein the PC will demonstrate compliance with and institutionalization of 115.53(b) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.53(b) requirements, the PC and PCM will develop a plan, ensuring that requisite 115.53(b) language is added to documentation that inmates receive. Thus, addition of the same to the YCDOC Inmate Handbook or addition to the tablet will suffice. It would appear excessively cumbersome to add the same to the No Means No poster.

Minimally, the auditor recommends that language encompass victim advocate sharing of information regarding the following topics:

Criminal activity perpetrated at YCDOC;

Further sexual abuse at YCDOC;

Child sexual abuse or physical abuse;

Self injurious or homicidal ideations; and

Any threat to the security and good order of the facility.

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

	<p>The auditor does note that inmates have ample access to tablets should this option be exercised. The auditor observed the volume of available tablets at the Annex, as well as, the charging operation.</p> <p>If the tablet option is utilized, the auditor requests that a screen shot of the aforementioned narrative be uploaded, as well as, a brief outline addressing whether the 115.53(b) option automatically appears on the tablet when the inmate accesses the same. Any directions to the inmate population must also be uploaded.</p> <p>If an addition to the YCDOC Inmate Handbook option is utilized, the amended handbook will be uploaded into OAS.</p> <p>In view of the above, the auditor finds YCDOC non-compliant with 115.53(b).</p> <p>July 8, 2025 Update:</p> <p>The auditor's review of the amended YCDOC Inmate Handbook clearly reflects compliance with 115.53(b). The basis for sharing information gleaned by VAs during conversations with inmate sexual abuse victims is clearly reflected in the amended document. Since all inmates receive the YCDOC Inmate Handbook at intake, compliance with 115.53(b) is now established.</p> <p>115.53(c)</p> <p>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 contracted by Comprehensive Healthcare.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.53(c).</p> <p>Based on the corrective action noted in the narratives for 115.53(a) and (b) and the evidence provided throughout the 115.53 narrative, the auditor now finds YCDOC substantially compliant with 115.53.</p>
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115.54	Third-party reporting
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54(a)</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). 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 reporting options are articulated in a PREA poster and on page 2 of the YCDOC 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's test of the YCDOC Sexual Abuse Telephone Line was facilitated from the auditor's home on December 12, 2024 at 11:10AM. He did contact the YCDOC Sexual Abuse Telephone Line at (509)574-2985, leaving a message regarding the test call. The telephone call was initially addressed pursuant to voice mail. The test was reported to the YCDOC IA Sgt. at 11:50AM on December 13, 2024. The auditor finds this test to be successful.</p> <p>The auditor recognizes completion of the corrective action highlighted in the narrative for 115.51(a) and (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>115.61(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency requires all staff to report</p>

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.

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).

All 12 random staff interviewees assert the agency requires all staff to report:

Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;

Retaliation against inmates or staff who reported such an incident; or

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Eleven of 12 random staff 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 interviewee states the report must be made to the immediate supervisor as soon as possible following receipt of the report.

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

115.61(b)

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.

YCDOC Policy 606 entitled PREA, page 5, section 606.5 addresses 115.61(b).

The PCM asserts that staff with a "need to know" regarding such reports of sexual abuse/harassment are supervisors, administrative lieutenant, Administrative Chief, Director, and medical/mental health staff.

All 12 random staff interviewees assert the agency requires all staff to report:

Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;

Retaliation against inmates or staff who reported such an incident; or

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Eleven of 12 random staff 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 interviewee states the report must be made to the immediate supervisor as soon as possible following receipt of the report.

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

115.61(c)

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.

Correct Care Services (CCS) OPS-100 B-04 entitled Federal Abuse Regulations, page 2, sections 5.3-5.5 addresses 115.61(c).

The mental health interviewee states she is required to disclose the limitations of confidentiality and her duty to report at the initiation of services. The mental health staff interviewee states that an Informed Consent document is generally signed and dated within 10 days of arrival at the facility. Additionally, a notation is documented in the notes regarding informed consent prior to provision of services on each occasion. Pursuant to the auditor's research, the medical intake form reflects a section regarding the inmate's authorization to disclose information.

Both interviewees state 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. The medical staff interviewee reports such instances to her supervisor and a designated mental health staff supervisor, as well as, the IA Sergeant. The mental health staff interviewee likewise reports any such incidents to the IA Sergeant.

Both interviewees are aware of this expectation pursuant to YCDOC PREA training. The medical staff interviewee states she has not become aware of such incidents while the mental health staff interviewee states she has and she reported the same to the IA Sergeant. 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).

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

115.61(d)

	<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 addresses 115.61(d).</p> <p>The Warden designee and PC assert that inmates under the age of 18 are not housed at YCDOC. If a vulnerable adult alleges sexual abuse, all facility executive staff are apprised of the same and the IA Sergeant is responsible for contacting the appropriate Protective Services agency, with the exception of USMS inmates. USMS officials would make such notifications in that scenario.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.61(d).</p> <p>115.61(e)</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 investigator(s).</p> <p>YCDOC Policy 606 entitled PREA, page 5, section 606.5 addresses 115.61(e).</p> <p>The Warden interviewee 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 shift commander (Sgt.) notifies the IA Sgt. and she secures approval to investigate the allegation(s) from the Lt., Chief, and Director.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.61(e).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.61.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62(a)</p> <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 (e.g., it takes some action to assess and</p>

	<p>implement appropriate protective measures without unreasonable delay). The Director further self reports in the last 12 months, the agency or facility determined that three inmates were subject to a substantial risk of imminent sexual abuse.</p> <p>The Director asserts that if the information of imminent sexual abuse is brought to light during the Booking process, the inmate would be separated from potential perpetrators and a decision regarding housing and safety strategies would be made prior to the inmate's movement into the facility. This may entail a period of one to two hours.</p> <p>YCDC Policy 507 entitled Inmate Classification, page 5, section 507.10 addresses 115.62(a). This policy citation generically speaks to protocols employed during any sexual abuse incident or decisions made during the assessment and assignment of housing stages.</p> <p>The Director and Warden interviewee assert 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, if deemed necessary for safety reasons.</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 YCDC substantially compliant with 115.62.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63(a)</p> <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, five allegations were received at YCDC that an inmate was sexually abused while confined at another facility however, the auditor finds that six actual allegations were actually received. The Director further self reports contact was made with the facility as prescribed in 115.63(a).</p> <p>YCDC Policy 606 entitled PREA, page 5, section 606.5.1 addresses 115.63(a).</p>

The auditor notes that notification to the other facility is delegated to the Chief or his designee during his absence, pursuant to the above policy. This is actually commensurate with the standard provision as the Chief assumes the duties of Warden at YCDOC. The same is acceptable pursuant to a PRC FAQ dated May 9, 2017.

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. Rather, it appears that the emails were directed to the attention of the PREA Coordinator(s) or PREA Compliance Manager(s) at those 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 April 28, 2025.

To demonstrate compliance with and institutionalization of 115.63(a), the PC and/or PCM will provide training to stakeholders (minimally the command structure and the IA Sergeant) regarding the nuances of 115.63(a). Specifically, to demonstrate compliance with the aforementioned PAQ, the emails must 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.

Between the date of completion of this interim report and April 28, 2025, the PCM will upload copies of requisite notifications, inclusive of the date on which the information of sexual abuse at the other facility, was reported. The auditor will then review such documentation and assess compliance.

In view of the above, the auditor finds YCDOC non-compliant with 115.63(a).

June 27, 2025 Update:

The auditor's review of the training syllabus related to 115.63(a) requirements and PREA Training Roster dated April 17, 2025 reveals substantial compliance with 115.63(a). Seven officials (stakeholders) participated in this training and the auditor finds the same was thorough and informative.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.63(a).

July 19, 2025 Update:

The auditor's review of one 115.63 written notification (email dated May 5, 2025)

from the YCDOC Chief to the official at the receiving facility reveals substantial compliance with 115.63(a-c). The same appears to have been referred in a timely manner and the receiving official did respond to the YCDOC Chief.

The auditor notes that resolution of this standard has been somewhat problematic in view of misunderstandings of the basis for the same vs. investigative protocols at the facility. Accordingly, the auditor's review of five other 115.63(a) allegations failed to substantiate compliance. Based on conversations with the PC and the accuracy of the training presented, the auditor feels confident that the practice is institutionalized. The auditor does admonish YCDOC staff, however, that continuous compliance is essential.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.63(a).

115.63(b)

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.

YCDOC Policy 606 entitled PREA, page 5, section 606.5.1 addresses 115.63(b).

With the exception of the findings identified in the narrative for 15.63(a), the auditor finds no deviation in terms of timelines for such notifications.

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

115.63(c)

Pursuant to the PAQ, the Director self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

YCDOC Policy 606 entitled PREA, page 5, section 606.5.1 addresses 115.63(c).

The auditor's review of the notifications referenced in 115.63(a) reveals the notifications were documented.

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

115.63(d)

Pursuant to the PAQ, the Director self reports the agency or facility policy requires that allegations received from other facilities and agencies regarding sexual abuse incidents allegedly arising at YCDOC are investigated in accordance with the PREA standards. The Director further self reports in the last 12 months, four allegations of

sexual abuse originating at YCDOC were received from another facility.

YCDOC Policy 606 entitled PREA, pages 8 and 9, sections 606.10 and 606.10.1 address 115.63(c).

The 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.

Despite the auditor's request, the four investigations that are the subject of this provision have not been uploaded into OAS. Accordingly, the auditor finds YCDOC non-compliant with 115.63(d) and he imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.63(d) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.63(d), the PCM will provide training to stakeholders (minimally the command structure and the IA Sergeant) regarding the nuances of 115.63(d). Minimally, training must focus on the necessity of initiating a full investigation subsequent to notification of an alleged sexual abuse that allegedly occurred at YCDOC.

The PC and/or 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.

Throughout the 180-day corrective action period, the PCM will upload copies of requisite 115.63(d) notifications from other facility heads regarding alleged incidents of sexual abuse originating at YCDOC. Additionally, a copy of the accompanying investigation will likewise be uploaded. The auditor will then review such documentation and assess compliance.

In view of the above, the auditor finds YCDOC non-compliant with 115.63(d).

June 27, 2025 Update:

The auditor's review of the training syllabus related to 115.63(d) requirements and PREA Training Roster dated April 17, 2025 reveals substantial compliance with 115.63(d). Seven officials (stakeholders) participated in this training and the auditor finds the same was thorough and informative.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.63(d).

In view of the completed corrective action noted in the narratives for 115.63(a) and 115.63(d), the auditor now finds YCDOC substantially compliant with 115.63.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64(a)</p> <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;</p> <p>Preserves and protects any crime scene until appropriate steps can be taken to collect any evidence;</p> <p>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</p> <p>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 last 12 months, seven allegations were made 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 employed all four first responder steps.</p> <p>The auditor's follow-up review of two 2023 or 2024 sexual abuse investigations clearly reveals that once notified of the allegations, the first responders immediately removed the victim and/or perpetrator from the area. 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>

The auditor finds that two of the fact patterns connected with two of the three inmates who reported a sexual abuse interviewees are applicable to 115.64(a). In the third case, the fact pattern, as described by the victim and validated pursuant to the auditor's review of the investigation, was more appropriately defined as sexual harassment vs. sexual abuse.

One interviewee asserts staff responded to his report of sexual abuse quickly following his report. The alleged perpetrator was immediately moved to another housing unit and YCSD investigator(s) collected personal property. Accordingly, the victim and perpetrator were quickly separated and the crime scene was secured/ This account of events is consistent with the auditor's review of the investigation in this matter.

With respect to the second inmate victim and his sexual abuse complaint, he was not satisfied with staff responsiveness to the same. He asserts that a staff member inappropriately pat searched him, touching his genitals and buttocks. The victim states that staff delayed contact with him and ultimately just tape recorded his statement.

The auditor's review of the investigation reveals that the same was conducted in a thorough manner. Specifically, video review revealed that the pat search was performed the same as any other pat search. A timeline was established to illustrate the same. Furthermore, the investigator states that there is no evidence reflecting the pat searching officer patted the victim's buttocks nor did he/she touch the victim's penis. Accordingly, based on video evidence, the victim's statement, and analysis of the fact pattern, the allegations were determined to be unfounded.

In view of the above, the auditor finds no deviation from 115.64(a) or standard protocol. The incident allegedly occurred on July 30, 2024 and the investigator interviewed the victim on July 31, 2024. Accordingly, the victim was interviewed in a timely manner and investigative steps were appropriate.

Of note, the auditor's random review of the aforementioned 16 sexual abuse/ harassment investigations did not reveal any violation(s) of the requirements of 115.64.

In view of the above, the auditor finds YCDOC substantially compliant with 115.64(a).

115.64(b)

Pursuant to the PAQ, the Director self reports agency policy requires that if the first staff responder is not a security staff member, the first 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.

YCDOC Policy 606 entitled PREA, page 6, section 606.7 addresses 115.64(b).

	<p>Both the security staff and non-security staff 1st responder interviewees correctly cited 115.64(a) 1st responder duties. The PCM advised the auditor that all YCDOC staff are considered security staff. Medical/mental health staff are contractors and accordingly, they do not meet the definition specified in the provision however, both the medical and mental health interviewees state they refer their verbal reports to the IA Sgt. or classification corporal for further follow-up.</p> <p>With respect to the second of three inmate victims and his sexual abuse complaint, he was not satisfied with staff responsiveness to the same. He asserts that a staff member inappropriately pat searched him, touching his genitals and buttocks. The victim states that staff delayed contact with him and ultimately just tape recorded his statement. According to the investigation, this victim reported the sexual abuse incident to a case manager (non-security staff member).</p> <p>The auditor's review of the investigation reveals that the same was conducted in a thorough manner. Specifically, video review revealed that the pat search was performed the same as any other pat search. A timeline was established to illustrate the same. Furthermore, the investigator states that there is no evidence reflecting the pat searching officer patted the victim's buttocks nor did he/she touch the victim's penis. Accordingly, based on video evidence, the victim's statement, and analysis of the fact pattern, the allegations were determined to be unfounded.</p> <p>In view of the above, the auditor finds no deviation from 115.64(b) or standard protocol. The incident allegedly occurred on July 30, 2024 and the investigator interviewed the victim on July 31, 2024. Accordingly, the victim was interviewed in a timely manner and investigative steps were appropriate.</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. Ten 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.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.64(b).</p> <p>Based on the lack of adverse findings as noted in the narratives for 115.64(a) and (b), the auditor finds YCDOC substantially compliant with 115.64.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>115.65(a)</p> <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 Warden interviewee 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, as well as, the above policy that is unique to YCDOC. The plan is discussed during either Pre-Service or PREA ART training.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.65.</p>
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115.66	<p>Preservation of ability to protect inmates from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.66(a)</p> <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 collective bargaining agreement(s) or other agreement(s) since the last PREA audit.</p> <p>The Director is the designated agency head of YCDOC and he asserts the agency entered into or renewed collective bargaining agreements or other agreements since the last PREA audit. 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.</p> <p>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>

	In view of the above, the auditor finds YCDOC substantially compliant with 115.66.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67(a)</p> <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.</p> <p>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 16 investigations, he finds no evidence of deviation from 115.67(a). The auditor notes that one of the 16 reviewed investigations is applicable to 115.67. Additionally, the auditor has not determined any deviation(s) based on inmate interviews.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.67(a).</p> <p>115.67(b)</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 accomplished unless there are exaggerated or complicated 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 states she monitors various factors relative to victims/potential victims who report sexual</p>

abuse or are the subject of reports of sexual abuse. Additionally, she coordinates actions in an attempt to ensure the victim's 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 areas and/or removed from the general population. Additionally, she recommends emotional support services for inmate victims and the Employee Assistance Program (EAP) for staff victims. Such services may also be provided by the chaplain, mental health providers, or nurses.

In addition to the transfers mentioned in preceding paragraphs, movement of both the victim and perpetrator(s) within the facility is a viable alternative. Creative utilization of housing units also favors the victim's advantage. Open communication is always an option.

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.

The staff member charged with monitoring retaliation states she initiates contact with inmates who have reported sexual abuse. She facilitates monthly meetings and check-ins with the victims. ***The Director's and Warden's statements in this regard parallel the retaliation monitor's statement.

Two of the three inmates who reported a sexual abuse/harassment incident at YCDOC interviewees report they feel protected enough against possible revenge from staff or other inmates because they reported what happened to them.

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

115.67(c)

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.

YCDOC Policy 606 entitled PREA, page 6, section 606.6 addresses 115.67(c).

When retaliation is suspected, the IA Sergeant handles the same immediately pursuant to implementation of measures articulated in the following paragraphs. The designated staff member charged with retaliation monitoring interviewee states 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 designated staff member charged with monitoring retaliation interviewee states she monitors the conduct and treatment of inmates and staff who report 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 one applicable investigation out of 16 random sexual abuse/harassment investigations completed during the last 18 months reveals 90-day retaliation monitoring was not completed. The incident occurred on March 5, 2024 and the first retaliation monitoring meeting was facilitated on April 5, 2024. According to a confinement record, the victim was subsequently released from YCDOC on April 17, 2024. Accordingly, additional retaliation monitoring meetings could not be conducted at YCDOC.

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

115.67(d)

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 call offs; and

Hygiene decompensation.

YCDOC Policy 606 entitled PREA, page 6, section 606.6 addresses 115.67(d).

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

115.67(e)

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.

YCDOC Policy 606 entitled PREA, page 6, section 606.6 addresses 115.67(e).

If an individual who cooperates with an investigation expresses a fear of retaliation, the Director and Warden assert 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 or staff expressed a fear of retaliation when and after cooperating in a sexual abuse investigation. The Director and Warden also corroborate the statement of the designated staff member charged with monitoring retaliation interviewee with respect to measures that can be taken to protect inmates

	<p>and staff from retaliation. As previously indicated, the investigative staff interviewee would address the same immediately.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.67(e).</p> <p>Based on the lack of findings with respect to 115.67 provisions, the auditor finds YCDOC substantially compliant with the same.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.68(a)</p> <p>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 during 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 during 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.</p> <p>YCDOC Policy 606 entitled PREA, pages 10 and 11, section 606.12 addresses 115.68(a).</p> <p>The Warden interviewee 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.</p> <p>The Warden interviewee asserts that, generally, victims, dependent upon the circumstances and evidence, may be placed in a "cell alone" status. Additionally, alternative housing assignments are offered to the inmate if the inmate expresses any concerns regarding his/her sexual safety.</p> <p>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</p>

mentioned, there is generally at least one alternative housing arrangement available.

Finally, the Warden interviewee 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. Chaplaincy staff do 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. Additionally, recreation and commissary are available to this population. Inmate porters complete sanitation chores in segregated housing common areas for which they receive incentive bags. Telephone, television, and library books issued from a cart (leisure reading) are also offered to this inmate population.

The interviewee states zero inmates are confined in segregated housing or 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 actual suspension of the above is documented in the electronic log unique to the particular inmate.

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 two to seven days however, the interviewee states he is not aware of any instances, occurring within the last 12 months, wherein a victim or potential victim has been involuntarily placed in segregated housing based on 115.43 or 115.68 considerations. The victim or potential victim may be initially placed in segregated housing for investigative purposes.

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.

The staff who supervises inmates in segregated housing interviewee states that once an inmate is assigned to involuntary segregated housing, the facility reviews the

	<p>inmate's circumstances every week to determine if continued placement in involuntary segregated housing is needed.</p> <p>As previously indicated, a weekly classification review is facilitated to assess placement and continued placement in RHU status. Additionally, a 30-day review is part of this protocol.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.68.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.71(a)</p> <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).</p> <p>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 states sexual abuse/sexual harassment (SA/SH) investigations would commence immediately if she is onsite. If offsite, she would report to the facility in the event of a SA allegation, as well as, a staff case. If the allegation constitutes SH, she would direct the shift commander (generally a sergeant) regarding investigative protocols and commence the full investigation the next day. Anonymous and third-party SA and SH reports are investigated the same as any allegation.</p> <p>Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.</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>In view of the above, the auditor finds YCDOC substantially compliant with 115.71(a).</p>

115.71(b)

Pursuant to the PAQ, the Director self reports where sexual abuse is alleged, the agency shall use investigators who have received specialized training in sexual abuse investigations pursuant to § 115.34.

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

The administrative investigative staff interviewee states she did receive training specific to conducting sexual abuse investigations in confinement settings. Specifically, 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:

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.

The auditor's review of the training syllabus for the above training reveals the same is commensurate with 115.71(b). The auditor's review of the investigator's NIC Certificate relative to the aforementioned course substantiates completion of the specialty training.

Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.

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

115.71(c)

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.

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

According to the administrative investigative staff interviewee, the following constitutes a snapshot of investigative steps and associated time frames for completion of the same:

Ensure that victim and perpetrator are separated and safe and assess crime scene

(30 minutes);

YCDOC staff make call regarding the conduct of a forensic examination. If penetration is alleged, the victim is transported for a forensic examination (30 minutes);

Investigator photographs the crime scene and secures physical evidence. Of note, the investigator and her partner are properly trained to collect physical evidence (two hours);

Threshold questioning of the victim to determine witness(es) and develop an investigative plan (15-20 minutes);

Review cameras, text messages on tablets, and telephone monitoring (could take one to two days dependent upon the complexity of the allegations);

Interview staff and inmate witnesses (30 minutes per witness, dependent upon the complexity of the allegations);

Review inmate files (two to four hours);

Repeat the camera review if warranted based on the preceding steps (one hour);

Facilitate re-interviews based on new evidence (one to two hours);

Interview perpetrator if the case is released by YCSD (30-60 minutes); and

Report Writing (two hours).

The administrative investigative staff interviewee is responsible for gathering video, text messages, telephone calls, inmate and staff files, interview notes, memorandums, thumbnail notes, bedding, clothing worn at the time, towels/wash cloths, mail and other documents, and objects that may have been used in the abuse.

Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.

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 16 administrative SA/SH investigations reveals substantial compliance with 115.71. In view of the above, the auditor finds YCDOC substantially compliant with 115.71(c).

115.71(d)

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 interviews would be facilitated by YCSD investigators.

The administrative investigative staff interviewee states that the conduct of compelled interviews is a law enforcement function.

Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.

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

115.71(e)

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 states she bases credibility of an alleged victim, suspect, or witness on how their statement(s) align 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 administrative investigative staff interviewee states she 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.

Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.

None of the three alleged victims of sexual abuse at YCDOC were required to take a polygraph test as a condition for proceeding with the SA investigation.

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

115.71(f)

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 states 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:

Synopsis of allegations;

Victim, witness, and perpetrator statements;

Evidence recapitulation;

Credibility analysis recapitulation regarding any direct and indirect evidence; and

Conclusion (includes policy analysis).

Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.

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

115.71(g)

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

The administrative investigative staff interviewee states criminal investigation reports are documented. She does not receive criminal investigative reports and accordingly, she does not see the same.

Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.

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

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

115.71(h)

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 YCSD for consideration of prosecution referral. Since the last PREA audit, zero matters were referred for prosecution.

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

The administrative investigative staff interviewee states she does not refer cases for prosecution rather, such referral is a law enforcement function.

Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.

In view of the above, the auditor finds YCDC substantially compliant with 115.71(h).

115.71(i)

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.

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

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

The auditor notes that hard copies of SA/SH investigations are maintained in a locked file cabinet in the IA Office. Additionally, investigations are electronically stored on a password protected server.

In view of the above, the auditor finds YCDC substantially compliant with 115.71(i).

115.71(j)

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.

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

The administrative investigative staff interviewee states 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.

Despite three attempts each to telephonically contact detective(s) from the Yakima

	<p>County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.</p> <p>Pursuant to the auditor's review of 16 random SA/SH investigations conducted during the last 12 months, he has discovered zero deviations from this provision.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.71(j).</p> <p>115.71(l)</p> <p>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.</p> <p>YCDOC Policy 606 entitled PREA, page 9, section 606.10 addresses 115.71(l).</p> <p>The Director asserts that if an outside agency investigates allegations of sexual abuse, the IA Sergeant facilitates email and telephonic follow-up to law enforcement to remain abreast of the status of the investigation and she documents those contacts. The PCM and PC corroborate the Director's assertion in this regard. Finally, the administrative investigative staff interviewee states that she acts as a facilitator, assisting criminal investigators with whatever they need.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.71(l).</p> <p>Based on the above, the auditor finds YCDOC substantially compliant with 115.71.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72(a)</p> <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 administrative investigative staff interviewee, the requisite administrative standard of evidence to substantiate allegations of sexual abuse/ harassment is "preponderance" or the evidence scale is tipped over 50 percent. In other words, there is more evidence substantiating the fact the incident occurred,</p>

	<p>than not.</p> <p>Despite three attempts each to telephonically contact detective(s) from the Yakima County Sheriff Office, the auditor received no response. Accordingly, the criminal investigative interview could not be facilitated.</p> <p>The auditor's random review of the aforementioned 16 investigations reveals the "preponderance" standard is clearly employed in all cases.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.72.</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.73(a)</p> <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 46 sexual abuse cases investigated during the last 12 months, were notified pursuant to 115.73. The auditor notes that 26 sexual abuse/ harassment cases were investigated during the last 12 months.</p> <p>YCDOC Policy 606 entitled PREA, page 9, section 606.10.2 addresses 115.73(a).</p> <p>The Director states 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 Director in this regard.</p> <p>Two of the three inmates who reported a sexual abuse incident at YCDOC interviewees state the facility is required to notify them when their sexual abuse allegation has been substantiated, unsubstantiated, or unfounded. The fact pattern in the third case is more representative of sexual harassment.</p> <p>The auditor's random review of 10 of 13 random sexual abuse investigations facilitated during the last 12 months reveals requisite 115.73(a) notifications were provided to the victim. In one of the three sexual abuse allegation cases wherein a notification was not provided to the victim, the auditor notes that the victim had been released from the facility prior to conclusion of the investigation. Accordingly, actual practice reveals YCDOC is substantially compliant with 115.73(a) requirements</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with</p>

115.73(a).

115.73(b)

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, zero investigations of alleged inmate sexual abuse in the facility were completed by an outside agency.

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

Pursuant to the auditor's review of one of 16 random sexual abuse/harassment investigations, it is apparent that the same was referred to YCSD for investigation as email correspondence between the YCDOC IA Sgt. and the YCSD investigator clearly represents an effort to remain informed regarding the status of the investigation.

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

115.73(c)

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:

The staff member is no longer posted within the inmate's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Director further self reports there has been three substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the last 12 months.

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

115.73(c) notifications were not applicable to any of the three inmates who reported a sexual abuse interviewees. Either the allegation was unfounded, the allegation did not include staff perpetrators, or none of the 115.73(c) descriptors were appropriate.

The auditor's random review of four staff-on-inmate investigations conducted during the last 18 months reveals that all four cases were determined to be unfounded.

Additionally, in one case, the victim was released from the facility prior to conclusion of the investigation. 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.

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

115.73(d)

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 either of the inmate interviewees who reported an inmate-on-inmate sexual abuse. Either the allegation was unfounded 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.

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

115.73(e)

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, seven written notifications to inmates were provided pursuant to 115.73.

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. Accordingly, absent evidence to the contrary, the auditor finds YCDOC substantially compliant with 115.73(e).

Given the evidence as articulated throughout this narrative, the auditor finds YCDOC substantially compliant with 115.73.

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>115.76(a)</p> <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).</p> <p>Page 12 of the YCDOC Employee Handbook identifies progressive disciplinary measures and the potential consequences for sexual abuse of an inmate.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.76(a).</p> <p>115.76(b)</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>YCDOC Policy 606 entitled Prison Rape Elimination Act, page 9, section 606.10.1 addresses 115.76(a-d).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.76(b).</p> <p>115.76(c)</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 further 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</p>

	<p>inmates. 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>In view of the above, the auditor finds YCDOC substantially compliant with 115.76(c).</p> <p>115.76(d)</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 during 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>YCDOC Policy 606 entitled Prison Rape Elimination Act, page 9, section 606.10.1 addresses 115.76(a-d).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.76(d).</p> <p>Accordingly, based on the above determinations, the auditor finds YCDOC substantially compliant with 115.76.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.77(a)</p> <p>Pursuant to the PAQ, the Director self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is 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 is 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).</p>

	<p>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>The Warden interviewee asserts that an investigation is immediately initiated when information is received regarding sexual abuse of an inmate by a volunteer. Volunteer access privileges to the facility are immediately suspended pending the outcome of an investigation. During the last 12 months, zero such incidents have occurred.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.77(a).</p> <p>115.77(b)</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.</p> <p>The Warden interviewee further elaborates that if there is an allegation a contractor or volunteer violated agency sexual abuse or sexual harassment policies, he/she will not be allowed in the facility. 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(b).</p> <p>Based on the above findings, the auditor finds YCDOC substantially compliant with 115.77.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78(a)</p> <p>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.</p>

YCDOC Policy 600 entitled Inmate Discipline, page 8, section 600.11 addresses 115.78(a). Pages 6 to 9 of the YCDOC Inmate Handbook also address 115.78(a) and (b).

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

115.78(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).

As mentioned in the narrative for 115.78(a), zero administrative findings or criminal findings of guilt for inmate-on-inmate sexual abuse occurred at the facility during the last 12 months.

The Warden interviewee asserts inmates may be subject to criminal charges, charged with an administrative 300 level incident, and placed in the Inmate Management Unit (IMU) for 60 days, 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. Privileges may also be restricted.

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

115.78(c)

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 Warden interviewee asserts that mental disability or mental illness is considered when determining sanctions. In fact, mental health assessments are completed prior to the hearing in all cases wherein the inmate exhibits mental illness and/or cognitive disabilities.

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

115.78(d)

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 (generally one-one counseling designed to address and correct the underlying reasons or motivations for sexual abuse) to the perpetrator. However, they do not require an inmate's participation as a condition of access to programming or other benefits as the same is voluntary.

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

115.78(e)

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).

The auditor has been provided no evidence of inmate discipline pursuant to the parameters of 115.78(e) and accordingly, the auditor finds YCDOC substantially compliant with the same.

115.78(f)

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).

The auditor has been provided no evidence of inmate discipline pursuant to sexual abuse reporting in bad faith.

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

	<p>115.78(g)</p> <p>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.</p> <p>YCDOC Policy 600 entitled Inmate Discipline, page 8, section 600.10 addresses 115.78(g).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.78(g).</p> <p>Based on the findings articulated above, the auditor finds YCDOC substantially compliant with 115.78.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.81(a) and (c)</p> <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, 50 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>Two of four inmate interviewees who reported prior sexual abuse their during intake meeting state they did receive a follow-up meeting with mental health professionals within 14 days of arrival at YCDOC. The auditor's review of four of five random initial assessments and/or reassessments wherein inmates reported prior sexual abuse reveals the the screening staff entered messages to medical/mental health professionals regarding the inmates' revelations of prior sexual abuse. The corresponding clinician's notes (Well Path Mental Health Progress Notes) regarding the encounter are also included in OAS. Finally, the auditor's review of five of seven additional files related to inmates who reported sexual abuse at other facilities reveals they received mental health follow-up within 14 days of report of the incident.</p> <p>Of note, the PCM asserts that all inmates are provided medical and mental health screenings within 14 days of Booking.</p>

The staff who performs screening for risk of victimization and abusiveness interviewee asserts he 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, Booking staff submit an email report to classification staff and they refer affected inmates to mental health staff. This correlates with the statement of the classification staff interviewee. Generally, the screening occurs within five days of the referral.

In view of the above, the auditor finds YCDOC substantially compliant with 115.81(a).

115.81(b)

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.

115.81(d)

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.

YCDOC Policy 606 entitled PREA, page 8, section 606.9(j) addresses 115.81(d).

During the facility tour, the auditor noted that inmate medical records are stored in a locked room, as well as, an access authorized computer system. Archived records are stored in a locked, limited access room in the basement of the facility. Mental Health records are maintained in the Comprehensive office area behind a locked door when Comprehensive staff are out of the office. Of note, inmates are not granted access to file locations.

In view of the above, the auditor finds YCDOC substantially compliant with 115.81(d).

115.81(e)

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.

YCDOC Policy 606 entitled PREA, page 8, section 606.9(i) addresses 115.81(e).

	<p>The mental health staff interviewee states that a signed informed consent is always on file for inmates 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(e).</p> <p>Accordingly, based on the information provided in the above narratives, the auditor finds YCDOC substantially compliant with 115.81.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.82(a)</p> <p>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.</p> <p>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).</p> <p>Both medical and mental health staff interviewees state 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 as the inmate is moved to Medical and subsequently, mental health staff are contacted. Generally, mental health staff meet with the inmate initially however, they follow-up within 2-5 days following completion of any forensic examinations. The nature and scope of these services are rendered pursuant to their professional judgment.</p> <p>One of three inmate interviewees who alleged sexual abuse by contact states he did meet with medical and/or mental health staff on the same day of the alleged assault. While one additional interviewee states he did not meet with medical or mental</p>

health staff, the auditor notes that her description of the alleged incident is more like sexual harassment.

In view of the above, the auditor finds YCDOC substantially compliant with 115.81(a).

115.82(b)

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).

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

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.

Ten 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.

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

115.82(c)

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 7, 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. Subsequent to a forensic examination and pursuant to a physician's order, infection prophylaxis can be filled from the facility formulary or purchased through regular channels. Additionally, hospital staff may provide a small supply.

According to the inmate victims of sexual abuse while incarcerated interviewees, none of them were 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. In one case,

	<p>the allegation was more representative of sexual harassment while the fact patterns in the other two cases did not include penetration. Accordingly, none of these cases warranted timely access to emergency contraception and sexually transmitted infections prophylaxis.</p> <p>According to the SANE interviewee, provision of information about and access to emergency contraception/sexually transmitted infection prophylaxis is included in the forensic examination. While a pregnancy test may be given to a female inmate during the course of the forensic examination and in conjunction with infectious disease testing, timely follow-up regarding provision of information and access to all lawful pregnancy-related services is the responsibility of facility medical practitioners. It is noted that Infection prophylaxis is also administered as part of the forensic examination.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.82(c).</p> <p>115.82(d)</p> <p>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.</p> <p>YCDOC Policy 606 entitled PREA, page 8, section 606.9(h) addresses 115.82(d).</p> <p>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.</p> <p>Accordingly, the auditor finds YCDOC substantially compliant with 115.82(d).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.82.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.82.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.83(a)

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.

YCDOC Policy 606 entitled PREA, pages 7 and 8, section 606.9 addresses 115.83(a).

The auditor's review of five of seven reports wherein inmates reported 115.83(a) historical institutional sexual abuse reveals that requisite 115.83(a) follow-up was facilitated in a timely manner. The initial assessments are uploaded into OAS. Requisite documentation was not located with respect to the last two cases.

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

115.83(b)

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.

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

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/bleeding/and bruising and threshold medical questioning. Emergency first-aid is provided in the event of a life threatening event. Additionally, a primary function of the medical practitioner is calming the victim.

The mental health staff interviewee states she facilitates trauma therapy, inclusive of calming the victim. She provides education regarding anxiety, etc. Subsequent to a forensic examination, she educates the victim regarding services she can provide. VAs are activated through Aspen Victim Advocacy Services.

One of the three 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 either penetration was not involved or the fact pattern was more representative of sexual harassment.

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

115.83(c)

The facility provides such victims with medical and mental health services consistent with the community level of care.

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.

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

115.83(d)

Pursuant to the PAQ, the Director self reports female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

YCDOC Policy 606 entitled PREA, page 7, section 606.9(f) addresses 115.83(d).

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.

According to the SANE interviewee, provision of information about and access to emergency contraception/sexually transmitted infection prophylaxis is included in the forensic examination. While a pregnancy test may be given to a female inmate during the course of the forensic examination and in conjunction with infectious disease testing, timely follow-up regarding provision of information and access to all lawful pregnancy-related services is the responsibility of facility medical practitioners. It is noted that Infection prophylaxis is also administered as part of the forensic examination.

In view of the above, the auditor finds YCDOC substantially compliant with 115,83(d).

115.83(e)

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.

The relevant policy citation is articulated in the narrative for 115.83(d).

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 OBGYN or at a community clinic, dependent upon the situation. A pregnancy test is provided during the forensic examination and another test is provided at the facility within 14 days of the first tes.

The auditor notes that the one inmate victim interviewee who reported penetration is male. Accordingly, 115.83(d) and (e) are not applicable to this victim.

According to the SANE interviewee, provision of information about and access to

emergency contraception/sexually transmitted infection prophylaxis is included in the forensic examination. While a pregnancy test may be given to a female inmate during the course of the forensic examination and in conjunction with infectious disease testing, timely follow-up regarding provision of information and access to all lawful pregnancy-related services is the responsibility of facility medical practitioners. It is noted that Infection prophylaxis is also administered as part of the forensic examination.

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

115.83(f)

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.

YCDOC Policy 606 entitled PREA, page 7, section 606.9(c) addresses 115.83(f).

The one inmate interviewee who described a fact pattern conducive with sexual abuse states he was offered tests for sexually transmitted infections. The fact patterns regarding the remaining two interviewees either reveal the circumstances were more representative of sexual harassment or penetration was not alleged.

According to the SANE interviewee, provision of information about and access to emergency contraception/sexually transmitted infection prophylaxis is included in the forensic examination. While a pregnancy test may be given to a female inmate during the course of the forensic examination and in conjunction with infectious disease testing, timely follow-up regarding provision of information and access to all lawful pregnancy-related services is the responsibility of facility medical practitioners. It is noted that Infection prophylaxis is also administered as part of the forensic examination.

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

115.83(g)

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 three inmates who reported a sexual abuse interviewees state that they paid for any services related to sexual abuse.

	<p>In view of the above, the auditor finds YCDOC substantially compliant with 115.83(g).</p> <p>115.83(h)</p> <p>As YCDOC is classified as a jail, 115.83(h) has been determined to be not-applicable to YCDOC.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.83.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.86(a)</p> <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, 46 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 10, section 606.13 addresses 115.86(a).</p> <p>As reflected in the narrative for 115.86(b), zero sexual abuse incident reviews were conducted during the last 12 months in follow-up to sexual abuse investigations.</p> <p>The auditor's review of 10 of 11 random sexual abuse investigations conducted during the last 12 months reveals the same were determined to be unfounded. Based on the detailed fact patterns articulated in those investigations, the auditor concurs with the findings. Given the fact that these investigations were determined to be unfounded, sexual abuse incident reviews were not required.</p> <p>The auditor does note that a sexual abuse incident review (SAIR) was required with respect to one investigation as the same was determined to be substantiated. The auditor confirms that the requisite sexual abuse incident review was not facilitated in that case and accordingly, the auditor finds YCDOC non-compliant with 115.86(a-e). Accordingly, the auditor imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.86(a-e) requirements. The corrective action due date is April 28, 2025.</p> <p>To demonstrate compliance with and institutionalization of 115.86(a-e) requirements, the PC and/or PCM will provide training to all stakeholders regarding the nuances of</p>

115.86(a-e). Specifically, training will encompass the makeup of the sexual abuse incident review team, the fact that the review must be conducted within 30-days of closure of the administrative or criminal investigation, the review must be conducted when either substantiated or unsubstantiated findings are determined during the investigative phase, the proper report format for use, the mechanics of the review in terms of topics to be discussed, and processing of recommendations pursuant to 115.86(e). Minimally, the Chief (PCM), the care and custody lieutenant (PC), and IA Sgt. must complete this training.

Subsequent to completion of this training, the PC and/or PCM will upload the training plan or syllabus, as well as, documentary evidence validating that the above officials completed the training. Additionally, between the date of this interim report and April 28, 2025, the PC and/or PCM will provide the auditor with a roster of sexual abuse investigations completed, inclusive of the outcome. The auditor will randomly select investigations for review, inclusive of the sexual abuse incident review report and the PC and/or PCM will upload the same.

Subsequent to the above, the auditor will render a compliance or non-compliance finding.

In view of the above, the auditor finds YCDOC non-compliant with 115.86(a).

July 2, 2025 Update:

The auditor's review of a detailed lesson plan regarding the conduct of sexual abuse incident reviews (SAIRs) following every substantiated or unsubstantiated sexual abuse investigation and the accompanying training roster bearing the signatures and date of training for five stakeholder staff reveals substantial compliance with 115.86(a-d). Additionally, the auditor's review of six of 10 SAIR reports reveals substantial compliance with 115.86(b-e). With respect to the four SAIRs wherein discrepancies were noted, the same centered on timeliness pursuant to 115.86(b) requirements. The auditor notes that all 10 investigations were determined to be unfounded and accordingly, SAIRs were not technically required.

In view of the above, the auditor finds YCDOC substantially compliant with 115.86(a-e).

115.86(b)

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, zero 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.

YCDOC Policy 606 entitled PREA, page 10, section 606.13 addresses 115.86(b).

The Director asserts that zero sexual abuse incident reviews were conducted during the last 12 months in follow-up to sexual abuse investigations.

The auditor's review of 10 of 11 random sexual abuse investigations conducted during the last 12 months reveals the same were determined to be unfounded.

Based on the detailed fact patterns articulated in those investigations, the auditor concurs with the findings. Given the fact that these investigations were determined to be unfounded, sexual abuse incident reviews were not required.

The auditor does note that a sexual abuse incident review was required with respect to one investigation as the same was determined to be substantiated. The auditor confirms that the requisite sexual abuse incident review was not facilitated in that case and accordingly, the auditor finds YCDOC non-compliant with 115.86(a-e).

Accordingly, the auditor imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.86(a-e) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.86(a-e) requirements, the PC and/or PCM will provide training to all stakeholders regarding the nuances of 115.86(a-e). Specifically, training will encompass the makeup of the sexual abuse incident review team, the fact that the review must be conducted within 30-days of closure of the administrative or criminal investigation, the review must be conducted when either substantiated or unsubstantiated findings are determined during the investigative phase, the proper report format for use, the mechanics of the review in terms of topics to be discussed, and processing of recommendations pursuant to 115.86(e). Minimally, the Chief (PCM), the care and custody lieutenant (PC), and IA Sgt. must complete this training.

Subsequent to completion of this training, the PC and/or PCM will upload the training plan or syllabus, as well as, documentary evidence validating that the above officials completed the training. Additionally, between the date of this interim report and April 28, 2025, the PC and/or PCM will provide the auditor with a roster of sexual abuse investigations completed, inclusive of the outcome. The auditor will randomly select investigations for review, inclusive of the sexual abuse incident review report and the PC and/or PCM will upload the same.

Subsequent to the above, the auditor will render a compliance or non-compliance finding.

In view of the above, the auditor finds YCDOC non-compliant with 115.86(b).

July 2, 2025 Update:

The auditor's review of a detailed lesson plan regarding the conduct of sexual abuse incident reviews (SAIRs) following every substantiated or unsubstantiated sexual abuse investigation and the accompanying training roster bearing the signatures and

date of training for five stakeholder staff reveals substantial compliance with 115.86(a-d). Additionally, the auditor's review of six of 10 SAIR reports reveals substantial compliance with 115.86(b-e). With respect to the four SAIRs wherein discrepancies were noted, the same centered on timeliness pursuant to 115.86(b) requirements. The auditor notes that all 10 investigations were determined to be unfounded and accordingly, SAIRs were not technically required.

In view of the above, the auditor finds YCDOC substantially compliant with 115.86(a-e).

115.86(c)

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.

YCDOC Policy 606 entitled PREA, page 10, section 606.13 addresses 115.86(c).

The Warden 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.

The Director asserts that zero sexual abuse incident reviews were conducted during the last 12 months in follow-up to sexual abuse investigations.

The auditor's review of 10 of 11 random sexual abuse investigations conducted during the last 12 months reveals the same were determined to be unfounded.

Based on the detailed fact patterns articulated in those investigations, the auditor concurs with the findings. Given the fact that these investigations were determined to be unfounded, sexual abuse incident reviews were not required.

The auditor does note that a sexual abuse incident review was required with respect to one investigation as the same was determined to be substantiated. The auditor confirms that the requisite sexual abuse incident review was not facilitated in that case and accordingly, the auditor finds YCDOC non-compliant with 115.86(a-e).

Accordingly, the auditor imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.86(a-e) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.86(a-e) requirements, the PC and/or PCM will provide training to all stakeholders regarding the nuances of 115.86(a-e). Specifically, training will encompass the makeup of the sexual abuse incident review team, the fact that the review must be conducted within 30-days of closure of the administrative or criminal investigation, the review must be conducted when either substantiated or unsubstantiated findings are determined during the investigative phase, the proper report format for use, the mechanics of the review in terms of topics to be discussed, and processing of recommendations pursuant to 115.86(e). Minimally, the Chief (PCM), the care and custody lieutenant (PC), and IA

Sgt. must complete this training.

Subsequent to completion of this training, the PC and/or PCM will upload the training plan or syllabus, as well as, documentary evidence validating that the above officials completed the training. Additionally, between the date of this interim report and April 28, 2025, the PC and/or PCM will provide the auditor with a roster of sexual abuse investigations completed, inclusive of the outcome. The auditor will randomly select investigations for review, inclusive of the sexual abuse incident review report and the PC and/or PCM will upload the same.

Subsequent to the above, the auditor will render a compliance or non-compliance finding.

In view of the above, the auditor finds YCDOC non-compliant with 115.86(c).

July 2, 2025 Update:

The auditor's review of a detailed lesson plan regarding the conduct of sexual abuse incident reviews (SAIRs) following every substantiated or unsubstantiated sexual abuse investigation and the accompanying training roster bearing the signatures and date of training for five stakeholder staff reveals substantial compliance with 115.86(a-d). Additionally, the auditor's review of six of 10 SAIR reports reveals substantial compliance with 115.86(b-e). With respect to the four SAIRs wherein discrepancies were noted, the same centered on timeliness pursuant to 115.86(b) requirements. The auditor notes that all 10 investigations were determined to be unfounded and accordingly, SAIRs were not technically required.

In view of the above, the auditor finds YCDOC substantially compliant with 115.86(a-e).

115.86(d)

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.

YCDOC Policy 606 entitled PREA, page 11, section 606.13 and (a-f) addresses 115.86(d).

The Warden asserts the SAIR team utilizes the information gleaned from the SAIR Report to enhance "all things PREA" related to the incident, in question. The review addresses strengths and shortcomings requiring facility or operational changes with the review team considering the following:

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.

The SAIR review team member corroborated the Warden's statement.

The PCM asserts the IA Sgt. and lieutenants conduct 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 reviews the SAIR report and the Director signs the same.

The PCM works to implement any recommendations. If a recommendation cannot be implemented, the rationale is documented.

The Director asserts that zero sexual abuse incident reviews were conducted during the last 12 months in follow-up to sexual abuse investigations.

The auditor's review of 10 of 11 random sexual abuse investigations conducted during the last 12 months reveals the same were determined to be unfounded.

Based on the detailed fact patterns articulated in those investigations, the auditor concurs with the findings. Given the fact that these investigations were determined to be unfounded, sexual abuse incident reviews were not required.

The auditor does note that a sexual abuse incident review was required with respect to one investigation as the same was determined to be substantiated. The auditor confirms that the requisite sexual abuse incident review was not facilitated in that case and accordingly, the auditor finds YCDOC non-compliant with 115.86(a-e).

Accordingly, the auditor imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.86(a-e) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.86(a-e) requirements, the PC and/or PCM will provide training to all stakeholders regarding the nuances of 115.86(a-e). Specifically, training will encompass the makeup of the sexual abuse incident review team, the fact that the review must be conducted within 30-days of closure of the administrative or criminal investigation, the review must be conducted when either substantiated or unsubstantiated findings are determined during the investigative phase, the proper report format for use, the mechanics of the review in terms of topics to be discussed, and processing of recommendations pursuant to 115.86(e). Minimally, the Chief (PCM), the care and custody lieutenant (PC), and IA Sgt. must complete this training.

Subsequent to completion of this training, the PC and/or PCM will upload the training

plan or syllabus, as well as, documentary evidence validating that the above officials completed the training. Additionally, between the date of this interim report and April 28, 2025, the PC and/or PCM will provide the auditor with a roster of sexual abuse investigations completed, inclusive of the outcome. The auditor will randomly select investigations for review, inclusive of the sexual abuse incident review report and the PC and/or PCM will upload the same.

Subsequent to the above, the auditor will render a compliance or non-compliance finding.

In view of the above, the auditor finds YCDOC non-compliant with 115.86(d).

July 2, 2025 Update:

The auditor's review of a detailed lesson plan regarding the conduct of sexual abuse incident reviews (SAIRs) following every substantiated or unsubstantiated sexual abuse investigation and the accompanying training roster bearing the signatures and date of training for five stakeholder staff reveals substantial compliance with 115.86(a-d). Additionally, the auditor's review of six of 10 SAIR reports reveals substantial compliance with 115.86(b-e). With respect to the four SAIRs wherein discrepancies were noted, the same centered on timeliness pursuant to 115.86(b) requirements. The auditor notes that all 10 investigations were determined to be unfounded and accordingly, SAIRs were not technically required.

In view of the above, the auditor finds YCDOC substantially compliant with 115.86(a-e).

115.86(e)

Pursuant to the PAQ, the Director self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.

YCDOC Policy 606 entitled PREA, page 11, section 606.13 addresses 115.86(f).

The Director asserts that zero sexual abuse incident reviews were conducted during the last 12 months in follow-up to sexual abuse investigations.

The auditor's review of 10 of 11 random sexual abuse investigations conducted during the last 12 months reveals the same were determined to be unfounded.

Based on the detailed fact patterns articulated in those investigations, the auditor concurs with the findings. Given the fact that these investigations were determined to be unfounded, sexual abuse incident reviews were not required.

The auditor does note that a sexual abuse incident review was required with respect to one investigation as the same was determined to be substantiated. The auditor confirms that the requisite sexual abuse incident review was not facilitated in that case and accordingly, the auditor finds YCDOC non-compliant with 115.86(a-e).

Accordingly, the auditor imposes a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.86(a-e) requirements. The corrective action due date is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.86(a-e) requirements, the PC and/or PCM will provide training to all stakeholders regarding the nuances of 115.86(a-e). Specifically, training will encompass the makeup of the sexual abuse incident review team, the fact that the review must be conducted within 30-days of closure of the administrative or criminal investigation, the review must be conducted when either substantiated or unsubstantiated findings are determined during the investigative phase, the proper report format for use, the mechanics of the review in terms of topics to be discussed, and processing of recommendations pursuant to 115.86(e). Minimally, the Chief (PCM), the care and custody lieutenant (PC), and IA Sgt. must complete this training.

Subsequent to completion of this training, the PC and/or PCM will upload the training plan or syllabus, as well as, documentary evidence validating that the above officials completed the training. Additionally, between the date of this interim report and April 28, 2025, the PC and/or PCM will provide the auditor with a roster of sexual abuse investigations completed, inclusive of the outcome. The auditor will randomly select investigations for review, inclusive of the sexual abuse incident review report and the PC and/or PCM will upload the same.

Subsequent to the above, the auditor will render a compliance or non-compliance finding.

In view of the above, the auditor finds YCDOC non-compliant with 115.86(e).

July 2, 2025 Update:

The auditor's review of a detailed lesson plan regarding the conduct of sexual abuse incident reviews (SAIRs) following every substantiated or unsubstantiated sexual abuse investigation and the accompanying training roster bearing the signatures and date of training for five stakeholder staff reveals substantial compliance with 115.86(a-d). Additionally, the auditor's review of six of 10 SAIR reports reveals substantial compliance with 115.86(b-e). With respect to the four SAIRs wherein discrepancies were noted, the same centered on timeliness pursuant to 115.86(b) requirements. The auditor notes that all 10 investigations were determined to be unfounded and accordingly, SAIRs were not technically required.

In view of the above, the auditor finds YCDOC substantially compliant with 115.86(a-e).

In view of completion of the above corrective action and evidence cited throughout each provision narrative, the auditor now finds YCDOC substantially compliant with 115.86.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.87(a)</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.</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 Internal Affairs (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>The auditor has not been provided evidence of any standardized instrument used to collect uniform, accurate data in accordance with 115.87(a). Accordingly, the auditor finds YCDOC non-compliant with this provision and he imposes a 180-day corrective action period wherein the PCM and/or PC will demonstrate compliance with and institutionalization of 115.87(a). The due date for completion of corrective action is April 28, 2025.</p> <p>To demonstrate compliance with and institutionalization of 115.87(a), the PCM and/or PC will develop a method to capture demographic data provided in the SSV. The data may be captured in a separate document and updated at prescribed times. The PCM and PC will upload a copy of the plan into OAS. This document will represent a "real time" strategy to assess progress with respect to PREA implementation.</p> <p>If adopted, the PCM and PC will upload a copy of the standardized instrument into OAS. The auditor recommends that the same be updated, minimally, on a monthly basis to ensure all investigations are captured, complete with any background information such as location of the alleged abuses, etc.</p> <p>In view of the above, the auditor finds YCDOC non-compliant with 115.87(a).</p>

December 19, 2024 Update:

Since the 2022 and 2023 YCDOC Annual PREA Reports have now been uploaded into OAS, the auditor's review reveals compliance with 115.87(a). Investigative data, as well as, SSV data and definitions are articulated in both reports. The auditor finds that the same meets the requirements of 115.87(a), (b), (c), and (d). With the benefit of the 2022 and 2023 YCDOC Annual PREA Reports, this data is aggregated annually.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.87(a).

115.87(b)

Pursuant to the PAQ, the Director self reports the agency aggregates the incident based sexual abuse data at least annually.

YCDOC Policy 606 entitled PREA, page 4, section 606.4(i)(b) addresses 115.87(b).

The auditor has not been provided evidence of the standardized instrument used to collect uniform, accurate data in accordance with 115.87(a-d). Accordingly, the auditor finds YCDOC non-compliant with this provision and he imposes a 180-day corrective action period wherein the PCM and/or PC will demonstrate compliance with and institutionalization of 115.87(b). The due date for completion of corrective action is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.87(b), the PCM and/or PC will develop a method to capture demographic data provided in the SSV. The data may be captured in a separate document and updated at prescribed times. The PCM and PC will upload a copy of the plan into OAS. This document will represent a "real time" strategy to assess progress with respect to PREA implementation.

If adopted, the PCM and PC will upload a copy of the standardized instrument into OAS. The auditor recommends that the same be updated, minimally, on a monthly basis to ensure all investigations are captured, complete with any necessary background information such as location of the alleged abuses, etc.

In view of the above, the auditor finds YCDOC non-compliant with 115.87(b).

December 19, 2024 Update:

Since the 2022 and 2023 YCDOC Annual PREA Reports have now been uploaded into OAS, the auditor's review reveals some compliance with 115.87(a). Investigative data, as well as, SSV data and definitions are articulated in both reports. The auditor finds that the same meets the requirements of 115.87(a), (b), (c), and (d). With the benefit of the 2022 and 2023 YCDOC Annual PREA Reports, this data is aggregated

annually.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.87(b).

115.87(c)

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.

YCDOC Policy 606 entitled PREA, page 4, section 606.4(i)(a) addresses 115.87(c).

The auditor has not been provided evidence of the standardized instrument used to collect uniform, accurate data in accordance with 115.87(a-d). Accordingly, the auditor finds YCDOC non-compliant with this provision and he imposes a 180-day corrective action period wherein the PCM and/or PC will demonstrate compliance with and institutionalization of 115.87(c). The due date for completion of corrective action is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.87(c), the PCM and/or PC will develop a method to capture demographic data provided in the SSV. The data may be captured in a separate document and updated at prescribed times. The PCM and/or PC will upload a copy of the plan into OAS. This document will represent a "real time" strategy to assess progress with respect to PREA implementation.

If adopted, the PCM and PC will upload a copy of the standardized instrument into OAS. The auditor recommends that the same be updated, minimally, on a monthly basis to ensure all investigations are captured, complete with any background information such as location of the alleged abuses, etc.

In view of the above, the auditor finds YCDOC non-compliant with 115.87(c).

December 19, 2024 Update:

Since the 2022 and 2023 YCDOC Annual PREA Reports have now been uploaded into OAS, the auditor's review reveals some compliance with 115.87(a). Investigative data, as well as, SSV data and definitions are articulated in both reports. The auditor finds that the same meets the requirements of 115.87(a), (b), (c), and (d). With the benefit of the 2022 and 2023 YCDOC Annual PREA Reports, this data is aggregated annually.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.87(c).

115.87(d)

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.

YCDOC Policy 606 entitled PREA, page 4, section 606.4(i)(a) addresses 115.87(d).

The auditor has not been provided evidence of the standardized instrument used to collect uniform, accurate data in accordance with 115.87(a-d). Accordingly, the auditor finds YCDOC non-compliant with this provision and he imposes a 180-day corrective action period wherein the PCM and/or PC will demonstrate compliance with and institutionalization of 115.87(d). The due date for completion of corrective action is April 28, 2025.

To demonstrate compliance with and institutionalization of 115.87(d), the PCM and/or PC will develop a method to capture demographic data provided in the SSV. The data may be captured in a separate document and updated at prescribed times. The PCM and/or PC will upload a copy of the plan into OAS. This document will represent a "real time" strategy to assess progress with respect to PREA implementation.

If adopted, the PCM and/or PC will upload a copy of the standardized instrument into OAS. The auditor recommends that the same be updated, minimally, on a monthly basis to ensure all investigations are captured, complete with any background information such as location of the alleged abuses, etc.

In view of the above, the auditor finds YCDOC non-compliant with 115.87(d).

December 19, 2024 Update:

Since the 2022 and 2023 YCDOC Annual PREA Reports have now been uploaded into OAS, the auditor's review reveals some compliance with 115.87(a). Investigative data, as well as, SSV data and definitions are articulated in both reports. The auditor finds that the same meets the requirements of 115.87(a), (b), (c), and (d). With the benefit of the 2022 and 2023 YCDOC Annual PREA Reports, this data is aggregated annually.

In view of the above, the auditor now finds YCDOC substantially compliant with 115.87(d).

115.87(e)

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>In view of the above, the auditor finds 115.87(e) not applicable to YCDOC.</p> <p>115.87(f)</p> <p>Pursuant to the PAQ, the Director self reports the agency did not provide the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>As the same was not requested by the United States Department of Justice (USDOJ), the auditor finds 115.87(f) not applicable to YCDOC.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.87.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.88(a)</p> <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> <p>Identifying problem areas;</p> <p>Taking corrective action on an ongoing basis; and</p> <p>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> <p>YCDOC Policy 606 entitled PREA, page 11, 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. The auditor did validate the same during the onsite visit.</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.

The PC asserts that the agency does not 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, and training. However, the PC asserts that the requisite information is maintained in a locked safe or password protected system. Furthermore, the agency would take corrective action on an ongoing basis based on this data. Finally, the PC states that agency staff have not prepared an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

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 medium. The annual PREA report must address the following as articulated in the standard:

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.

In view of the above and the fact YCDOC has not generated the requisite 115.88 annual report during 2022 and 2023, the auditor finds YCDOC non-compliant with 115.88(a) and accordingly, he is imposing a 180-day corrective action period during wherein the PC and/or PCM will demonstrate agency compliance with and institutionalization of the aforementioned 115.88(a) requirements. The auditor finds no evidence that an annual PREA report has been completed during 2022 and 2023 and accordingly, completion of those reports must be accomplished to demonstrate compliance with and institutionalization of 115.88 requirements.

Corrective action will be accomplished through articulation of Sexual Abuse Incident Review (SAIR) findings during 2022 and 2023 and recommendations implemented during that period, in the annual report, comparing the positive impact of the same on the overall sexual safety of inmates. This will provide a 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 line(s) and date(s) for both the Director and PCM, signifying his/her review and approval of the report, are included. The auditor will provide assistance and guidance with respect to generation of this 115.88 annual report. The completion date for this corrective action is April 28, 2025.

The PCM will upload a copy of the 2022 and 2023 annual reports for review prior to inclusion of the same on the YCDOC website.

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

December 19, 2024 Update:

The auditor's review of the 2022 and 2023 YCDOC Annual PREA Reports uploaded into OAS reveals some compliance with 115.87 and 115.88(a). Investigative data, as well as, SSV data is articulated in both reports. While the same is somewhat commensurate with compilation of the PREA Annual Report, there is no evidence of compliance with 115.88(b). Specifically, neither report includes a comparison of the current year's data and corrective actions with those from prior years. Additionally, there is no assessment of the agency's progress in addressing sexual abuse at YCDOC. Of note, it does not appear that the author of the report assessed findings from the Sexual Abuse Incident Reviews (SAIRs) and other source documents to identify trends and required corrective actions.

July 6, 2025 Update:

The auditor's review of a document entitled YCDOC PREA Annual Report Template reveals that a comparison of the current year's data (2022 and 2023) and corrective actions are now articulated in the document. Additionally, an assessment of the agency's progress in addressing sexual abuse at YCDOC is also included in the narrative. The author of the report assessed findings from the Sexual Abuse Incident Reviews (SAIRs) and other source documents to identify trends and required corrective actions.

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

115.88(b)

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 11, section 606.14 addresses 115.88(b).

The PC asserts that the agency does not 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, and training. However, the PC asserts that requisite information is maintained in a locked safe or password protected system. Furthermore, the agency would take corrective action on an ongoing basis based on these data. Finally, the PC states that the agency does not prepare an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

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 medium. The annual PREA report must address the following as articulated in the standard:

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.

In view of the above and the fact YCDOC staff have not generated the requisite 115.88 annual report during 2022 and 2023, the auditor finds YCDOC non-compliant with 115.88(b) and accordingly, he is imposing a 180-day corrective action period during wherein the PC and/or PCM will demonstrate agency compliance with and institutionalization of the aforementioned 115.88(b) requirements. The auditor finds no evidence that an Annual PREA Report has been completed during 2022 and 2023 and accordingly, completion of those reports must be accomplished to demonstrate compliance with and institutionalization of 115.88(b) requirements. The corrective action due date is April 28, 2025.

Corrective action will be accomplished through articulation of Sexual Abuse Incident Review (SAIR) findings during 2022 and 2023 and recommendations implemented during that period, in the annual report, comparing the positive impact of the same to the overall sexual safety of inmates. This will provide a 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.

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

December 19, 2024 Update:

The auditor's review of the 2022 and 2023 YCDOC Annual PREA Reports uploaded into OAS reveals some compliance with 115.87 and 115.88(a). Investigative data, as well as, SSV data is articulated in both reports. While the same is commensurate with compilation of the PREA Annual Report, compliance is not established with 115.88(b) as there is no comparison of the current year's data and corrective actions with those from prior years. Additionally, there is no assessment of the agency's progress in addressing sexual abuse at YCDOC. Of note, it does not appear that the author of the report assessed findings from the Sexual Abuse Incident Reviews (SAIRs) and other source documents to identify trends and required corrective actions.

July 6, 2025 Update:

The auditor's review of a document entitled YCDOC PREA Annual Report Template reveals that a comparison of the current year's data (2022 and 2023) and corrective actions are now articulated in the document. Additionally, an assessment of the agency's progress in addressing sexual abuse at YCDOC is also included in the narrative. The author of the report assessed findings from the Sexual Abuse Incident Reviews (SAIRs) and other source documents to identify trends and required corrective actions.

In view of completion of the above corrective action, the auditor now finds YCDOC substantially compliant with 115.88(b).

115.88(c)

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 as the same has not been generated during 2022 and 2023. The annual reports are approved by the agency head.

YCDOC Policy 606 entitled PREA, page 11, section 606.14 addresses 115.88(c).

In view of the above and the fact YCDOC staff have not generated the requisite 115.88 annual report during 2022 and 2023, the auditor finds YCDOC non-compliant with 115.88(c) and accordingly, he is imposing a 180-day corrective action period wherein the PC and/or PCM will demonstrate agency compliance with and institutionalization of the aforementioned 115.88(c) requirements. The auditor finds no evidence that an annual PREA report has been completed during 2022 and 2023 and accordingly, completion of those reports must be accomplished to demonstrate compliance with and institutionalization of 115.88(c) requirements. The corrective

action due date is April 28, 2025.

Corrective action will be accomplished through articulation of Sexual Abuse Incident Review (SAIR) findings during 2022 and 2023 and recommendations implemented during that period, in the annual report, comparing the positive impact of the same to the overall sexual safety of inmates. This will provide a 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.

The completed reports will also be signed by the Director and posted on the YCDOC website.

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

December 19, 2024 Update:

The auditor's review of the 2022 and 2023 YCDOC Annual PREA Reports uploaded into OAS on December 18, 2024 reveals some compliance with 115.87 and 115.88(a).

The aforementioned reports are signed by the YCDOC Director and the same are posted on the YCDOC website.

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

July 6, 2025 Update:

The auditor's review of a document entitled YCDOC PREA Annual Report Template reveals that a comparison of the current year's data (2022 and 2023) and corrective actions are now articulated in the document. Additionally, an assessment of the agency's progress in addressing sexual abuse at YCDOC is also included in the narrative. The author of the report assessed findings from the Sexual Abuse Incident Reviews (SAIRs) and other source documents to identify trends and required corrective actions.

In view of completion of the above corrective action, the auditor now finds YCDOC substantially compliant with 115.88(c).

115.88(d)

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 the material redacted.

YCDOC Policy 606 entitled PREA, page 11, section 606.14 addresses 115.88(d).

As reflected above throughout the narratives for 115.88(a-c), the 2022 and 2023 Annual PREA Reports were not prepared and accordingly, the auditor is unable to assess 115.88(d). Accordingly, the auditor must also find YCDOC non-compliant with 115.88(d). The auditor imposes a 180-day corrective action period wherein the PC and/or the PCM will demonstrate compliance with and institutionalization of 115.88(d).

The auditor finds no evidence that an Annual PREA Report has been completed during 2022 and 2023 and accordingly, completion of those reports must be accomplished to demonstrate compliance with and institutionalization of 115.88(d) requirements. The corrective action due date is April 28, 2025.

Corrective action will be accomplished through articulation of Sexual Abuse Incident Review (SAIR) findings during 2022 and 2023 and recommendations implemented during that period, in the annual report, comparing the positive impact of the same to the overall sexual safety of inmates. This will provide a 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.

Subsequent to completion of the above reports, the auditor will assess the same for 115.88(d) redactions.

December 19, 2024 Update:

The auditor's review of the 2022 and 2023 YCDOC Annual PREA Reports uploaded into OAS on December 18, 2024 reveals some compliance with 115.87 and 115.88(a).

There is no evidence of redactions pursuant to 115.88(d) and accordingly, the auditor now finds YCDOC substantially compliant with 115.88(d) as there is no deviation from standard.

July 6, 2025 Update:

The auditor's review of a document entitled YCDOC PREA Annual Report Template reveals that a comparison of the current year's data (2022 and 2023) and corrective actions are now articulated in the document. Additionally, an assessment of the agency's progress in addressing sexual abuse at YCDOC is also included in the narrative. The author of the report assessed findings from the Sexual Abuse Incident Reviews (SAIRs) and other source documents to identify trends and required corrective actions.

	<p>In view of completion of the above corrective action, the auditor now finds YCDOC substantially compliant with 115.88(d).</p> <p>In view of the completion of the above corrective action, the auditor now finds YCDOC substantially compliant with 115.88.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89(a)</p> <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 the IA Pro Database with hard copy(ies) maintained in the IA Sergeant's Office in a locked cabinet. Additionally, electronic copies and data are stored on a secure server, accessible only to staff who have privileges. The IA Sergeant actually provides the data.</p> <p>During the on-site visit, the auditor observed safe and secure storage of PREA information as described above.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.89(a).</p>

115.89(b)

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 is made readily available to the public at least annually through its website.

YCDOC Policy 606 entitled PREA, page 11, section 606.14 addresses 115.89(b).

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 for calendar years 2022, 2023, and part of 2024. Additionally, the PCM asserts that no one but IA, the administrative lieutenant, administrative chief and the Director have access to PREA files in IA-PRO. All files are maintained for the Washington State retention period and rules.

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 and the auditor finds YCDOC non-compliant. The auditor is imposing a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.89(b) requirements. The corrective action due date is April 28, 2025.

Similar to the corrective action identified in the narrative for 115.87(a-d), 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. 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.

The auditor will work with the PC and/or 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.

In view of the above, the auditor finds YCDOC non-compliant with 115.89(b).

December 19, 2024 Update:

Since the 2022 and 2023 YCDOC Annual PREA Reports have now been uploaded into OAS, the auditor's review reveals compliance with 115.89(b). Investigative data, as well as, SSV data and definitions are articulated in both reports. The auditor finds that the same meets the requirements of 115.89(b). With the benefit of the 2022 and

2023 YCDOC Annual PREA Reports, this data is aggregated annually, securely stored as reflected above, and available to the public via the YCDOC website.

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

115.89(c)

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.

YCDOC Policy 606 entitled PREA, pages 11 and 12, sections 606.14 and 606.15 address 115.89(c).

Pursuant to the auditor's research, he has not discovered any evidence of the aforementioned policy compliance as aggregated sexual abuse data is not maintained on the YCDOC website for calendar years 2022, 2023, and part of 2024. Additionally, the PCM asserts that no one but IA, the administrative lieutenant, administrative chief and the Director have access to PREA files in IA-PRO. All files are maintained for the Washington State retention period and rules.

The auditor finds YCDOC non-compliant with 115.89(c) as evidence does not substantiate removal of all personal identifiers prior to making aggregated sexual abuse data publicly available. Since the auditor has not been provided evidence related to 115.87(a) data, he cannot make a determination regarding 115.89(c) compliance. Accordingly, 115.89(c) transparency is not available in accordance with the provision and the auditor finds YCDOC non-compliant. The auditor is imposing a 180-day corrective action period wherein the PC and/or PCM will demonstrate compliance with and institutionalization of 115.89(c) requirements. The corrective action due date is April 28, 2025.

Similar to the corrective action identified in the narrative for 115.87(a-d), 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. Going forward, the PCM will ensure this document is updated annually, reflective of current year data.

Subsequent to development of a format for reporting incident based and annually aggregated data for placement on the YCDOC website, the auditor will be able to assess whether personal identifiers have been removed from the document or format posted on the YCDOC website. Given the evidence cited above, such assessment cannot be accomplished at this point.

The PC and/or PCM will ensure compliance with 115.89(c) as personal identifiers will

	<p>be removed from the document(s). Additionally, the agency will 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>In view of the above, the auditor finds YCDOC non-compliant with 115.89(c).</p> <p>December 19, 2024 Update:</p> <p>Since the 2022 and 2023 YCDOC Annual PREA Reports have now been uploaded into OAS, the auditor's review reveals compliance with 115.87(a) and 115.89(c). Investigative data, as well as, SSV data and definitions are articulated in both reports. The auditor finds that the same meets the requirements of 115.89(a).</p> <p>The auditor finds no evidence of 115.89(c) redaction(s) within the 2022 and 2023 YCDOC Annual PREA Reports.</p> <p>In view of the above, the auditor now finds YCDOC substantially compliant with 115.89(c).</p> <p>115.89(d)</p> <p>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.</p> <p>YCDOC Policy 606 entitled PREA, page 12, sections 606.15 addresses 115.89(d).</p> <p>The auditor has identified zero deviations from either standard or policy during the on-site visit. Accordingly, the auditor finds YCDOC substantially compliant with 115.89(d).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.89.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.401(a)</p> <p>The auditor notes that he facilitated the last PREA Audit at YCDOC with the last Final</p>

Report issued on April 26, 2022. Clearly, YCDOC is substantially compliant with 115.401(a) as the Main Jail and the Annex function as one facility and accordingly, both were audited within the last three years.

In view of the above, the auditor finds YCDOC substantially compliant with 115.401(a).

115.401(b)

The auditor notes that he facilitated the last PREA Audit at YCDOC with the last Final Report issued on April 26, 2022. Clearly, YCDOC is substantially compliant with 115.401(a) as the Main Jail and the Annex function as one facility and accordingly, both were audited within the last three years.

In view of the above, the auditor finds YCDOC substantially compliant with 115.401(b).

115.401(h)

During the onsite visit, the auditor did have access to all areas and he was able to observe all areas of the facility, inclusive of areas found in non-compliance during the last PREA Audit. This included access to offices, mechanical and electrical closets, supply closets, staff and inmate bathrooms, to name a few.

In view of the above, the auditor finds YCDOC substantially compliant with 115.401(h).

115.401(i)

During all phases of the audit, the auditor was able to access copies of any relevant documents as displayed in OAS. This included policies, operational memorandums, completed documents, etc. During the onsite visit, the auditor also identified additional documentary needs and the PC uploaded the same into OAS. The same holds true during the post-audit phase.

The auditor notes that documentation has been requested and provided, if available, until the date of this interim report.

In view of the above, the auditor finds YCDOC substantially compliant with 115.401(i).

115.401(m)

All inmate interviews were conducted in the privacy of conference rooms and staff

	<p>offices. As the auditor randomly interviewed staff and inmates during the facility tour, non-involved staff stepped away from the conversation.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.401(m).</p> <p>115.401(n)</p> <p>***The auditor's onsite observation of the plentiful Audit Notices clearly reveals that inmates were advised of the method to correspond with him. Inmates can mark the envelope confidential.</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.401(n).</p> <p>Based on the lack of findings as noted above, the auditor finds YCDOC substantially compliant with 115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403(f)</p> <p>The auditor's review of the YCDOC website reveals that the 2018 and 2021 Final PREA Audit reports are posted on the same. Clearly, YCDOC is substantially compliant with 115.403(f).</p> <p>In view of the above, the auditor finds YCDOC substantially compliant with 115.403.</p>

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
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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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
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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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.)	yes
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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.)	yes
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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
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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	na
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	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.)	
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	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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	yes

	facility does not have female inmates.)	
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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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	yes

	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?	
	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?	yes
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	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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	yes

	suspicious 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.)	
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	yes

	screening instrument?	
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)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
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	yes

	present management or security problems?	
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 decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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 decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
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	yes

	anonymous upon request?	
	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	yes

	this standard.)	
	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,	yes

	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.)	
	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	yes

	abuse or sexual harassment or retaliation?	
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	yes

	response to an incident of sexual abuse?	
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	yes

	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?	
	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	yes

	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).)	
	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	yes

	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?	
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	yes

	evidence sufficient to substantiate the allegation?	
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	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
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.)	na
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	yes

	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?	
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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>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.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>