

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report December 6, 2018

Auditor Information

Name: Deborah Striplin	Email: dstriplin@doc.nv.gov
Company Name: Nevada Department of Corrections	
Mailing Address: P.O. Box 7011	City, State, Zip: Carson City, NV 89702
Telephone: 775-887-3142	Date of Facility Visit: November 5, 2018

Agency Information

Name of Agency: Washington Department of Corrections	Governing Authority or Parent Agency (If Applicable): State of Washington, Office of the Governor		
Physical Address: 7345 Linderson Way, SE	City, State, Zip: Tumwater, WA 98511		
Mailing Address: P.O. Box 41100	City, State, Zip: Olympia, WA 98504-1100		
Telephone: 360-725-8213	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Working Together For Safe Communities			
Agency Website with PREA Information: https://www.doc.wa.gov/			

Agency Chief Executive Officer

Name: Stephen Sinclair	Title: Secretary
Email: sdsinclair@doc1.wa.gov	Telephone: 360-725-8810

Agency-Wide PREA Coordinator

Name: Beth Schubach	Title: Agency PREA Coordinator
Email: blschubach1@doc1.wa.gov	Telephone: 360-725-8789

PREA Coordinator Reports to: Deputy Director of Prisons Command A	Number of Compliance Managers who report to the PREA Coordinator 0
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Facility Information

Name of Facility: Bellingham Work Training Release

Physical Address: 1125-1127 N. Garden St. Bellingham, WA 98225

Mailing Address (if different than above): Click or tap here to enter text.

Telephone Number: 360-676-2150

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

Facility Mission: Developing people of integrity by assisting them to establish a clean and sober crime-free lifestyle. We recognize people have the need and ability to grow and change and support their endeavors with respect, encouragement and confidence.

Facility Website with PREA Information: <http://www.doc.wa.gov/corrections/prea/resources.htm/corrections/prea>

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Vicky Neufeld	Title: Community Corrections Supervisor
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Email: Vicky.neufeld.doc.wa.gov	Telephone: 360-676-2150 ext. 1
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Facility PREA Compliance Manager

Name: Vicky Neufeld	Title: Community Corrections Supervisor
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Email: Vicky.neufeld.doc.wa.gov	Telephone: 360-676-2150 ext. 1
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Facility Health Service Administrator

Name: N/A	Title:
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Email:	Telephone:
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Facility Characteristics

Designated Facility Capacity: 45		Current Population of Facility: 43	
Number of residents admitted to facility during the past 12 months			79
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			73
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			79
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 19 - 75	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
Average length of stay or time under supervision:			4.8 months
Facility Security Level:			Minimum MI1
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			25
Number of staff hired by the facility during the past 12 months who may have contact with residents:			7
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			2
Physical Plant			
Number of Buildings: 2		Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:		21	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Facility provided auditor with information of the institution camera locations to include workstations that allow viewing and retention.			
Medical			
Type of Medical Facility: N/A			
Forensic sexual assault medical exams are conducted at:		St. Joseph Hospital, Bellingham, WA	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			2
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			723

Audit Findings

Audit Narrative

Deborah Striplin, Nevada Department of Corrections and Department of Justice certified PREA auditor for adult facilities was lead auditor to conduct the Prison Rape Elimination Act (PREA) audit for Washington State Department of Corrections (WADOC), Bellingham Work Training Release as part of the Western States Consortium. In preparation to conduct audits, this auditor researched the National PREA Resource Center to determine if audit report forms had been revised. The "New adult P&J Auditor Report Template" was revised 5-2018 and downloaded for this report.

Communication with WADOC agency PREA Coordinator began March 2018 with more frequent communication beginning June 2018 for the upcoming audit of the Bellingham Work Training Release (BWTR). The Memorandum of Understanding (MOU) and Statement of Work (SOW) between Nevada Department of Corrections and Washington Department of Corrections were signed by executive staff from both agencies June, 2018.

The Bellingham Work Training Release is co-ed facility operated by Washington Department of Corrections and has a contract with Community Work Training Association to operate the Bellingham Work Training Release (BWTR) facility located at 1125 and 1127 N. Garden St., Bellingham, WA 98225. Contract staff work 8 hour shifts, 7 days a week with 2 staff working per shift. Graveyard begins at 12:00 a.m. ending at 8:00 a.m., day shift begins at 8:00 a.m. ending at 4:00 p.m. and swing shift begins at 4:00 p.m. ending at 12:00 a.m.

Friday, August 10, 2018 auditor reviewed Washington State Department of Corrections website, www.doc.wa.gov PREA page and sent a "test" report sexual misconduct and called the hot line. Message was left providing my name, reason for call and return phone number. Monday, August 13, 2018 this auditor received a return call from WADOC staff member.

Wednesday, September 5, 2018 this auditor received an email notification from PREA Agency Coordinator that the PREA audit notifications had been posted and included pictures of the audit notification posted in multiple areas around the facility. Wednesday, September 12, 2018 this auditor received the password protected BWTR flash drive from the agency PREA Coordinator. Auditor reviewed flash drive which included the PREA pre-audit questionnaire (PAQ), PREA policies and supporting documentation for each standard. Pictures of audit notifications were also included with a date stamp of Tuesday, September 4, 2018. During the pre-audit time frame, this auditor did not receive any correspondence from residents or staff.

Friday, September 14, 2018 this auditor conducted telephonic specialized interview with WADOC agency head utilizing the PREA interview guide questions. Secretary Sinclair has worked for WADOC for 30 years working his way through the ranks starting out as an Officer at the Washington State Penitentiary and appointed as the WADOC Secretary April 2017. Secretary Sinclair is very engaged and committed to the sexual safety of offenders during their incarceration.

Monday, September 24, 2018 specialized interview with Agency Contract Administrator was conducted via teleconference.

Wednesday, October 31, 2018 auditor conducted a pre-onsite tele-conference with WADOC Work Release Administrator, BWTR Community Corrections Supervisor (CCS), Work Release Oversight Administrator and agency PREA coordinator. This conference was an informal introduction for upcoming on-site audit. On-site audit schedule was emailed to the agency PREA coordinator and PCM on Wednesday, October 31, 2018.

Wednesday, October 31, 2018 this auditor contacted St. Joseph's Hospital for the targeted interview with a Sexual Assault Nurse Examiner (SANE). The emergency room nurse stated that certified SANE are on-call and that they would conduct sexual assault forensic exams (SAFEs). The emergency room referred me to the Domestic Violence and Sexual Assault Services of Whatcom County who is the community advocate. This auditor contacted the community advocate for telephonic interview to ascertain additional information on services provided for residents. During the call the advocate stated that all SAFEs are completed by one of the twelve on call certified sexual assault nurse examiners at St. Joseph's Hospital. The advocate stated that the Domestic Violence and Sexual Assault Services have a great working relationship with BWTR staff and they have toured the facility on multiple occasions. The advocated stated that they have conducted some support group sessions with the female residents at BWR and they can come to support groups at the center. Currently they do not have support groups for male residents at BWR but they are able to attend group sessions at the center.

On-site audit review

Monday, November 5, 2018 – 6:45 a.m.

The Nevada PREA audit team Deborah Striplin, DOJ certified PREA auditor (lead auditor), Kimberely McCoy (support staff), James Jones (support staff) and Ron Hannah (support staff) from the Nevada Department of Corrections arrived at the BWTR. Audit team met with the Community Corrections Supervisor who escorted the audit team to the conference room. Audit team arrived on-site early to conduct 1st shift (graveyard) random staff interviews and interview some of the residents before they departed for work. At 8:30 a.m. the audit team met with staff for the on-site meet and greet with the PREA agency coordinator, Work Release Oversight Administrator, Community Corrections Supervisor (CCS)/PREA compliance manager (PCM), secretary senior, contract Director, assistant contract Director for the Community Work Training Association (CWTA) and both the Community Corrections Officers (CCO).

Audit team began facility tour at 0900 and was escorted by the CCS and Contract Program Director. During the tour the team paid close attention to the placement and coverage of surveillance cameras, PREA posters (English/Spanish), victim advocacy posters (English/Spanish), audit notifications and possible blind spots.

Building 1125 is a newly constructed 3 story building with a basement. This facility has the capacity to house 16 male and 8 female residents. The building was originally designed and constructed for college student housing and was later leased to WADOC. Each floor can only be accessed by staff using a master key or a resident who is assigned to that floor. The building has video surveillance in stairwells, all level hallways and common areas. PREA posters are located by the phones and auditor tested the PREA reporting line from an inmate phone. On the date of on-site audit Bldg. 1125 housed 6 female and 14 male residents.

Main floor: Staff offices, ADA resident room (not occupied at time of audit), rest rooms, laundry room and officers station. PREA response kit was located in the staff copy room close to the officer's station.

2nd and 3rd floor is designated for male residents. Each floor has 4 bedrooms with 2 residents per room.

Basement is designated for female residents and has 4 bedrooms with 2 residents per room.

Bldg. 1127 is a 3 story building with a basement 112 year old Victorian house that can house up to 21 male residents. The building has video surveillance on all levels and common areas. PREA posters are located by the phones and auditor tested the PREA reporting line from an inmate phone. On the date of on-site audit Bldg. 1127 housed 21 male residents.

Main floor: Officers station, living room, dining area, kitchen and some staff offices. During tour of the kitchen and storage area the audit team observed some blind spots. Auditor discussed with Agency PREA coordinator, Work Release Oversight Administrator and CCS to have a mirror placed in a location within these areas that would staff walking by to view the stove and corner cooler area.

2nd floor: CCO office and residents rooms. The CCO office had an area that by design of the house created a blind spot. Auditor requested that the staff desk be repositioned and a mirror placed in a location that staff looking in from the door could view the blind spot in the corner of the room.

3rd floor: Resident rooms

Basement: resident rooms.

Staff interviews

Random staff interviews completed:

BWTR contract Program Monitors work 8hr shifts, 2 staff per shift.

5 Program Officers were interviewed:

(2) from 1st shift (graveyard), (1) from 2nd shift (days) and (1) from 3rd shift (swing)

Specialized:

Some of the required agency level specialized interviews were completed during the Washington State Penitentiary (WSP) audit. This auditor was also lead auditor for WSP PREA audit conducted during this audit cycle.

CCS was interviewed for multiple specialized questions:

Facility Head

PREA compliance manager

Staff who monitor retaliation

Incident review team

Investigations

Staff who perform screening: Total of 2 - (1) CCO from Bldg. 1127 and (1) CCO from Bldg. 1125

Intake staff: Community Work Training Release Assistant Director

Security and Non – Security first responders: None

Contractor: Community Work Training Release Assistant Director

Human Resources: (2) specialized interviews completed

On-site -Community Work Training Release Program Director for contract staff

Monday, November 19, 2018 telephonic interview was conducted with the WADOC Human Resources staff member for agency staff who is assigned to BWTR.

BWTR does not have any volunteers

Resident interviews: Resident population during on-site visit was 45. Auditor handbook reflects 10 residents, 5 random and 5 specialized is required for community confinement facilities under 50 residents.

Random interviews:

Total of 6 random residents interviewed were completed

Specialized interviews:

BWTR did not have any disabled or limited English speaking residents at the time of on-site audit. Auditor added the (1) required interview to the random resident interviews.

LGBTI: (1) One resident who identified as gay was interviewed utilizing the specialized and random DOJ interview guide. The resident stated that she has not had any issues and is not treated differently from other residents. She further stated during the interview that she knows how to report PREA allegations using the phone line or reporting to staff.

DOJ interviews for resident who disclosed sexual abuse during intake screening:

Three residents were interviewed who reported sexual abuse during intake screening. All residents had reported prior sexual victimization not occurring in a confinement setting and stated that they were offered mental health during intake and declined services.

On-site audit was completed at 2:00 p.m. Lead auditor interviewed swing shift staff via teleconference at 2:30 p.m.

Post-audit:

Following the on-site portion of the audit, the lead auditor gathered information from on-site audit, additional review of pre audit documentation and feedback from the team members. BWTR was able to make the physical plant corrections noted in the narrative and summary of audit findings prior to the 45 day requirement for an interim report. Auditor received and email and photographs which were sufficient in providing this auditor proof that action was taken.

During the 45 day time frame this auditor was in communication with the agency PREA coordinator and CCS who provided additional documentation and photographs of physical plant areas. This auditor reviewed each standard, documents provided pre and post on-site audit and information received from interviews to determine compliance of each standard.

The final report was provided to agency PREA coordinator on Tuesday, December 4, 2018.

Facility Characteristics

Bellingham Work Training Release (BWTR) originally started as the Resident Release Project Perfect in affiliation with Western Washington University, Bellingham Technical College, Whatcom Community College and the Department of Health and Social Services (DSHS). After a serious incident involving a resident, the university and colleges disbanded the program and a group of interested community members formed a non-profit organization, Community Work Training Association (CWTA). CWTA received a contract with DSHS to provide for the care, supervision, and maintenance of work releases in September 1976. The State of Washington, Department of Corrections and CWTA have been partners since that time.

Forty-five residents are housed in two buildings at 1125 and 1127 N. Garden Street.

Building 1127 is the original facility which has been used since 1981 and is a three story 112 year old Victorian House. This is a male facility with capacity for 21 residents. The main floor has offices, a living room a kitchen and dining room which service's both facilities. The second floor has two staff offices and two resident bedrooms. The third floor and basement have resident bedrooms. There is a laundry room/weight room in the basement.

The new building at 1125 N. Garden Street was completed and available for occupancy in March, 2017. This building is able to accommodate 24 residents and includes an ADA compliant resident room. The 2nd and 3rd floor each have 4 bedrooms that accommodate 2 residents per room. This building houses 16 male and 8 female residents. The female residents are located in the basement and the male residents are on the second and third floors. The main floor houses one ADA bedroom, common area and bathroom, three staff offices, a staff kitchen, a staff office supply/copy room, and a main door reception/check in area.

DOC and CWTA work together to assist in transitioning residents back into the community while maintaining public safety. Our goals are to:

- provide control and interventions consistent with the resident's risk to reoffend and the conditions imposed by the court
- hold residents accountable for harm done to victims and the community
- based upon research and best practices, utilize local resources and refer to community programs in an effort to impact factors related to criminal behavior
- assist in the transition of offenders into the community by promoting a good work ethic, reunification with families, and practicing healthy thinking and behaviors
- provide a safe, secure, and healthy environment
- encourage positive interaction with the community as we strive to promote public safety, Community protection and public understanding.
- recruit and retain diverse, professional staff who encourage and model positive community values
- manage resources efficiently.

Summary of Audit Findings

The on-site portion of the audit went extremely well. All staff were very helpful, respectful and responsive to the audit team. The audit team thanks the Community Corrections Supervisor for coming into work prior to regular working hours to allow the team to conduct interviews with 1st shift contract staff who were getting off work and with one resident who required specialized interview prior to departing for work. BTWR has been working hard at maintaining compliance with only a few physical plant areas that needed to be addressed.

Some of the positives observed by the audit team included:

- The facility appears to be very well maintained.
- Posters and audit notifications were prominently displayed in high traffic areas.

Number of Standards Exceeded: 2

115.273, 115.286

Number of Standards Met: 39

115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.276, 115.277, 115.278, 115.282, 115.283, 115.287, 115.288, 115.289, 115.401, 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.213: Bldg. 1127

BWTR had some minor corrective action required for physical plant blind spots. BWTR was able to correct these during the 45 day interim/final report date. The areas of concern were observed in the following locations:

Main floor: Officers station, living room, dining area, kitchen and some staff offices. During tour of the kitchen and storage area the audit team observed some blind spots. Auditor discussed with Agency PREA coordinator, Work Release Oversight Administrator and CCS to have a mirror placed in a location within these areas that would staff walking by to view the stove and corner cooler area.

2nd floor: CCO office and residents rooms. The CCO office had an area that by design of the house created a blind spot. Auditor requested that the staff desk be repositioned and a mirror placed in a location that staff looking in from the door could view the blind spot in the corner of the room.

Friday, November 30, 2018 this auditor received an email which included photographs of the mirrors placed within these areas. The photos had staff members in the area of the blinds spots to support that the placement of the mirror allowed staff to view and see into these areas.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

490.850 Prison Rape Elimination Act (PREA) Response (8/2/18)

490.860 Prison Rape Elimination Act (PREA) Investigations (6/1/18)

Additional supporting documentation provided:

Policy 490.800 Zero Tolerance statement reads: The Department recognizes the right of offenders to be free from sexual misconduct. The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate. The Department does not recognize consensual sexual contact between staff and offenders as a defense against allegations of sexual misconduct. The Department recognizes the right of staff and offenders to be free from retaliation for reporting sexual misconduct. The Department has zero tolerance for all forms of retaliation against any person because of his/her involvement in the reporting or investigation of a complaint. Retaliation may be subject to corrective/disciplinary action.

Policy 490.800 outlines the agency PREA coordinator responsibilities. Compliance was further supported after conducting PREA coordinator specialized interview and in reviewing the agency PREA coordinator position description.

Tuesday, September 18, 2018 targeted interview with the PREA Coordinator who stated that she works Monday through Thursday, 10 hours each day (4, 10's), and indicated that she has time to manage her PREA responsibilities. Auditor was provided a copy of the organizational chart supporting the upper level authority and her ability to coordinate and have oversight of the agencies commitment to sexual safety and compliance with PREA standards. The agency coordinator does not supervise the facility PREA compliance managers; however, she works closely with and chairs the agency PREA advisory council. The agency PREA advisory council consists of 30 members with representative staff from every facility, to include but not limited to; agency PREA coordinator, facility PREA compliance managers, mental health, and investigators. She has consistent communication with committee members via phone, emails and in person. In addition the committee members meet every other month as a group.

Policy 490.800 outlines facility PREA compliance manager (PCM) responsibilities. Auditor was provided a copy of the facility organizational chart supporting the level of authority, which was further supported during the PCM specialized interview during on-site visit. Facility PCM has worked for WADOC for 20 years and has been the PCM for four and a half (4 1/2) years and stated that she has sufficient time and authority to coordinate the facilities efforts for PREA and offender sexual safety within the facility.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies

or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policy related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

Additional supporting documentation provided:

Copy of contract page Article V – PREA – sexual misconduct
Memo from agency head
DOJ FAQ clarification regarding community confinement settings

RCW 72.01.410 – Children under eighteen convicted of crime amounting to felony-placement.

490.800 read in part: Contracted Confinement of Offenders. Any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance. The Department will not enter into contracts with facilities that fail to comply with PREA standards, except in emergent situations. The Department will document all attempts to find an alternate facility that meets PREA standards.

Monday, September 24, 2018 this auditor conducted telephonic interview with the agency contracts administrator who stated that PREA requirements are contained within contract templates. The contracts administrator stated that she does not monitor the contractors for the compliance and her Division is only responsible to ensure that the PREA requirements are contained within the documents. She reported that the Agency PREA Coordinator is responsible for the monitoring the contracted agency for compliance. Auditor reviewed agency PREA coordinator position description task 15 which reads: Monitoring of compliance of public and private entities contracted with, to house offenders (e.g. jails, in-patient chemical dependency treatment providers, private correctional agencies, interstate compacts, etc.) and oversight of identified corrective action within established timeframes. WADOC currently has contracts with the following public and private agencies for the housing of offenders under its jurisdiction:

Community Work Training Association contract K11856 – Bellingham Work Release. Contract period commenced July 1, 2018 and will continue through June 30, 2019.

American Behavior Health Systems for housing offenders in residential treatment (community confinement centers)

K8254. Agreement commenced July 1, 2009 and has been amended several times extending the contract end date. Currently the contract is in effect through June 30, 2019.

Rehabilitation Administration for housing youthful offenders – State of Washington Department of Corrections and Department of Social and Health Services Inter-Agency Agreement

K10491: This agreement was signed between agencies December 2015 and does not have an end date, agreement is open ended.

Yakima County Jail for housing of over flow female offenders

K10470: Agreement commenced February 12, 2014 and has been amended several times extending the contract end date. Currently the contract is in effect through December 31, 2018.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No

- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- 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.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

110.110 Work Release Management Expectations (8/1/14)
110.100 Prison Management Expectations (6/8/18)
300.500 Work Release Screening (10/10)
400.200 Post Orders/Operations Manuals and Post Logs (10/17/11)
400.210 Custody Roster Management (5/15/15)
420.370 Security Inspections (10/16/13)
490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

Additional supporting documentation provided:

The Washington Federation of State Employees and the Department of Corrections-Office of Correctional Operations Statewide Union/Management Meeting Minutes (5/31/2002)
BWRT Organizational Chart
Contract K8581
2017-2019 Biennial Budget Requests – Facility Maintenance Costs
Staffing memo from Work Release Administrator dated 8/6/18

Auditor triangulated information in determining compliance with this standard. During facility tour there were some minor blind spots concerns and areas where staff and offenders could be isolated. While these are minor physical plant issues auditor requested some action be taken which is noted in the narrative and summary of corrective action of this report.

Specialized interview with Community Corrections Supervisor (CCS) /PREA compliance manager (PCM) was completed on site who stated that staffing plans are reviewed annually by the Work Release Administrator which includes but is not limited:

The offender population including the number of offenders and that it is a co-ed facility;
The physical size of each work release building;
Reviewing prior staffing plans and;
Regularly reviewing statistics related to critical incidents, including sexual abuse, sexual assault and harassment investigations.

DOC 490.800 states in part: Staffing Plans

Each Superintendent and Work Release Community Corrections Supervisor (CCS) will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model. Reviews will document consultation with the PREA Coordinator, who will be provided with a copy of the completed PREA Compliant Staffing Plan.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- 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 No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.215 (f)

- 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 No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

420.310 Searches of Offenders (1/1/14)
420.312 Body Cavity Search (10/27/14)
420.325 Searches and Contraband for Work Release (4/20/15)
320.265 Close Observation Areas (4/28/17)
490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting
490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

Auditor triangulated information in determining compliance with this standard. After reviewing agency policy, on-site facility tour, interviews with staff and residents the facility meets full compliance with this standard.

BWTR does not have more than 50 residents; however it is policy that regardless of population residents are pat searched by staff that is the same gender as the resident. BWTR residents are subject to electronic search or pat search. In the event that BWTR does not have same gender staff as gender of the resident a call will be placed to request a staff member from a Community Corrections field office who will come to assist in the pat search. After standard business hours, weekends and holidays, either the contract Program Assistant Director or Director will be called in for assistance, depending on the need.

In an event where there is reasonable suspicion that the offender is concealing contraband that warrants a strip search the resident will be transported to a local jail or prison for the search to be conducted.

During on-site facility tour a cross gender announcement was completed on each floor for the staff that is opposite gender of residents residing in those areas. Interviews with staff and offenders all stated that cross gender announcements are completed further confirming compliance with this standard.

On-site interviews of staff and residents confirmed compliance with the policy. All staff interviewed on-site and one who was interviewed via telephone stated that they do not conduct pat searches of residents who are not the same gender. Residents also stated that they are not pat searched by staff of opposite gender and that they never conduct strip searches of the residents.

At the time of the on-site audit BWTR did not have any Transgender residents however, all staff confirmed knowledge of how a pat search of a Transgender resident is a respectful manner.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

310.000 Orientation for Offenders (8/27/12)
450.500 Language Services for Limited English Proficient (LEP) Offenders (1/14/13)
490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)
690.400 Offenders with Disabilities (4/25/17)

Additional supporting documentation.

Memos from the CCS
Work Release informational brochure in Spanish
Low Comprehension brochure
DOC sign language Contract Interpreters log (7/7/18)
PREA brochure in Spanish
Offender Language Services memo/how to use
WADOC Position Description Corrections Specialist (CS) (Deaf Services Coordinator)

Interpreter service contracts:

Contract Summary – Washington State Department of Enterprise Services for Interpreter Services for in-person interpretation:

Contract # 03514 current start date 7/1/17 with a final term date of 6/30/2023

Contract Summary – Washington State Department of Enterprise Services for telephone based interpreter services:

Contract # 05614 current start date 3/5/17 with a final term date of 6/30/2020

Sign Language contracts:

K8652 – WADOC with Michelle Mile, commencement date 9/1/2010 extension expiration date 8/31/18.
K10329 – WADOC with Lynn Chun, commencement date 7/1/2013 extension expiration date 9/30/19.
K10357 – WADOC with Courtney Coddington, commencement date 8/1/2013 extension expiration date 7/31/20.
K10831 – WADOC with Andrew Gault, commencement date 4/20/15 extension expiration date 6/30/19.
K11255 – WADOC with Sarah Pettigrew, commencement date 6/25/18 extension expiration date 6/30/20.
K11283 – WADOC with Echo Zard, commencement date 9/1/16 extension expiration date 8/31/18.
K11309 – WADOC with Catherine Roy, commencement date 10/1/16 extension expiration date 9/30/18.
K11310 – WADOC with Luanne Conner, commencement 10/1/16 extension expiration date 9/30/18.
K11255 – WADOC with Elizabeth Baxter, dba Beth Dexter Interpreting Service, commencement date 1/1/17 extension expiration date 12/31/18.
K11511 – WADOC with Dawn Trouve, commencement date 4/17/17 extension expiration date 4/16/19.
K11734 – WADOC with Donna Walker, commencement date 3/1/18 extension expiration date 2/28/20.

K11255 – WADOC with Lanae Sanchez, commencement date 3/1/18 extension expiration date 2/28/20.

K11747 – WADOC with Lucinda Marie Porter, dba Cindy Porter, commencement date 4/1/18 extension expiration date 3/31/20.

K11760 – WADOC with David Morrison, commencement date 4/25/18 extension expiration date 4/24/20.

K11783 – WADOC with Melissa Klindlworth Sole Proprietor, commencement date 6/1/18 extension expiration date 5/31/20.

BWTR did not have any offenders who were deaf, limited hearing, blind or limited sight during on-site audit.

DOC 310.000 reads: When a literacy or language problem exists, staff will assist the offender in understanding the material per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. Spanish speaking offenders will attend a Spanish version of the orientation program. The Spanish orientation will notify offenders of the Spanish translated materials and services that are available. Each facility will develop processes for non-Spanish speaking Limited English Proficiency offenders, including those requiring sign language interpretation, to receive orientation in a language they understand per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders.

DOC 490.800 III Offender Accommodations reads: Professional interpreter or translation services, including sign language, are available to assist offenders in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes. Staff interpreters/translators will only be used for these purposes in exigent circumstances. Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Offenders with Disabilities.

DOC 310.000 reads: When a literacy or language problem exists, staff will assist the offender in understanding the material per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. Spanish speaking offenders will attend a Spanish version of the orientation program. The Spanish orientation will notify offenders of the Spanish translated materials and services that are available. Each facility will develop processes for non-Spanish speaking Limited English. Proficiency offenders, including those requiring sign language interpretation, to receive orientation in a language they understand per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the

community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider 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 residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)
400.320 Terrorism Activity (9/12/11)
800.005 Personnel Files (11/1/13)
810.015 Criminal Record Disclosure and Fingerprinting (11/1/17)
810.800 Recruitment, Selection and Promotion (11/1/17)

Additional supporting documentation
Memos from CCS

Roster of staff hired or promoted during audit time frame
Copy of DOC 03-502 Sexual Misconduct Disclosure
Copy of contract shell for agency and individual service providers
Copy of spreadsheet for all WSP based contractors
Copy of spreadsheet for all contracted sign language of interpreters
Examples of DOC 03-506, Sexual Misconduct and Institutional Employment / Service Disclosure forms for contractors
Screen shot of PREA 101 curriculum regarding continuing affirmative duty to report

Auditor triangulated information in determining compliance with this standard. After reviewing agency policy, specialized interview with WADOC human resources staff member and reviewing supporting documentation provided prior to audit the facility meets full compliance with this standard.

Monday, November 19, 2018 telephonic interview was conducted with the WADOC Human Resources staff member for agency staff assigned to BWTR. The HR supervisor has worked 15 years for the WADOC and stated that they complete pre-hire National Crime Information Center (NCIC), Washington State Patrol Identification and Criminal History Section (WASIS) and Washington Crime Information Center (WACIC) background checks for all applicants. Additionally, applicants are required to complete the Sexual Misconduct and Institutional Employment/ Service disclosure (DOC 03-206). Applicants are not offered employment until they have cleared all background requirements. All staff that do not fall under the annual weapons qualification background requirement have a background check completed every 5 years.

Policy 490.800 reads in part: To the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who: Has engaged in sexual misconduct in a Prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S.C. 1997, Has engaged in sexual misconduct with an offender on supervision, Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or Has been civilly or administratively adjudicated to have engaged in the activity described above. The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with offenders.

(d) All BWTR contract staff also complete the same process as WADOC employees. Contract was reviewed and meets compliance with this standard.

(e) Agency exceeds in part after review of policy DOC 810.015. Agency conducts criminal background checks annually for correctional staff as part of weapons qualifications. This was further supported during interview the with facility HR staff supervisor.

WADOC contract shell reads in part: **2. Contractor Requirements** include, but are not limited to:

4. Require all personnel with access to DOC offenders under this agreement to certify the following: They have not:

- engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S.C. 1997;
- been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

- been civilly or administratively adjudicated to have engaged in the activity described above.
- 5. For each individual providing services under this contract, the contractor shall forward a completed sexual misconduct disclosure form (DOC Form #03-502) to the DOC contract manager, with a copy of the same in the individual's personnel record.
- 6. Every individual providing services under this agreement must submit to criminal background checks at least once every five years.
- 7. The contractor has an affirmative duty to report any conviction or adjudication of a violation of any of the offenses listed in #4, above.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policy related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

Additional supporting documentation
BWTR Vulnerability Report
BWTR copy of floor plans
Adjusted Budget

On-site interview was conducted with the CCS who discussed the new building 1125 and the remodel of building 1127. Residents were not housed in either facility when construction or remodeling was taking place. During the planning and design of the new construction remodel the agency and contractor too into consideration recommendations from the prior DOJ audit in 2016, recommendations in vulnerability assessments and potential areas of concern noted by staff.

In March 2017, BWR opened a new house at 1125 N. Garden St., Bellingham, WA. and is a 25 bed facility that houses 8 females, 16 men and one American with Disabilities Act (ADA) room for either gender.

House 1127 N. Garden St. Bellingham, WA, remodel was complete in September 2018. This remodel included upgrades to restrooms; bedrooms; kitchen; dining room; living room; and office space. Upgrade of cameras to digital and addition of 5 cameras to cover all stairwells and an additional camera in the living room and sidewalk between our two buildings.

Since the last Department of Justice PREA audit conducted April 21, 2016, the following Installations and/or updates to the monitoring system had been initiated:

House 1125 was equipped with a new DVR, monitor and 18 digital cameras.

House 1127 remodel they obtained a new DVR and monitor, the 9 original cameras were removed and replaced with digital cameras. Five (5) new cameras were placed in areas that previously did not have coverage.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- 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 No NA

115.221 (b)

- 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 No NA
- 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 No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes 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? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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 No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)
 490.850 Prison Rape Elimination Act (PREA) Response (8/2/18)
 600.000 Health Services Management (8/25/14)
 600.025 Health Care Copayment Program (7/14/15)
 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct (10/14/16)

Additional supporting documentation

Memos from CCS
 Bellingham Work Release Transport for Forensic Exam
 Excerpt from "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second edition, April 2013 (entire document was also provided)
 Sexual Assault Evidence Collection: Uniform Evidence Protocol Forensic Medical Exam
 Procedure for DOC Health Care Staff
 Forensic Medical Exam Procedure for Transporting Staff
 Crime Scene Containment/Preservation/Processing Checklist (DOC 16-357)
 Crime Scene Log (DOC 16-358)

Report form (DOC 05-384)
Spreadsheet for all designated advocates and hospitals for forensic exams
advocate noting offenders transported for SAFE during audit time frame.
Copy of Mutual Aid Agreement between State of Washington, Washington State Patrol and State
of Washington Department of Corrections K8487 (contract extension 7/1/17 – 6/30/20)
Copy of PREA/Crime Victims Advocate Meeting Minutes
Memo from Asst. Secretary of Health Services to All Health Services Staff
Copy of Interagency Agreement (K11494) between The State of Washington Department of
Corrections and Department of Commerce Office of Crime Victims Advocacy (current contract
valid 7/1/17 – 6/30/19)
OCVA and WADOC Sexual Assault Support and Information Line offender brochure (English
and Spanish)
Copy of In-Person Victim Advocacy Services Guide
Copy of PREA advocate qualifications

During this audit time frame BWTR did not have any reported allegations of sexual abuse.

Sexual Assault Forensic Exam (SAFE) are conducted by Sexual Assault Nurse Examiners (SANE) at
St. Joseph's in Bellingham.

Wednesday, October 31, 2018 this auditor conducted a specialized telephonic interview with the St.
Joseph's emergency room staff member who confirmed that sexual assault forensic exams are
conducted by SANEs who are on call. The staff member stated that they currently have 12 certified
SANE who can respond to conduct forensic exams. On this this same date a telephonic interview with
the Domestic Violence and Sexual Assault Services of Whatcom County victim advocate was
conducted. The advocated stated that they will respond to the emergency room for all sexual assault
forensic exams and if requested by the resident would have an advocate present during the
investigation interview.

(f) The local sheriff's office or the police department if the facility is located within city limits is the
primary investigator for criminal sexual abuse allegations. Should either of these agencies decline to
conduct a criminal investigation, the Washington State Patrol could conduct the criminal investigation at
the request of the Work Release Administrator.

The CCS stated during specialized interview that they have a great relationship with the Director and
advocates at the Domestic Violence and Sexual Assault Services and have maintained consistent
communication. The advocates have also met in person and toured both the resident houses.

Policy 490.850 address's the agency response to allegations of sexual abuse which includes but not
limited to: Aggravated Sexual Assault checklist, PREA response and containment check list and crime
scene security log.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

490.850 Prison Rape Elimination Act (PREA) Response (8/2/18)
490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation

Facility complaint log

Memo from CCS

Copy of Law Enforcement Annual Meeting between BWTR CCS and Bellingham Police Department

Copy of Mutual Aid Agreement between State of Washington, Washington State Patrol and State of Washington Department of Corrections K8487 (contract extension 7/1/17 – 6/30/20)

Screen shot of agency website Prison Rape Elimination Act

Designated facility staff members who have completed specialized training conduct administrative investigations. Criminal investigations are conducted by outside law enforcement.

Auditor triangulated information in determining compliance with this standard. After reviewing agency policy, supporting documentation provided prior to audit and specialized interview with the CCS the facility meets compliance with this standard. During interview with the CCS stated that they have a great working relationship with the Bellingham Police Department and communicate with them consistently to include having annual meetings. A copy of the annual meeting minutes was provided and supported compliance policy and interview with CCS. During this audit time frame BWTR did not have any reported allegations of sexual abuse.

Policy 490.860 I reads in part: The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. Allegations may be referred to law enforcement agencies for criminal investigation.

Policy 490.800 IV reads in part: Meeting with local law enforcement. Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials to: Review investigation requirements detailed in federal PREA standards, establish procedures for conducting criminal investigations related to PREA allegations, and establish points of contact and agree upon investigatory update procedures. Meetings with law enforcement will be documented in meeting minutes.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- 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 No

- 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 No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

Additional supporting documentation

- Memo from CCS
- Copy of staff online annual PREA training
- Copy of training transcripts
- Work Release Academy (WRA) PREA training scenarios
- PREA 101 facilitator guide
- Spreadsheet of employee PREA training completion dates

Auditor triangulated information provided by reviewing, policy, supporting documentation and random staff interviews to determine compliance with this standard.

Training curriculum was provided to the auditor for review which included staff training roster confirming substantial compliance with this standard. WADOC staff have completed PREA training staff utilizing computer based E-learning program for refresher with new staff completing the E-learning program and receiving an in class instruction during the agency academy. WADOC recently reviewed and revised their annual in-service PREA training and will be conducting an in-class scenario based instruction.

On-site random interviews with staff provided auditor the 3rd part in determining compliance. Staff stated that they complete PREA in-service E-learning training annually and have good knowledge and understanding of the training received. All staff stated how they respond to an allegation of sexual abuse, where the PREA response kite is located and who to contact should they receive an allegation of sexual abuse or imminent threat of sexual abuse.

(b) This element was marked no as WADOC exceeds this standard element as they provide training to all staff in the new academy and every year during in-service training. All staff receive training for both

genders of residents regardless of which facility they are assigned to or gender of offender that they supervise.

DOC 490.800 X. reads in part: Training Requirements reads in part: All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity. Zero tolerance for sexual misconduct and related retaliation, Preventing and detecting sexual misconduct, including: Communicating effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, and/or gender non- conforming offenders. Gender-specific issues. Examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct. Avoiding inappropriate relationships with offenders. Recognizing signs of possible/threatened sexual misconduct and staff involvement. Recognizing predatory behavior and common reactions of sexual misconduct victims. The dynamics of sexual misconduct in confinement. Reporting sexual misconduct, including: Reporting methods, Mandatory reporting for youthful offenders and offenders classified as vulnerable adults, and Disciplinary consequences for staff's failing to report. Responding to sexual misconduct, including first responder duties. Confidentiality requirements. Staff will acknowledge their understanding of the training. For online training, acknowledgment will be included in the electronic course. For in-person training, acknowledgment will be documented by signing the course roster, which will include a statement verifying participant understanding.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

530.100 Volunteer Program (11/1/17)

700.400 Class IV Off-Site Work Crew (6/1/13)

Additional supporting documentation

Memo from CCS

Copy of staff online annual PREA training

Copy of training transcripts

Copies of Sexual Misconduct and Institutional Employment/Service Disclosure (DOC 03-506)

Work Release Academy (WRA) PREA training scenarios

PREA 101 facilitator guide

Spreadsheet of employee PREA training completion dates

PREA brochure for staff, contract staff and volunteers

Auditor triangulated information provided reviewing policy, supporting documentation and specialized interviews with contractors and volunteers while on-site to determine compliance with this standard.

BWTR contract staff are trained at the same level as WADOC employee's and all contract staff who were interviewed during on-site visit stated they have had initial PREA training and complete an annual PREA in-service training. Contract staff interviewed stated that they understood that they are mandatory reporters and explained the process of how to respond if resident was to report to them that they had been sexually abused or harassed. BWTR does not have volunteers who come to the facility; as such this standard is only applicable to contractors.

Contractors who do not complete the annual refresher as required are removed from entry into the facility until they have successfully completed the training.

DOC 490.800 X reads in part: Training Requirements reads in part: All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity. Zero tolerance for sexual misconduct and related retaliation, Preventing and detecting sexual misconduct, including: Communicating effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, and/or gender non-conforming offenders. Gender-specific issues. Examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct. Avoiding inappropriate relationships with offenders. Recognizing signs of possible/threatened sexual misconduct and staff involvement. Recognizing predatory behavior and common reactions of sexual misconduct victims. The dynamics of

sexual misconduct in confinement. Reporting sexual misconduct, including: Reporting methods, Mandatory reporting for youthful offenders and offenders classified as vulnerable adults, and Disciplinary consequences for staff's failing to report. Responding to sexual misconduct, including first responder duties. Confidentiality requirements. Staff will acknowledge their understanding of the training. For online training, acknowledgment will be included in the electronic course. For in-person training, acknowledgment will be documented by signing the course roster, which will include a statement verifying participant understanding.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No

- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

310.000 Orientation for Offenders (8/27/12)

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

Additional supporting documentation

Memo from CCS

BWTR Handbook

PREA Orientation Brochure for Work Release Offenders (English/Spanish)

Random samples of work release orientation checklist

Low comprehension facilitators guide

Auditor triangulated information provided reviewing policy, supporting documentation, interviews with random and specialized offenders to determine compliance with this standard.

During on-site interviews with random and specialized residents all stated they had received PREA training when they arrived at BWTR. Offenders understood the information provided and how to report and that they had the right to be free from sexual abuse and sexual harassment. BWTR did not have any residents who were limited English, deaf, blind or had any other disabilities.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received 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 115.221(a).] Yes No NA

115.234 (b)

- 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 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- 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 115.221(a).] Yes No NA
- 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 115.221(a).] Yes No NA

115.234 (c)

- 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 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

880.100 Corrections Training and Development (10/17/11)

Additional supporting documentation

Memo from CCS

Agency spreadsheet for staff that completed PREA Workplace Investigation Training

Sample documentation of trained investigators confirming completion of training

WAC 139-05-240 outlining requirements of the basic law enforcement academy

HB 1109 Supporting Victims of Sexual Assault

Training curriculum provided:

Responding to Sexual Misconduct for Appointing Authorities

PREA Investigations Booster training

Washington State Department of Corrections Workplace and PREA Investigations Training

Auditor triangulated information provided reviewing policy, supporting documentation and specialized interviews with investigators to determine compliance with this standard.

WADOC developed specialized training curriculum for staff who may be assigned to conduct administrative PREA investigations. The CCS has completed PREA specialized training and was interviewed utilizing the DOJ investigator interview guide. CCS stated she received the specialized investigator training and PREA training required in standard 115.231. WADOC staff members are not sworn peace officers and would never use Miranda but she understands the rules under Garrity.

Additionally, WADOC developed specialized training curriculum for Appointing Authorities. Investigations are assigned by Appointing Authority to designated investigators in the facility or the Appointing Authority can request that the investigation be completed by a trained investigator from other facilities. At the completion of the investigation the Appointing Authority reviews and determines one of the three findings.

Policy 490.860 C. reads in part: Investigators will be assigned by the Appointing Authority/designee

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- 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? Yes No

- 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? Yes No
- 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? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- 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? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)
610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct (10/14/16)
880.100 Corrections Training and Development (10/17/11)

Additional supporting documentation
Memo from CCS

While the agency meets compliance with this standard, BWTR does not have medical or mental health staff on-site.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?
 Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)
 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments (6/18/18)
 490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)
 280.310 Information Technology Security (11/27/17)
 280.515 Electronic Data Classification (8/22/11)

Additional supporting documentation

Memo from CCS
 PREA risk assessment tracker (PRA)
 Sample of initial PRA's

Screen prints from Offender Management Network Information (OMNI) system
DOC 07-019 PREA risk assessment form
OMNI PREA risk assessment (PRA) assessor and reviewer user guide
PREA risk assessment (PRA) training curriculum
Memo from WADOC Deputy Secretary – Affirmatively Inquire Offender LGBTI Status
PREA check list for Work Release Facilities
OMNI PREA ACCESS/SECURITY GROUPS

Auditor triangulated information by reviewing policy, supporting documentation, specialized interviews with staff, random resident interviews and specialized resident interviews to determine compliance with this standard.

Auditor reviewed prior DOJ audit report dated May 6, 2016 and verified that BWTR was compliant with this standard at the time of the audit and was not placed into corrective action. During this audit documentation time frame BWTR has continued to maintain in meeting compliance with this standard.

Specialized interviews by audit support staff was conducted with BWTR CCO staff during on-site visit. Interviews were completed separately with the staff members in private who stated that they affirmatively inquire a residents LGBTI status and have received training on how to communicate respectfully and professionally when completing the assessments. During the on-site visit BTWR did not have any residents who had recently been received who had not already had a 72 hour assessment completed. CCO's explained the process of how the PREA risk assessments are completed to further support agency policy and compliance with this standard.

All the residents who were interviewed stated that they had been asked the PREA questions when they arrived and again within a few weeks of their arrival. BTWR did not have any residents who identified as Transgender or Intersex during on-site visit or during the 12 month audit time frame.

Policy 490.820 reads in part:

Intake PRAs: Classification Counselors and designated Work Release employees will complete a PRA within 72 hours of arrival for all offenders arriving at any Department facility. This includes offenders returning to a facility from out-to-court status. Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays

Follow-Up PRAs: A follow-up PRA will be completed between 21 and 30 calendar days after

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

300.380 Classification and Custody Facility Plan Review (3/7/18)
 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments (6/18/18)

Additional supporting documentation

Memo from CCS
 Learning Management System (LMS) for PREA risk assessment for housing assignments
 PREA risk assessment for housing assignment user guide
 OMNI PREA Risk Assessment users guide
 OMNI sample resident screen shot
 Memo from Work Release Administrator for Transgender and Intersex Incarcerated Individuals
 Housing Review Process
 Bellingham Work Training Release Operational Memorandum (DOC 490.820)

Auditor triangulated information provided reviewing policy, supporting documentation and information received during specialized staff and offender interviews to determine compliance with this standard.

BTWR did not have any residents who identified as Transgender or Intersex during on-site visit or during the 12 month audit time frame.

Specialized interviews by audit support staff was conducted with BWTR CCO staff during on-site visit. Interviews were completed separately with the staff members in private. During interviews CCO stated that prior to residents transferring to BWTR they review the transfer manifest which is prepared by the DOC transportation which provides the staff with information to determine appropriate housing, work and program assignments prior to the residents arrival.

BWTR dos not have a dedicated housing area for the assignment of only lesbian, gay, bisexual, transgender or intersex residents. This was further supported during the on-site audit facility tour and specialized interview with a resident who identifies as gay.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

450.100 Mail for Prison Offenders (12/27/17)

450.110 Mail for Work Release Offenders (11/21/15)

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

490.850 Prison Rape Elimination Act (PREA) Response (8/02/18)

Additional supporting documentation

Memo from CCS

WAC 137-020

DOC policy excerpt – definition of legal mail to include PREA coordinator

BWTR Resident Handbook

PREA Orientation for Work Release Offenders brochure (English and Spanish)

Memorandum of Understanding (MOU) with Colorado DOC for external reporting

Memorandum from agency ADA compliance manager

PREA case tracking log

Offender Complaint Log

Log for allegations received by and for Colorado DOC

Brochure for staff, contractors, and volunteers.

Auditor triangulated information provided reviewing policy, supporting documentation, reviewing the resident handbook, interviews with staff and offenders to determine compliance with this standard.

During on-site tour auditor of the facility the audit team observed PREA reporting posters (English and Spanish), OCVA (victim advocacy posters – English and Spanish) and the external report venue.

Resident interviews conducted with all stating that they know how to report PREA violations by using the PREA hot line and would feel comfortable reporting to staff. During the facility tour this auditor called the

PREA hotline using one of the resident phones in building 1125 and 1127. On the same date, Monday November 5, 2018 email confirmation that messages had been received.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident 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 No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

550.100 Offender Grievance Program (1/3/18)

Additional supporting documentation

Memo from CCS regarding handling of grievances

Memo from WADOC Secretary

Auditor triangulated information provided reviewing policy, supporting documentation and specialized interview with PCM to determine compliance with this standard.

When an offender submits an allegation through the grievance system, the grievance is forward to the PREA triage process and the offender is notified of that action via the grievance response. Offenders who submitted allegations during preparation 12 month time frame was provided for auditor review. During the audit time frame no offenders filed an emergency grievance reporting a PREA allegation.

Specialized interview with PCM further supported agency policy and compliance with this standard.

Residents stated during random and specialized interviews that they could use the grievance system.

(e) Third party grievances are accepted and will be processed as if the offender filed the grievance himself. The procedure is noted in the Offender Grievance Program Manual.

Policy 490.800 reads in part: Offender grievances, including emergency offender complaints, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual. Copies of

grievances alleging sexual misconduct will be forwarded immediately to the applicable authority per the PREA Reporting Process attached to DOC 490.850 Prison Rape Elimination Act (PREA) Response. The offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation. The PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct. If the allegation does not, the offender may refile the grievance per DOC 550.100 Offender Grievance Program.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policy related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

Additional supporting documentation

Memo from CCS

Poster and brochures regarding victim advocacy support (OCVA), English and Spanish

WCSAP brochure regarding statewide community based victim advocacy services

BWTR Resident Handbook

In person victim advocacy services guide

Documentation of meeting with local victim advocates

BWTR Victim Advocate Annual meeting minutes

Auditor triangulated information provided reviewing policy, supporting documentation and specialized interview with PCM and the Domestic Violence and Sexual Assault Services of Whatcom County Advocate.

October 31, 2018 a telephonic interview with the Domestic Violence and Sexual Assault Services of Whatcom County victim advocate was conducted. The advocated stated that they will meet with residents who are survivors of sexual abuse that occurred while incarcerated or who have a history of sexual abuse. Resigned are to come to group meetings or see and advocated for a one on one meeting.

Policy 490.800 reads in part: Community Victim Advocates

Sexual assault support services may be obtained through the Office of Crime Victims Advocacy (OCVA). Offenders may call 1-855-210-2087 toll-free Monday through Friday 8:00 a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. Abuse of the toll-free phone line will be reported to the Superintendent or the Work Release Administrator for action as needed. In-person consultations may be available to supplement phone based support for eligible offenders. Communication between the offender and the OCVA PREA Support Specialist is confidential and will not be disclosed unless the offender signs an authorization to release information.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.850 Prison Rape Elimination Act (PREA) Response (8/2/18)
350.550 Reporting Abuse and Neglect/ Mandatory Reporting (5/12/14)

Additional supporting documentation

Memo from CCS
Information for Family and Friends Brochure
Copy of WADOC public website page

Audit team observed PREA reporting information in public areas during facility tour. Auditor reviewed the agency public website which listed ways family, friends, etc. can report a PREA allegation on behalf of the offender.

Policy 490.800 reads in part: Visitors, offender family members/associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- 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 No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- 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 No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- 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 No

115.261 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.850 Prison Rape Elimination Act (PREA) Response (8/2/18)
350.550 Reporting Abuse and Neglect/Mandatory Reporting (6/18/18)

Additional supporting documentation

Memos from CCS
Staff, Contract Staff and Volunteer brochure
Offender Complaint log
RCW 74.34.020
Interagency Agreement Between The Washington State Department of Corrections and
Washington State Department of Social and Health Services (DSHS) / Adult Protective Services
(APS)

Auditor triangulated information which included reviewing agency policy(s), supporting documentation and information learned through specialized staff, random staff and contractor interviews to determine compliance with this standard.

All WADOC and contract staff interviewed knew their responsibility to report all allegations or suspicions of sexual abuse and sexual harassment. All custody staff stated that they would report immediately to the CCS and if after working hours they would contact the Appointing Authority. Staff all stated that they would not share the reported information to other staff except for those that needed to know such as an investigator.

(c) is not applicable to BWTR. Residents obtain medical and mental health services from community providers.

(d) is not applicable in part, BWTR does not house any offender under the age of 18.

Policy 490.850 reads in part: Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions.

Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process .

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance. WADOC policies are also available on the agency website <http://www.doc.wa.gov/corrections/prea/resources.htm>

490.850 Prison Rape Elimination Act (PREA) Response (8/2/18)

490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments (6/18/18)

Additional supporting documentation

Memo from CCS

Resident OMNI screen shots

Residents received tracking notating if they required a monitoring plan

Auditor triangulated information which included reviewing agency policy(s), supporting documentation and information learned through staff interviews to determine compliance with this standard.

During interviews with WADOC and contract staff they explained what they would do if they received information that a resident was at imminent risk of sexual abuse. Staff stated that they would separate the victim and abuser and report the information to the CCS and Appointing Authority. If the CCS received the report a call would be made to the Appointing Authority.

Policy 490.820 III. B. stated that immediate actions will be taken to protect the offender when it has been determined that s/he is at substantial risk of immediate sexual assault or abuse.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.850 Prison Rape Elimination Act (PREA) Response (8/2/18)

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation

Memos from CCS

List of allegations received by WSP about another facility or jurisdiction

List of allegations in which an allegation about WSP was received by another facility or jurisdiction

Random sample of documentation of notification provided

Auditor triangulated information which included reviewing agency policy(s), supporting documentation and information learned through specialized interview with Superintendent to determine compliance with this standard.

During this audit time frame BWTR did not receive any reports of allegations from other facilities or jurisdictions. Additionally they did not receive any reports from residents upon arrival of sexual abuse that alleged to have occurred in another facility or jurisdiction.

Specialized interview with the CCS who stated that if an inmate reported that they had been a victim of sexual abuse in another facility or jurisdiction she would contact the Appointing Authority who would make the notification.

Policy 490.850 reads in part: The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident: Occurred in another Department location or another jurisdiction, Involved a staff who reports through another Appointing Authority.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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 No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.850 Prison Rape Elimination Act (PREA) Response (8/2/18)

420.365 Evidence Management for Work Release (1/1/14)

420.375 Contraband and Evidence Handling (1/8/16)

Additional supporting documentation
Memo from CCS

Auditor triangulated information which included reviewing agency policy(s) and information learned through staff random and specialized interviews to determine compliance with this standard.

WADOC requires all staff to immediately report any knowledge, suspicion, or information received regarding an allegation or incident of sexual misconduct. During this audit time frame BWTR did not receive any allegation of offender on offender sexual assault or staff sexual misconduct which were reported to WADOC or contract staff.

On-site interviews with WADOC and contract staff they were all able to explain their role in response to a sexual abuse allegation. In addition to immediately contacting their supervisor, staff stated which actions they would take to keep the victim safe and separate from alleged aggressor. If the allegation was reported within a time frame where there may be usable physical evidence staff stated that they would ask that the victim not take some of the follow actions; wash hands, cleanse/take a shower, change clothes, or use toilet to help preserve evidence. The scene(s) would be secured to prevent contamination until local law enforcement arrived to process the crime scene. The CCS would initiate PREA response protocol and contact the Appointing Authority.

DOC 490.850 reads in part: For allegations of aggravated sexual assault, the Shift Commander/CCS/designee will initiate the Aggravated Sexual Assault Checklist (Attachment 1), and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation. One team will be established for Work Release, and one team will be established for community supervision.

DOC 490.850 states that Work Release facilities will maintain PREA response kits for responding to allegations of aggravated sexual assault.

During on-site audit tour with the CCS/PCM stated where the PREA response kit was located and this was confirmed during by the audit team. Interviews with staff further supported compliance when the all stated where the PREA response kit was located.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policy related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.850 Prison Rape Elimination Act (PREA) Response (8/2/18)

Additional supporting documentation

Memo from CCS

PREA response plan table of contents

Auditor triangulated information which included reviewing agency policy(s), supporting documentation and information learned through staff random and specialized interviews to determine compliance with this standard.

Reviewing DOC 490.850 the policy states that Work Release facilities will maintain PREA response kits for responding to allegations of aggravated sexual assault and will include detailed instructions for responding to allegations of sexual misconduct.

During on-site audit tour with the CCS/PCM stated where the PREA response kit was located and this was confirmed during by the audit team. Interviews with staff further supported compliance when the all stated where the PREA response kit was located.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Memo from the CCS to auditor was provided which included copies of the collective bargaining agreements between the state of Washington and Washington Federation of State Employees (WFSE).

The agreement is effective July 1, 2017 – June 30, 2019

Article 27, Discipline – auditor reviewed this section and determined that the agreement meets compliance with this standard.

The Washington State Department of Corrections is an interest only arbitration system. This process has no impact on the agency’s ability to remove an alleged staff abuser from contact with any offender during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- 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 No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policy related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation
Memo from CCS

Auditor triangulated information which included reviewing agency policy(s) and specialized interview with CCS/PCM to determine compliance with this standard.

BWTR CCS/PCM is responsible to monitor residents if there is an allegation of sexual abuse/misconduct. During this audit time frame the CCS/PCM did not have any residents who required to be monitored for retaliation. While conducting specialized interview the CCS stated that she would meet with the resident within 30 days, 60 days and 90 days. If at the 90 days the CCS felt the monitoring should continue they would extend the monitoring time frame.

During interviews with random and specialized offenders they all understood that they had the right to be free from retaliation by staff or other offenders if they reported sexual abuse or cooperated with a PREA investigation.

Policy 490.860 reads in part: Retaliation against anyone for opposing or reporting sexual misconduct or participating in an investigation of such misconduct is prohibited. Individuals may be subject to disciplinary actions if found to have engaged in retaliation, failed to report such activities, or failed to take immediate steps to prevent retaliation. Staff and offenders who cooperate with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority will take appropriate measures to address the concerns. When an investigation of offender-on-offender sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters. If another Appointing Authority is assigned to investigate, s/he or his/her designee will notify the applicable Appointing Authority to initiate monitoring.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- 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 No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.271 (g)

- 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 No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- 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 No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

400.360 Polygraph Testing of Offenders (2/9/15)
420.365 Evidence Management for Work Release (1/1/14)
420.375 Contraband and Evidence Handling (1/8/16)
490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)
490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation

- Memos from CCS
- BWTR PREA case tracking log
- Copy of CCS training transcript
- Copy of investigation report
- Law enforcement referral log detailing allegations and outcomes of referrals
- Investigator curriculum
- Mutual aid agreement established with the Washington State Patrol
- Appointing authority training curriculum related to law enforcement investigations
- WR Local Review Committee action plan
- State Records Retention Schedule

Auditor triangulated information which included reviewing agency policy(s), supporting documentation, copy of closed allegation and interview with CCS to determine compliance with this standard.

BWTR had one allegation of offender on offender sexual harassment during this audit time frame. Investigation report was reviewed and determined the investigation was done promptly, thoroughly, objectively and included information regarding prior complaints against the perpetrator. The completed investigation report was provide to and reviewed by the Appointing Authority who determined the finding of the investigation was substantiated. The suspect received an infraction for offender on offender sexual harassment which also included removal from BWTR.

This auditor finds that BWTR exceeds element (a) as the victim received notification of case closure for sexual harassment which is not a requirement of this standard. This auditor was not able to determine that they exceed this standard as a whole as the investigation was for sexual harassment.

WADOC only conducts administrative investigations in which Garrity would apply if the allegation involves a staff member.

Criminal investigations are completed by one of the following outside agencies. Bellingham Police Department (BPD) would be the initial agency contacted, should BPD decline to conduct the criminal investigation, the Appointing Authority or designee would complete a referral to the Whatcom County

Sheriff's Office. If the County declined to conduct the criminal investigation a referral would be completed to the Washington State Patrol.

Specialized interview was conducted with the CCS who is also a PREA trained investigator. The CCS stated that she could be designated to conduct an offender on offender sexual harassment allegation reported at another facility and explained how she conducted the investigation. The investigation report included summary of interviews conducted and prior allegations involving the suspect.

Once the investigation has been completed the report is submitted to the Appointing Authority. The Appointing Authority determines if the investigation meets preponderance of evidence (51% or more) to substantiate a case closure finding. If the investigation resulted in less than preponderance of evidence the case closure finding would be unsubstantiated. If the allegation was determined not to have occurred this would be closed as unfounded. CCS stated that investigation would continue even if the offender was no longer in custody or the staff member was no longer employed with WADOC.

Policy 490.860 reads in part: The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. Allegations may be referred to law enforcement agencies for criminal investigation.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policy related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation

Memo from CCS

RCW 72.09.225 regarding actions to be taken with employees or contractors who have engaged in sexual contact with offenders

Appointing Authority curriculum

Auditor triangulated information which included reviewing agency policy(s), supporting documentation, closed investigations and specialized interview with Superintendent to determine compliance with this standard.

The Appointing Authority determines if the investigation meets preponderance of evidence (51% or more) to substantiate a case closure finding. If the investigation resulted in less than preponderance of evidence the case closure finding would be unsubstantiated. If determined that the allegation could not have occurred this would be closed as unfounded.

Policy 490.860 reads in part: For each allegation in the report, the Appointing Authority will determine whether the allegation substantiated. The allegation was determined to have occurred by a preponderance of the evidence.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policy related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation

Memos from CCS

Facility case data sheet

Law enforcement referral log

Documentation of applicable offender notifications regarding staff sex

Auditor triangulated information which included reviewing agency policy(s) and specialized interview with CCS to determine compliance with this standard.

During this audit time frame BWTR did not have any reported allegation of sexual misconduct.

Auditor was provided with investigation report for offender on offender sexual harassment which by this standard does not require a resolution notification be provided to residents. BWTR not only notified the resident that the investigation was completed but mailed the notification to victim who discharged WADOC custody prior the investigation being closed. Based on the information BWTR exceeds this standard.

(b) WADOC is responsible for conducting administrative investigations and criminal investigations are completed by one of the following outside agencies. Bellingham Police Department (BPD) would be the initial agency contacted, should BPD decline to conduct the criminal investigation, the Appointing Authority or designee would complete a referral to the Whatcom County Sheriff's Office. If the County declined to conduct the criminal investigation a referral would be completed to the Washington State Patrol.

Policy 490.860 reads in part: Once the Appointing Authority has made a determination, the alleged victim will be notified of the findings. The Appointing Authority/designee of the facility where the offender is housed will inform the offender of the findings in person, in a confidential manner. Notification may be provided in writing if the offender is in restrictive housing. If the offender has been released, the Appointing Authority will inform the offender of the findings in writing to the offender's last known address as documented in his/her electronic file.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- 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 No

115.276 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

450.050 Prohibited Contact (11/21/15)

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation

Memo from CCS

RCW 72.09.225 state law regarding Custodial Sexual Misconduct

WAC 357-40-010 disciplinary actions Appointing Authorities may take

Memorandum from agency Secretary regarding WADOC disciplinary processes and presumptive discipline

Collective Bargaining Agreement – Washington Federation of State Employees

Auditor reviewed agency policy(s) and completed specialized interview with CCS to determine compliance with this standard.

During the audit time frame BWTR did not receive any reported allegations of sexual abuse or sexual harassment against a staff member. Agency policies were reviewed and meet compliance with this standard. On-site specialized interview with CCS who stated that while they did not have any allegations reported, if they had an investigation which was determined to be substantiated that he Appointing Authority would refer to and follow agency policies and disciplinary sanctions.

(d) BWTR did not have any investigations which would have required that the agency report to outside agencies or licensing bodies. WADOC policy does address what action would be taken for substantiated investigations if applicable to this element.

Policy 490.860 reads in part: When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify Law enforcement, unless such referral was made previously during the course of the investigation, and Relevant licensing bodies.

Policy 450.050 Restriction Process for Staff Sexual Misconduct/Harassment. Presumptive restrictions for contact between an individual found to have engaged in staff sexual misconduct and any offender, except an offender who is the staff's non-victim family member, are as follows: Substantiated allegations of sexual intercourse, as defined in DOC 490.800 Prison Rape Elimination Act (PREA) .

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

450.050 Prohibited Contact (11/21/15)

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation

Memo from CCS

RCW 72.09.225 state law regarding Custodial Sexual Misconduct

Memo regarding termination of volunteers with applicable criminal backgrounds

During this audit time frame BWTR did not have any substantiated investigations involving contractors. BWTR release does not have any volunteers.

During the audit time frame BWTR did not receive any reported allegations of sexual abuse or sexual harassment against a contract staff member . Agency policies were reviewed and meet compliance with this standard. On-site specialized interview with CCS who stated that while they did not have any allegations reported, if they had an investigation which was determined to be substantiated that the Appointing Authority would refer to and follow agency policies and disciplinary sanctions.

(a) BWTR did not have any investigations which would have required that the agency report to outside agencies or licensing bodies. WADOC policy does address what action would be taken for substantiated investigations if applicable to this element.

Policy 490.860 reads in part: When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify Law enforcement, unless such referral was made previously during the course of the investigation, and Relevant licensing bodies.

Policy 450.050 Restriction Process for Staff Sexual Misconduct/Harassment. Presumptive restrictions for contact between an individual found to have engaged in staff sexual misconduct and any offender, except an offender who is the staff's non-victim family member, are as follows: Substantiated allegations of sexual intercourse, as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, will result in: Permanent restriction on visitation, which may be appealed after 3 years. An 18 month restriction on telephone and mail communication, including eMessaging. All other substantiated allegations of staff sexual misconduct will result in a one year restriction on telephone and mail communication, including eMessaging, and a 2 year restriction on visitation. At the time the allegation is substantiated, the Appointing Authority will ensure notification is made to the mailroom, Visiting, and the Intelligence Officer to ensure the restrictions are put in place. With Deputy Director or Work Release/Residential Administrator approval, the Appointing Authority may grant a request for an exception to the presumptive restrictions, but only when extraordinary circumstances support the request and granting the requested exception will not undermine the Department's zero tolerance of all forms of sexual misconduct. Before exception or lifting of restriction will be considered, the offender must submit a signed DOC 21-067 Request for Visitation/Release, confirming s/he is freely participating in communication with the individual. Appointing Authorities will consult with the Deputy Secretary for possible pursuit of a no contact order between the individual and the offender.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

460.000 Disciplinary Process for Prisons (6/1/18)

450.050 Prohibited Contact (11/21/15)

460.135 Disciplinary Procedures for Work Release (5/24/16)

490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (5/22/18)

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation

Memo from CCS

WAC 137-28, WAC 137-28-310, WAC 137-28-360, WAC 137-25-020; detailing offender disciplinary process

During this audit time frame BWTR did not have any investigations of sexual abuse/misconduct involving residents. On-site specialized interview with CCS who stated that while they did not have any allegations reported, if they had an investigation which was determined to be substantiated that the Appointing Authority would refer to and follow agency policies and disciplinary sanctions.

(f) Review of policy DOC 490.860 supports compliance with this element where offenders who report sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.

Policy 490.860 reads in part: Offender Discipline - Prison and Work Release offenders may be subject to disciplinary action per DOC 460.050 Disciplinary Sanctions or DOC 460.135 Disciplinary Procedures for Work Release for violating Department PREA policies. For substantiated allegations against an offender, an infraction must be written against the perpetrator for the applicable violation listed: 635 - Committing sexual assault against another offender, as defined in Department policy (i.e., aggravated sexual assault or offender-on-offender sexual assault) 637 - Committing sexual abuse against another offender, as defined in Department policy 659 - Committing Sexual harassment against another offender, as defined in Department policy.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident 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 No

115.282 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.850 Prison Rape Elimination Act (PREA) Response (8/2/18)
600.000 Health Services Management (8/25/14)
600.025 Health Care Co-Payment Program (7/24/15)
610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct (10/14/16)
610.040 Health Screenings and Assessments (6/12/18)
610.300 Health Services for Work Release Offenders (6/22/15)
630.500 Mental Health Services (4/28/17)

Additional supporting documentation
Memo from CCS

Auditor reviewed agency policy(s) and completed specialized interview with CCS.

During this audit time frame no residents reported any allegations of sexual abuse or misconduct. BWTR is a community release program and they do not have medical or mental health care personnel who work in the facility.

CCS stated that residents who report sexual abuse/sexual misconduct will be transported to the designated community health care facility. Residents would not be responsible for the costs associated for any treatment or follow up care.

Policy 490.850 reads in part: Medical and mental health services - All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.

Policy 600.000 reads in part: Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided at no cost to the offender.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- 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 No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.850 Prison Rape Elimination Act (PREA) Response (8/2/18)
600.000 Health Services Management (8/25/14)
600.025 Health Care Co-Payment Program (7/24/15)
610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct (10/14/16)
610.040 Health Screenings and Assessments (6/12/18)
610.300 Health Services for Work Release Offenders (6/22/15)
630.500 Mental Health Services (4/28/17)

Additional supporting documentation
Memo from CCS
Planned Parenthood brochure

Auditor reviewed agency policy(s) and supporting documentation to determine compliance with this standard. Agency policies meets compliance with this standard, however BWTR does not have medical and mental health staff on-site as such auditor was not able to conduct specialized interview.

During this audit time frame there were no reported allegations of sexual assault and/or at BWTR. BWTR is a co-ed facility and should an allegation of sexual abuse be reported, the resident would be offered pregnancy testing at Planned Parenthood at no cost to the resident.

Policy 490.850 reads in part: Medical and mental health services - All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.

Policy 600.000 reads in part: Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided at no cost to the offender.

Policy 630.500 reads in part: A mental health provider will assess the need for mental health services in cases where the offender reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- 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 No

- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policy related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation

Memo from CCS

BWTR PREA spreadsheet for this audit documentation time frame

Work Release 2017 PREA Local Review Committee Plans

Auditor reviewed agency policy, supporting documentation and specialized interview with CCS to determine compliance with this standard.

During this audit time frame, BWTR had one allegation of offender on offender sexual harassment which was investigated and closed substantiated. BWTR conducted held a Local Review Committee, which exceeds this standard as there is no requirement to conduct a review for sexual harassment investigations.

Specialized interviewed conducted with the CCS stated that they do consider wither the incident or allegation was motivated by race; ethnicity; gender identity; lesbian/ gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation. The committee members also examine that area and look at the staffing level and if they do not have monitoring technology in the area. The Local Review was completed within the 30 day frame as required and meets compliance with this standard.

Policy 490.860 reads in part: Multidisciplinary PREA Review - For each substantiated or unsubstantiated finding of offender-on-offender sexual assault/abuse and staff sexual misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case. Unfounded investigations and any investigation of sexual harassment may be reviewed at the discretion of the Appointing Authority. For Prisons, if the Superintendent of the facility where the allegation took place is not the Appointing Authority, the Superintendent or his/her designee will be on the committee. The committee will meet every 30 days, or as needed. The committee will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners. Hearing Officers cannot serve as a PREA Review Committee member for any violation(s) for which they conducted the hearing. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- 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 No

115.287 (d)

- 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 No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policies related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.800 Prison Rape Elimination Act (PERA) Prevention and Reporting (5/22/18)

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation

Memo from CCS

Most recent Survey of Sexual Victimization Summary

Auditor reviewed agency public website

<http://www.doc.wa.gov/corrections/prea/resources.htm/corrections/prea/resources.htm>. Agency has annual reports posted beginning year 2013 up to current DOJ BJS reporting year of 2017. Review of 2017 annual report confirmed compliance with this standard.

Auditor reviewed agency policies which meet compliance with this standard. The agency PREA coordinator collects data for allegations of sexual misconduct and aggregates information annually.

During specialized interview with agency PREA coordinator who stated that at the end of the calendar year data gets summarized, sent to each facility for additional information. Each division within the facilities will review and update areas if they had any changes during the current year. February of the next calendar year data from the previous year is pulled to complete the annual report.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- 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 No

115.288 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policy related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)

Additional supporting documentation

Memo from CCS

Screen shot of agency's external website – PREA page

Agency PREA coordinator stated that each facility/operational area included in the report is required to develop their own goals and strategies each year regarding PREA based on data and incidents and update the ones from the previous year.

DOC 490.860 C. reads: The PREA Coordinator will generate an annual report of findings. The report will include: An analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis. Findings and corrective actions at facility and Department levels. An assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years. The report requires Secretary approval. Approved reports will be made available to the public through the Department website. Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has the following policy related to and meeting compliance with this standard. Auditor was provided with policies and applicable supporting documentation which was reviewed for standard compliance.

490.860 Prison Rape Elimination Act (PREA) Investigation (6/1/18)
280.310 Information Technology Security (11/27/17)
280.515 Electronic Data Classification (8/22/11)

Additional supporting documentation

Memo from CCS
Screen shot of agency's external website – PREA
State Records Retention Schedule

Auditor reviewed agency policies which meet compliance with this standard. The agency PREA coordinator collects data for allegations of sexual misconduct and aggregates information annually.

The agency policy, Appointing Authority and agency PREA coordinator adhere and maintain all records associated with allegations of sexual misconduct according to the Records Retention schedule. The Appointing Authority will maintain the original PREA case record and the agency PREA coordinator maintains an electronic file. This auditor reviewed the Office of the Secretary of State (SOS) Washington State Archives, Department of Corrections Records Retention Schedule (December 2013) to determine compliance. Disposition authority number (DAN) 13-09-68455 investigations – Prison Rape Elimination Act (PREA). Retention and disposition action: Retain for 50 years after close of investigation then destroy.

Prior to destruction, investigation files will be reviewed to ensure the accused has been release from incarceration or Department employment for a minimum of 5 years.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC started being audited for PREA compliance in 2014 upon DOJ auditors being trained and certified. Since 2014 WADOC has ensured that 1/3 of their facilities were audited during each audit cycle. This was verified by reviewing the agency public website <http://www.doc.wa.gov/corrections/prea/resources.htm/corrections/prea/resources.htm>.

This auditor was provided with PREA audit questionnaire, agency policies and proof of practice documentation if applicable via USB prior to on-site audit.

During on-site audit the PREA audit team was had access to and observed all areas of the facility. The BWTR PREA compliance manager was extremely helpful and provided information and documentation to the team while on-site and post audit when additional information was requested. This auditor followed the auditor handbook for offender sampling interview requirements of interviews and utilized interview protocols as a guide when completing staff and offender interviews.

Auditor did not receive any correspondence from resident pre or post onsite audit.

(o) Specialized interview was conducted via phone conference with community victim advocate on Wednesday, October 31, 2018.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Auditor reviewed agency public website

<http://www.doc.wa.gov/corrections/prea/resources.htm/corrections/prea/resources.htm>. Audit reports were posted prior to 90 days of the issuance of the final report and all facilities were audited in compliance with the standards.

Type text here...

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Deborah Striplin

12/6/2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.