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

☐ **Interim** **X Final**

**Date of Report 6-10-2019**

## Auditor Information

| | |
|---|---|
| **Name:** Robin M. Bruck | **Email:** robin.bruck@state.nm.us |
| **Company Name:** New Mexico Corrections Department | |
| **Mailing Address:** P.O. Box 639 | **City, State, Zip:** Las Cruces, NM 88004 |
| **Telephone:** 1-575-523-3303 | **Date of Facility Visit:** October 16, 2018 |

## Agency Information

| | | | |
|---|---|---|---|
| **Name of Agency:**<br><br>Washington State Department of Corrections | | **Governing Authority or Parent Agency** *(If Applicable)*:<br><br>State of Washington, Office of the Governor | |
| **Physical Address:** 7345 Linderson Way, SE | | **City, State, Zip:** Tumwater, WA 98511 | |
| **Mailing Address:** PO Box 41100 | | **City, State, Zip:** Olympia, WA 98504-1100 | |
| **Telephone:** 360-725-8213 | | **Is Agency accredited by any organization?** ☐ Yes X No | |
| **The Agency Is:** | ☐ Military | ☐ Private for Profit | ☐ Private not for Profit |
| ☐ Municipal | ☐ County | X State | ☐ Federal |
| **Agency mission:** Working together for safe communities | | | |
| **Agency Website with PREA Information:** www.doc.wa.gov/corrections/prea/default.htm | | | |

## Agency Chief Executive Officer

| | |
|---|---|
| **Name:** Stephen Sinclair | **Title:** **WADOC** 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:**<br>Scott Russell, Deputy Director of Adult Prisons Command A | **Number of Compliance Managers who report to the PREA Coordinator** 0 |

**Facility Information**

| | | | |
|---|---|---|---|
| **Name of Facility:** Olympia Work/Training Release | | | |
| **Physical Address: P.O. Box 41140 8)) 11th Avenue, SW Olympia WA 98504-1140** | | | |
| **Mailing Address (if different than above):** same | | | |
| **Telephone Number:** 360-586-2371 | | | |
| **The Facility Is:** | ☐ Military | ☐ Private for Profit | ☐ Private not for Profit |
| ☐ Municipal | ☐ County | X State | ☐ Federal |

| | | | |
|---|---|---|---|
| **Facility Type:** | ☐ Community treatment center | ☐ Halfway house | ☐ Restitution center |
| | ☐ Mental health facility | ☐ Alcohol or drug rehabilitation center | |
| | X Other community correctional facility | | |

| |
|---|
| **Facility Mission:** Transition felony level offenders form prison to the community setting. |
| **Facility Website with PREA Information:** www.doc.wa.gov |
| **Have there been any internal or external audits of and/or accreditations by any other organization?** X Yes ☐ No |

**Director**

| | |
|---|---|
| **Name:** Michael Ison | **Title:** Community Corrections Supervisor |
| **Email:** msison@doc1.wa.gov | **Telephone:** 360-586-2371 |

**Facility PREA Compliance Manager**

| | |
|---|---|
| **Name: Michael Ison** | **Title:** Community Corrections Supervisor |
| **Email:** msison@doc1.wa.gov | **Telephone:** 360-586-2371 |

**Facility Health Service Administrator**

| | |
|---|---|
| **Name:** N/A | **Title:** Click or tap here to enter text. |

| | |
|---|---|
| **Email:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |

## Facility Characteristics

| | |
|---|---|
| **Designated Facility Capacity:** 25 | **Current Population of Facility:** 25 |
| **Number of residents admitted to facility during the past 12 months** | 68 |
| **Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:** | 68 |
| **Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:** | 67 |
| **Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:** | 68 |
| **Number of residents on date of audit who were admitted to facility prior to August 20, 2012:** | 0 |

| | | | |
|---|---|---|---|
| **Age Range of Population:** | X Adults<br><br>Click or tap here to enter text. | ☐ Juveniles<br><br>Click or tap here to enter text. | ☐ Youthful residents<br><br>Click or tap here to enter text. |

| | |
|---|---|
| **Average length of stay or time under supervision:** | 5 MONTHS |
| **Facility Security Level:** | Minimum |
| **Resident Custody Levels:** | Minimum |
| **Number of staff currently employed by the facility who may have contact with residents:** | **12** |
| **Number of staff hired by the facility during the past 12 months who may have contact with residents:** | **3** |
| **Number of contracts in the past 12 months for services with contractors who may have contact with residents:** | **0** |

## Physical Plant

| | |
|---|---|
| **Number of Buildings:** 1 | **Number of Single Cell Housing Units:** |
| **Number of Multiple Occupancy Cell Housing Units:** | 8 |
| **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.):**
There are sixteen (16) cameras, five (5) outside and eleven (11) inside the facility. Cameras are located in areas such as the day rooms, the duty staff office, the kitchen and dining area, the resource room, the hallways and the administrative area. There are two (2) viewing areas which include the duty staff office and the Community Corrections Supervisor office. The retention of video is thirty (30) days.

## Medical

| | |
|---|---|
| **Type of Medical Facility:** | N/A |
| **Forensic sexual assault medical exams are conducted at:** | St. Peters Hospital |
| **Other** | |
| **Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:** | 0 |
| **Number of investigators the agency currently employs to investigate allegations of sexual abuse:** | 631 |

## Audit Findings

### Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Prison Rape Elimination Act (PREA) site review of Olympia Work/Training Release (OWTR), located in Longview, Washington was scheduled to be conducted on October 15, 2018 by Jillian Shane, a U.S. Department of Justice Certified PREA Auditor for adult facilities. Due to unforeseen circumstances, an auditor change had to be made days before the site review. In discussions with the PREA Management Office, Washington Corrections Department Leadership, to include the State PREA Coordinator, New Mexico Corrections Department Leadership to include Robin Bruck, a U.S. Department of Justice Certified PREA Auditor for adult facilities, the decision was made the site review would move forward and would be conducted by Robin Bruck, who was originally scheduled to participate in this site review as support staff. The PREA Management Office granted extensions for submission of the interim and final reports, as Ms, Bruck was conducting another site review for the State of Washington, during the same week. Ms. Bruck will be referred as "the auditor" and author of this report.

In July 2018 an Intergovernmental Agreement was entered into between the New Mexico Corrections Department (NMCD) and the Washington Department of Corrections (WADOC), both party is a member of the Western Consortium. The purpose of the audit is to determine the facility's level of compliance with the Federal Prison Rape Elimination Act standards. The auditor was assisted by support staff John Chavez (NMCD Captain) and Jodi Upshaw (NMCD Compliance Officer).

As the reader, continues to read this audit report, please note the following definitions, acronyms and systems currently utilized by facility, as they will be referenced throughout the report.

**A Beginning Alliance-** is a non-profit corporation organized under the law of the State of Washington and is contracted with the Washington State Department of Corrections.

**Community Corrections Supervisor (CCS)**

**IDOC-** is the internal website for the WADOC staff.

**Learning Management System (LMS)-**is an internet-hosted tool that centralizes and automates the learning management process, making administrative of learning and development both effective and efficient.

**Offender Management Network Information (OMNI)-**The Offender Management Network Information system is the system used by Washington Department Corrections. The system is the effective management of facilities, treatment, sentencing, movement, discipline, PREA Assessments and other important data on offenders.

**PREA Risk Assessment (PRA)**

**Revised Code of Washington (RCW)** - is the compilation of all permanent laws now in force. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the imitative process), arranged by topic, with amendments added and repealed laws removed.

**Sexual Assault Nurse Examiner** (SANE) is a qualification for forensic nurses who have received special training to conduct sexual assault evidentiary exams for rape victims.

**Washington Administrative Code (WAC) -** Also known as "rules" or "administrative rules." Agency rules are designed to help the public comply with state laws, processes and other requirements.

## Pre-On-site Audit Phase

The WADOC PREA Coordinator was the established point of contact for Washington Department of Corrections and the Community Corrections Supervisor/PCM was the established point of contract for Olympia Work/Training Release. A discussion was had with the WADOC PREA Coordinator regarding use of laptops and cell phones while on-site. All necessary forms were completed by the auditor and her support staff. WADOC completed a background check on the auditor and her team and the audit team signed PREA Acknowledgments, prior to entering the facility.

The auditor confirmed that on August 11, 2018, Jillian Shane received documentation in the form of date stamped photographs of the notice of audit, depicting the areas in the facility where posted. The notice was posted in areas accessible to residents, staff and visitors, to include the visitation area, female resident hallway, male resident hallway, and both the female dayroom and the male dayroom. The posting read as follows:

## Notice of PREA Audit

During the following period, this facility will be undergoing an audit for compliance with the U.S. Department of Justice's National PREA Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) Standards for Prisons and Jails:

**The week of October 15 –19, 2018**

Any person with information relevant to this compliance audit may confidentially* correspond with the auditor by writing to:

**Jillian Shane**

**615 First Street NW**

**Albuquerque, NM 87102**

*CONFIDENTIALITY: All written and verbal correspondence and disclosures provided to the auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must legally be breached. Exceptions include, but are not limited to:

If the person is in immediate danger to her/himself or others (e.g., suicide, homicide)
Allegations of suspected child abuse, neglect or mistreatment;
In legal procedures where information has been subpoenaed by a court of appropriate jurisdiction.

Any correspondence should be clearly identified as "LEGAL MAIL" and handled per DOC 450.100 Mail for Prison Offenders / DOC 450.110 Mail for Work Release Offenders.

WADOC defines "Legal Mail" as follows:

- Any Court or opposing attorney/party, the Washington State Bar Association, the Board, the Washington State Department of Enterprise Services Office of Risk Management, PREA auditors certified by the United States Department of Justice, the Headquarters PREA Coordinator, and/or the Headquarters Ombudsman.
- PREA auditor leads certified by the United States Department of Justice when related to an audit in process at the offender's facility.

In discussions with Ms. Shane prior to the site review she did not receive any letters from staff, residents or visitors. During Ms. Shane's absence all mail has been forwarded to the auditor and no mail from residents, staff or visitors has been received.

The auditor conducted an internet search of the facility. No relevant articles could be found regarding the sexual safety of the residents. The auditor reviewed the WADOC official website, which included a review of Olympia Work/Training Release' past PREA audit, conducted in May of 2016. The internet search also included a review of the Washington's mandatory reporting laws. The auditor is a mandated reporter in the State of Washington regarding any form of abuse on a child or a vulnerable adult. The Auditor reviewed the Revised Code of Washington 72-02-0410, as it relates to the law regarding a child under the age of eighteen convicted of a felony.

As a test for another facility audit within the State of Washington, on Friday, September 15, 2018, the auditor filed a report of an allegation, utilizing the "report" function located on the agency website. It was requested that the agency complete the process of the report, as they would for

any PREA allegation, received via the website. This was completed as a test to determine if the reports of an allegation are received and appropriate steps are taken in a timely manner. Within two (2) days the auditor received confirmation that the report had been received by the DOC PREA Triage.

WADOC has an agreement in place with the Colorado Department of Corrections as an external reporting agency. To test the system during an audit for another Washington facility, the auditor sent a letter utilizing the form attached to the MOU, to the Colorado Department of Corrections, on September 15, 2018. On September 18, 2018, the auditor received an email from the WADOC PREA Coordinator, stating that WADOC recently learned that the form attached to the MOU did not reflect the correct address. The letter sent by the auditor had been returned "undeliverable" When Colorado had an address change the MOU was not amended, however all forms on the agency's internal website and all forms provided to the residents along with pre-addressed stamped envelopes were updated and contain the current address. This was confirmed while on site. A second letter was sent to the current address and on September 24, the auditor received notification that the letter had been received by the WADOC PREA triage.

Just Detention International (JDI) is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the world dedicated exclusively to ending sexual abuse behind bars. On November 5, 2018, the auditor sent an email to JDI inquiring about any/all reports that had been received from or regarding the Olympia Work/Training Release. A response was received on November 8, 2018, indicating that a search had been completed on the JDI database and no correspondence had been received regarding the facility during the reporting period.

Office of Crime Victim Advocacy (OCVA) serves as a voice within government for the needs of crime victims in Washington State. Established in 1990, OCVA serves the state by advocating on behalf of victims obtaining needed services and resources. On October 9, 2018, the auditor spoke to an advocate with OCVA. Contact was made utilizing the same number that is provided in the brochures to offenders at the facility. The advocate stated that there is an interagency agreement in place with the WADOC to provide a hotline for offenders to obtain advocacy services. The advocate felt the two parties had a very good working relationship with no issues.

As there was a change in auditors, just prior to the site review, the auditor did not review the facility documentation prior to arriving on-site.

## On-Site Audit Phase

The auditor and the audit team arrived at the Olympia Work/Training Release at approximately 0800 hours on the morning of October 15, 2018. The auditors signed into the facility and received visitor badge. We were escorted into a small conference room.

The audit team briefly met with the Community Corrections Supervisor, WADOC PREA Coordinator, and the Work Release Oversight and Compliance Administrator. After opening remarks and introductions, the auditor was given an opportunity to discuss the logistics and an overview of the audit process. Timelines and milestones were discussed regarding the completion of the post-audit phase, the interim report and the final report. The auditor briefly discussed the purpose of corrective action and if warranted would enhance the current procedures and create a

safer environment for residents and staff. Each participant was given an opportunity to ask questions regarding the audit.

## Site Review

The site review began in the Administrative Offices which is located on a lower level floor. Residents are not allowed to enter this area unescorted. The audit team viewed PREA posters and brochures hanging within the offices.

The main floor consisted of an officer station, kitchen, dining hall, resource room, seating area and visitation area. There was a PREA Bulletin Board located in this area with all PREA information, phone numbers, and brochures in both English and Spanish. The Bulletin board was located next to the resident phones and could be easily seen.

The female housing area was located downstairs and consisted of two rooms with two residents per room. The facility currently had four (4) female residents assigned. Also located on this floor was the facility laundry area. This area is utilized by both male and female residents. The door to the female wing was locked and the female residents had a key to open the door. This was established to keep the male residents from entering the female area. Located on the floor was a resident bathroom, which had stalls and showers with curtains, which appeared to provide adequate privacy for toileting and showering.

The male housing area was located upstairs. There were five (5) resident rooms; each room had two beds with the exception of one room which had three (3) beds. To gain access to the stairs, a person would have to walk past the officer station. Females were not allowed to go upstairs. Also located on the floor was a resident bathroom, which had stalls and showers with curtains that appeared to provide adequate privacy.

## Offender Interviews

Based upon the resident population of twenty three (23) on the first day of the site review, the PREA Auditor Handbook requires a minimum of at least ten (10) resident interviews be conducted. The auditor and the audit team conduct ten (10) random interviews. There were no targeted residents interviewed as there were no residents with physical disabilities, blind, deaf or hard of hearing residents, no residents with learning disabilities or Cognitive Disabilities. There were no confirmed transgender or intersex residents, no residents who reported abuse and no residents who reported victimization during screenings. This was confirmed through formal and informal interviews with staff and residents.

| Inmate Category | Number of Inmates |
|---|---|
| Random Inmates | 10 |
| Targeted Inmates | 0 |
| Total Inmates Interviewed | 10 |
| | |

## Staff Interviews

OWTR reported thirteen (13) staff members are employed at the facility. This includes ten (10) contract staff and three (3) state staff. The following interviews were conducted. Several staff performed multiple roles and was interviewed separately for each role. The random staff interviews conducted was from all shifts.

| Staff Category | Number of Interviews Conducted |
|---|---|
| Random staff (Total) | 6 |
| Specialized Staff (Total) | 10 |
| Total Staff Interviewed | 16 |
| | |
| Administration and Agency Leadership Categories | |
| ▪ Agency head or designee | 1 |
| ▪ Warden/facility director/superintendent/Appointing Authority | 1 |
| ▪ Community Corrections Supervisor | 1 |
| ▪ PREA coordinator | 1 |
| Specialized Staff Categories | |
| ▪ Agency contract administrator | 1 |
| ▪ Investigative Staff | 1 |
| ▪ Intake staff | 1 |
| ▪ Staff who perform risk screening | 1 |
| ▪ Administrative (human resources) staff (manager) | 1 |
| ▪ Incident review team | 1 |

## File Review

The audit team reviewed three (3) DOC employee personnel files, which included training documentation, six (6) contract staff files, twelve (12) offender files, one (1) investigation that had closed during the reporting period, although it was reported prior to the documentation period. The auditor did not review medical or mental health files, as there is no medical or mental health on-site. The auditor reviewed the files, utilizing the PREA Resource Employee, Inmate Files/Record and Investigation Documentation Review forms. The files were randomly chosen from the list of facility residents and the list of facility staff, provided to the auditor prior to arriving at the facility.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Excerpts taken from the Olympia Work Training /Release Welcome Book

Olympia Work Release/A Beginning Alliance opened its doors in 1979 under the Department of Social and Health Services, (DSHS). In 1981, the Washington Department of Corrections was formed separate from DSHS.

Olympia Work/Training Release

OWTR/ABA is a co-ed facility serving a maximum population of twenty-five (25) residents. Of this population, there are eighteen (18) beds designated for males and seven (7) beds for females. It serves those individuals whose County of Origin is out of Thurston, Mason, Grays Harbor, Lewis and Pacific Counties.

The average length of stay is about one hundred and ten (110) days. The age range of the residents can fall between eighteen (18) and sixty-five (65). The community transition and resources offers low cost housing, mental health services, low cost medical/dental, vision, public transit, clothing bank, clean and sober housing, community college and two (2) four (4) year colleges and AA/NA programs. The residents are required to pay $13.50 daily for room and board, participate in in-house work detail, pay income tax, crime victim compensation, and restitution and court costs, gain and maintain employment and programming.

There are no on-site medical/mental health services. Residents are referred to outside community facilities for all medical and mental health needs.

Transition begins on their day of arrival and until their release. Each resident receives orientation and is taken to cash their voucher to have money to pay for their Washington ID or driver's license. A designated staff will meet with them on the following day to assist them in preparing a resume, prior to their first day of seeking employment within the community.

An intake with their Community Corrections Officer and their Case Manager will usually occur the following day to determine what the resident will be expected to do while in the facility. A Job search usually begins the following week. Once employment is obtained, Program expectations outlined at the resident's intake with the CCO and CM will begin.

Residents will be monitored weekly through the Classification process for compliance with work release expectations by the CCO and CM.

Education and Treatment Programs

- Risk/Need Assessment
- Chemical Dependency Assessment
- Intensive Outpatient Treatment
- Outpatient Treatment
- Aftercare Treatment

Facility Services

- On-site Programming
- Recreational Outings
- Laundry Room
- TV/Game Room
- Visiting Room
- Employment Assistant
- Telephones
- Resource Room
- Computer/Internet for Job Searching
- Volunteer Opportunities

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

***Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

**Number of Standards Exceeded:** 1

- 115.211 Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator

**Number of Standards Met:** 42

- 115.212 Contracting with other entities for the confinement of inmates
- 115.213 Supervision and monitoring
- 115.214 Youthful offenders
- 115.215 Limits to cross gender viewing and searches
- 115.216 Inmates with disabilities and inmates who are limited English proficient
- 115.217 Hiring and promotion decisions
- 115.218 Upgrades to facilities and technology
- 115.221 Evidence protocol and forensic medical examinations
- 115.222 Policies to ensure referrals of allegations for investigations
- 115.231 Employee training
- 115.232 Volunteer and contractor training
- 115.233 Inmate education
- 115.234 Specialized training: investigations
- 115.235 Specialized training: Medical and mental health
- 115.241 Screening for risk of victimization and abusiveness
- 115.242 Use of screening information

- 115.243 Protective custody
- 115.251 Inmate Reporting
- 115.252 Exhaustion of administrative remedies
- 115.253 Inmate access to outside confidential support service
- 115.254 Third party reporting
- 115.261 Staff and agency reporting duties
- 115.262 Agency protection duties
- 115.263 Reporting to other confinement facilities
- 115.264 Staff first responder duties
- 115.265 Coordinated response
- 115.266 Preservation of ability to protect inmates from contact with abusers
- 115.268 Post-allegation protective custody
- 115.267 Agency protection against retaliation
- 115.271 Criminal and administrative agency investigations
- 115.272 Evidentiary standard for administrative investigation
- 115.273 Reporting to inmates
- 115.276 Disciplinary sanctions for staff
- 115.277 Corrective action for contractors and volunteers
- 115.278 Disciplinary sanctions for inmates
- 115.281 Medical and mental health screenings; history of sexual abuse
- 115.282 Access to emergency medical and mental health services
- 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.286 Sexual abuse incident reviews
- 115.287 Data collection
- 115.288 Data review for corrective action
- 115.289 Data storage, publication and destruction

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)**

**Issues determined during the site review:**

1. Records Room- There was a deadbolt on the inside of the door. There was no key to unlock the door if the deadbolt was being utilized.

   Corrections Made: The facility disabled the deadbolt. Photographs were forwarded to the auditor.

2. Vacuum Closet: A blind spot was created due to the solid door.

   Corrections Made: The facility removed the door. Photographs were sent to the auditor.

3. Pantry: There was a blind spot within the pantry.

   Corrections Made: A mirror was placed in the pantry eliminating the blind spot. Photographs were sent to the auditor.

4. Computer/supply/file room: There was a deadbolt inside the door. The facility did not have a key to open the door if the deadbolt was utilized.

   Corrections Made: The deadbolt was disabled. Photographs were sent to the auditor.

5. Dry Storage: There was a solid door that did not allow viewing into the room.

   Corrections Made: a window was placed into the door, allowing for viewing into the room. Photographs were sent to the auditor.

6. Grievance Box: The auditor had difficulty finding the grievance box. The box was partially covered by other items.

   Corrective Action: The grievance box was moved to a more accessible location and was relabeled so offenders could easily see the box. Photographs were sent to the auditor.

**Corrective action per standard**

115.213

Corrective Action: The facility shall develop a staffing plan, utilizing the agency staffing plan template. The staffing plan shall identify all required elements.

115.215

Corrective Action: The facility shall provide documentation that all relevant staff has received pat-search training.

115.241

Corrective Action: The facility shall implement a tracking system to ensure that all initial assessments are completed timely.

The PREA Risk Assessment did not include bisexual, as required by the standard.

115.242

Corrective Action: Documentation of housing chronos and explanatory information will be provided to the auditor.

115.264

Corrective Action: The agency shall update the Aggravated Sexual Assault Checklist.

## 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? X Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? X Yes ☐ No

**115.211 (b)**

- Has the agency employed or designated an agency-wide PREA Coordinator? X Yes ☐No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? X 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? X Yes ☐ No

**Auditor Overall Compliance Determination**

X **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*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act* (PREA) Prevention and Reporting (17 pages)
   b. WADOC 490.850 *Prison Rape Elimination Act Response* (11 pages)

4) WADOC Organizational Chart
5) Position Description for the Agency PREA Coordinator
6) Interview with the following:
    a. PREA Coordinator

**Findings (by Subsection):**

**Subsection (a):** In review of Olympia's Pre-Audit Questionnaire, the facility reported it has a written policy that contains the following: mandates zero tolerance towards all forms of sexual abuse and sexual harassment; outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; includes the definitions of prohibited behaviors regarding sexual abuse and sexual harassment; includes sanctions for those found to have participated in prohibited behaviors; and includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of all residents.

WADOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting,* Section 1 (A), *(p. 2)* states "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." WADOC 490.800 Attachment 1, *Prison Rape Elimination Act (PREA) Definitions* of the policy includes all the definitions of sexual misconduct as well as the definitions described in §115.6 of the PREA Standards. The policy outlines how it will implement the agency's approach to prevent and detect sexual abuse and sexual harassment. Prevention is evident in the following ways:

- Appointing a department wide PREA Coordinator
- Appointing PREA Compliance Managers for all facilities
- Background checks on all staff and contracted staff prior to employment
- Employee, contractor and volunteer education
- Resident education, to include those with disabilities
- Reviewing all incidents of sexual abuse to determine ways to prevent in the future.

Detection is evident in the following ways:

- Supervision of Staff and Residents
- Screening residents for risk of sexual victimization and abusiveness
- Providing multiple ways for residents to report

WADOC 490.850, *Prison Rape Elimination Act (PREA) Response,* outlines the agency's approach to reporting and responding to all allegations. This is evident in the following ways:

- The facility's Coordinated Response Plan
- Staff, Contractor and Volunteers duty to report
- Prohibition of Retaliation
- Referrals to Law Enforcement when there is a criminal nexus.
- Contract with Victim Advocacy

All policy's are readily available on the department's website, and can be accessed by all staff and the general public. In addition posters could be seen around the facility stating "Washington State Department of Corrections has a zero tolerance policy regarding prison, rape, sexual misconduct and victimization."

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** In review of Olympia's Pre-Audit Questionnaire, the facility reported it does employ a full time upper-level agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The PREA Coordinator position is in the WADOC organizational structure.

WADOC employs a full time upper-level agency-wide PREA Coordinator. In review of the position description and the agency's organizational chart, the PREA Coordinator position reports directly to a Deputy Director of Prisons. It is evident that the PREA Coordinator position falls into the upper level hierarchy within the Department and has the authority to develop, implement and oversee the agency's efforts to comply with the PREA standards at all of its facilities. The responsibilities of the PREA Coordinator can be found listed in WADOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting, (p. 3 and 4).*

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 5) states "A PREA Compliance Manager will be identified by the Superintendent for each Prison, and the Work Release Administrator will assign a PREA Compliance Manager for each Work Release."

During an interview with the PREA Coordinator she confirmed she has the authority and time to oversee the agency's efforts to comply with the PREA standards. She stated that in 2012 Washington State put in place a statewide implementation team, made up of all participants from all facilities. This team is charged with implementing the standards and impacting change in culture in the state. Although she reports to the Deputy Director of Prisons, she can approach the Secretary of Corrections for any issues she may have, and he is very responsive.

In addition, all Work Release facilities within the WADOC are required by policy to identify a PREA Compliance Manager within each facility. In Longview Work/Training Release, the Community Corrections Supervisor has been identified as the PREA Compliance Manager.

Although the standard does not require the agency to designate a PREA Compliance Manager at the Community Correction Center, WADOC has exceeded this standard, with the designation of a Statewide PREA Coordinator, a Statewide PREA Implementation Team and PREA Compliance Manager at each prison facility and the community correction centers

**The facility is in compliance with this provision of the standard.**

**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.) X 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".) X 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 X 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 X NA

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
4) Contract shell for all applicable facilities demonstrating the language included in all applicable contracts
5) Email regarding DOJ Ruling regarding Pioneer Human Services Residential Treatment Centers not falling under the standards
6) Memo from WADOC Secretary
7) Revised Code of Washington (RCW) 72.02.410 providing statutory authority for the housing of youthful residents
8) Contracts with the following:
   a. American Behavioral Health System Contract K8254- Amendment #12- effective August 1, 2013.
   b. Juvenile Rehabilitation Administration
   c. Yakima County Contract K10470-Amendment #1-effective February 1, 2014
   d. Clark County Department of Corrections
   e. GEO Group Contract K10825-effective May 1, 2015
   f. Memo from the PREA Coordinator-documentation of DOJ PREA Audits for each contract
9) Interview with the Contract Administrator

**Findings (by Subsection):**

**Subsection (a):** In review of Olympia's Pre-Audit Questionnaire, the facility reported the agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. The agency has not entered into any contracts with private entities or other government agencies on or after August 20, 2012 or since the last PREA audit, whichever is later. The facility reported the all contracts require the agency to monitor the contractor's compliance with PREA standards and there are no contracts that do not require the agency to monitor contractor's compliance with PREA standards. The agency has not entered into any contracts with a private agency or entity that failed to comply with PREA standards.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting,* (page 9), states "Any new or renewed contracts for the confinement of residents will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA Compliance."

In a memo to the auditor, OWTR stated WADOC currently has contracts with multiple agencies for the housing of residents. All contracts include the requirement to comply with PREA Standards along with the ability of WADOC to monitor for compliance.

Below are the entities with which WADOC contracts to house offenders and current monitoring status:

1. **American Behavior Health Systems**
   - The Organization operates three (3) facilities for residential substance abuse treatment. Residents in the community can be sanctions to participate in this program and failure to complete the program will result in field supervision violation with possible incarceration as a sanction for the violation.
   - The current contract expires June 2019.
   - Information about PREA is included in the organization's public website at https://www.americanbehaviorhealth.net/prea. The information includes background, reporting, investigation, annual report and audit report information.
   - The organization has completed DOJ audits in all three facilities. Final reports document 100% compliance has been received and is posted to the organizational public website.
     - Chehalis Facility- last audit January 2018 with a final report issued July 18, 2018.
     - Mission Facility-last audit September 2015 with a final report issued November 1, 2015. (Audit scheduled for fall of 2018)
     - Cozza Facility-last audit January 2016 with a final report issued February 21, 2016. (Audit scheduled in Spring of 2019)

**2) Clark County Department of Corrections**

- The agency operates a work release center and contracts with WADOC for placement of residents transitioning out of prison into some of these beds.
- The agency completed a self-assessment and WADOC worked with the agency to bring it into compliance with the PREA Standards. However the facility failed to secure an audit. As a result, all WADOC residents were removed from the facility (effective December 31, 2017) and suspended all contract related placement until such time as the facility has completed a successful DOJ PREA audit. WADOC will continue assisting and advising Clark County staff on PREA compliance and development of a program, if requested. WADOC's hope is to resume operations with the facility once the scheduled audit is completed and the Clark County Jail is certified as compliant.

**3) GEO Group**

- WADOC had a contract with GEO Group that expired August 2018. The contract is to house residents in and out of state facilities privately operated by GEO Group. During the life of the contract, no residents from WADOC were placed in beds within GEO Group facilities. The contract specified placement in the North Lake Correctional Facility in Michigan, which was scheduled for a formal PREA audit I 2017, but the facility was closed prior to that time period and has been and is still closed. No audit will be scheduled until the facility reopens.
- The GEO Group has considerable number of their facilities audited and certified as compliant. Their 2015 Annual Report indicates 20 facilities being audited in 2015 and a total of 41 facilities operated by the entity as successfully certified.
- WADOC continues to communicate with the GEO Group as needed regarding possible offender placement and has informally agreed to place offenders in only those having achieved PREA Compliance.

**4) Rehabilitation Administration**

- The state agency operates multiple facilities for housing juveniles who have been adjudicated as delinquent. The agency also houses those residents under the age of 18 who have been sentenced as adults under an interagency agreement with WADOC that currently has no expiration date. Additionally housing of these youthful residents is driven by the Revised Code of Washington (RCW) 72.01.410 *Children under eighteen convicted of crime amounting to felony.*
- These youthful residents may be housed in any facility operated by or contracted for operation by the Rehabilitation Administration.
- The agency maintains PREA-related information on their public website, to include agency policy, data review, reporting procedures, contact information, and audit reports. https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance
- The agency has completed audits by DOJ certified PREA auditors in all of its facilities.
    - Camp Outlook- final report issued May 26, 2015, facility closed in May 2015.
    - Canyon View Community Facility- final report issued January 21, 2018
    - Echo Glen Children's Center- final report issued July 12, 2017
    - Green Hill School- final report issued August 31, 2016
        - The facility was found to be non-compliant on one (1) standard. An appeal was submitted to DOJ. The WADOC PREA Coordinated conducted several on-site visits and the facility remained in non-compliance. A new audit was conducted in August 2018, results are pending.
    - Naselle Youth Camp- final report issued August 12, 2018
        - The facility was found to be in non-compliance of several standards. WADOC currently has one (1) youthful resident housed at this facility. Due to state law, WADOC has no authority regarding the placement until his 21st birthday. An informal agreement with the agencies has been made, and there will be no placements at this facility for the next 90 days, until a plan can be made moving forward.
    - Oakridge Community Facility- final report issued July 12, 2017
    - Park Creek Community Facility- final report issued August 27, 2016
    - Pioneer Reentry Skills Center- final report issued November 5, 2015
    - Ridgeview Community Facility- final report issued July 12, 2017
    - Sunrise Community Facility- final report issued January 21, 2018
    - Touchstone Community Facility – final report issued January 21, 2018
    - Twin Rivers Community Facility- final report issued July 6, 2016
    - Woodinville Community Facility- final report issued November 30, 2015

**5) Yakima County Jail**

- The agency currently houses female residents transferred from the Washington Corrections Center for Women in an overflow bed capacity. The contract expired in June 2018, but has since been amended to continue through December 2018.
- The agency maintains PREA-related information on their public website, to include reporting contact information, and the 2015 final audit report; http://yakimacounty.us/1141/Prison-Rape-Elimination-Act .
- The agency recently had a DOJ audit and is currently in corrective action on several standards. It is anticipated that the agency will be brought into full compliance during the corrective action period.

WADOC contracts with Pioneer Human Services to provide residential substance treatment services to offenders on supervision in the community. Pioneer Center North is a one hundred and thirty-four (134) bed residential substance treatment program and which includes thirteen (13) WADOC contract beds. Pioneer Center East is a forty-four (44) bed residential substance treatment program that includes seven (7) WADOC contract beds. Previous inquiries made to the Department of Justice stated that such a facility must house a population of more than 50% percent before the standard applies. WADOC monitors the population and is aware that if the population rises above 50%, the contract will need to be modified to require Pioneer Human Services be compliant with the PREA standards.

The auditor reviewed all contracts and verified that they contain language that requires the contractors to adopt and comply with the federal PREA standards.

**The facility is in compliance with this provision of the standard.**

**Subsection (b)(c):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting,* (page 9), states "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."

During an interview with the Contract Administrator, she stated that there have been no new contracts and all of the contracts currently in place contain the required PREA language. The contract facilities are required to adhere to all PREA standards. If non-compliance is determined the contract monitor will complete on-site visits until compliance has been achieved. If the facility were to remain in non-compliance status, the state offenders would be immediately removed from the facility. The auditor did confirm that all state offenders were removed from the Clark County Work Release until they have become PREA compliant.

**The facility is in compliance with this provision of the standard.**

## 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? X 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? X 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? X 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? X 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? X 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? X 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 X 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? X Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? X 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? X 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? X Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to Auditor
3) WADOC Policy
   a. WADOC 110.100 *Prison Management Expectations* (5 pages)
   b. WADOC 110.110 *Work Release Management Expectations* (5 pages)
   c. WADOC 300.500 *Work Release Screening* (6 pages)
   d. WADOC 400.200 *Post Orders/Operations Manuals and Post Logs* (7 pages)
   e. WADOC 400.210 *Custody Roster Management* (7 pages)
   f. WADOC 420.370 *Security Inspections* (6 pages)
   g. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
4) May 31, 2002 memorandum between the Washington Federation of State Employees and the Department of Corrections for minimum staffing for Community Corrections Officers and clerical staff
5) Current staffing plan
6) Work Release Biennial Budget and request relative to staffing and/or monitoring technology
7) FY18 Annual staffing model review
8) Interviews Conducted
   a. Community Corrections Supervisor
   b. PREA Coordinator

**Additional Documentation Reviewed:**

OWTR 2019 Staffing Plan

**Findings (by Subsection):**

**Subsection (a):** Olympia Work/Training Release reported in the PAQ the WADOC requires each facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan. Since the August 20, 2012 or the last PREA audit, whichever is later, the average daily number of residents is twenty-three (23).

WADOC 490.800 Prison *Rape Elimination Act (PREA) Prevention and Reporting,* (page 7) states "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." The policy also states that the annual review of the Staffing Plan should be in conjunction with the post audit conducted in WADOC 400.210 Custody Roster Management.

WADOC 110.110 *Work Release Management Expectations,* (page 2) states, "The Community Corrections Supervisor (CCS) will: Annually review staffing levels to ensure adequate staffing plans are in place. When both males and females are housed in the facility, at least one male and one female employee/contract staff should be available at all times, within resources provided and in accordance with local collective bargaining agreements.

- When a shift has a staffing level of one, the CCS will develop a duty roster to ensure opposite gender staffing availability based on need.
- The CCS will develop a contingency plan for other instances in which both male and female employee/contract staff is not available. "

In a memo to the auditor, OWTR stated "staffing plans for WADOC work release facilities were originally created based upon the staffing models used for minimum security camps. Offenders are screened in advance by staff in order to determine their eligibility for placement in a work release. In addition, the contracting agencies have agreed with the current staffing ratios and each year this ratio is reviewed.

Factors taken into account when reviewing staffing models at work release facilities include, but are not limited to, the following:

- Offender population including the number of offenders and whether or not the facility is co-ed;
- Physical size of each work release facility building;
- Annual review of past staffing plans;
- Regular reviews of statistics related to critical incidents, including sexual abuse, sexual assault and harassment investigations

Each work release facility has an annual audit per the Washington Administrative Code. During that audit the staffing pattern is reviewed to ensure staffing meets the work release staffing model developed for that facility. Any unique staffing deficiencies are identified and reviewed. Requests for additional positions are then requested as part of the budget proposal to the Washington State Legislature. Part of the annual audit and the PREA audit include a review of safety and security to include security camera systems with video capability. A component of the plan is a facility vulnerability assessment, completed to identify and address areas or processes creating risk."

OWTR provided a copy of the May 31, 2002 memorandum between the Washington Federation of State Employees and the Department of Corrections for minimum staffing for Community Corrections Officers and clerical staff. This document was reviewed by the auditor.

This auditor also reviewed the work release biennial budget and requests relative to staffing and/or monitoring technology and the annual review of staffing levels to ensure adequate staffing plans are in place. The auditor reviewed a memo from the Community Corrections Supervisor requesting an addition FTE position for the graveyard shift. "Graveyard is insufficiently staffed for medical emergencies, coverage of the facility, for safety of the residents and facility security. The position is pending and has not funded.

A PREA Vulnerability Assessment dated June, 2018 was reviewed by this auditor. Potential high vulnerable areas were identified and the need for camera monitoring or staff escort to those areas.

In determining compliance with this provision of the standard, the auditor must review the staffing plan development process, to ensure that the plan accurately reflects the facility's needs and a careful analysis of each of the elements required for consideration. The facility provided no documentation on how the plan was developed, who was involved in the development process or if any of the elements listed above were considered.

WADOC requires that the facility, follow the agency staffing plan template. The staffing plan does not meet the agency policy or is PREA Compliant.

Corrective Action: The facility shall develop a staffing plan utilizing the agency staffing plan template.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action for this provision and agreed the facility would review and assess the staffing plan ensuring that all elements identified in the standard are included. On March 13, 2019, the auditor reviewed the OWTR 2019 Staffing Plan. The Staffing Plan was updated utilizing the agency staffing plan template. The plan takes into consideration the following:

- The physical layout of the facility
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Any other factors

The facility has effectively demonstrated compliance during this period of correction action and has provided the auditor with supporting documentation.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** Olympia Work/Training Release's reported in the PAQ that there have been no deviations from the staffing plan.

There were no deviations to the staffing plan noted.

**Subsection (c):** OWTR's reported in the PAQ that at least once a year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed in the staffing plan, deployment of monitoring technology or the allocation of agency/facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 7) states "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. (2) Reviews will document consultation with the PREA Coordinator, who will be provided a copy of the completed PREA Compliant Staffing Plan.

The auditor reviewed OWTR 2017 Staffing Plan. During an interview with the PREA Coordinator, she stated that she is involved in the formal review process.

**The facility is in compliance with this provision of the standard.**

## 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? X 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) X 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) X Yes ☐ No ☐ NA

**115.215 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female residents? X 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? X 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? X 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? X 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? X 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? X 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? X Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 420.310 *Searches of Offender* (5 pages)
   b. WADOC 420.325 *Searches and Contraband for Work Release* (4 pages)
   c. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
   d. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 pages)
4) Pat Search Training curriculum
5) Olympia Work/Training Release training log
6) Interviews with the following:
   a. Random Resident
   b. Random Staff

**Findings (by Subsection):**

**Subsection (a):** OWTR reported in the PAQ that the facility does not conduct cross-gender strip searches of residents. There have not been any cross-gender strip searches or cross-gender visual body cavity searches in the past twelve (12) months. In the past twelve (12) months there has not been any cross-gender strip or cross-gender visual body cavity searches performed due to any exigent circumstances.

WADOC 420.310 *Searches of Offender* (page 4-5) states "A strip search must be conducted by 2 trained employees. Staffing will meet the following gender requirements, unless waiting for an employee of the designated gender may result in serious bodily injury to the offender, the employee, or others. (a) Strip searches of female offenders will be conducted by female

employees. (b) Strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she will position herself to observe the employee during the strip search, but will not be in direct line of sight of the offender.

WADOC 420.310 *Searches of Offender* (page 4) "All Strip Searches will be documented before the search, or as soon as possible after the completion of an emergent strip search. This documentation must contain, at a minimum: date of search, name of offender, DOC number, reasons for search, and names and genders of the employees conducting the search."

WADOC 420.312 *Body Cavity Search* (page 3) states "All participants in a body cavity search will be the same gender as the offender."

WADOC 420.325 *Search and Contraband for Work Release* (page 2 and 3) states "A. Offender are subject to electronic and pat searches in Work Release. If the CCS determine there is reasonable suspicion that the offender is concealing contraband which warrants a strip or body cavity search, the offender can be transported to a Prison to conduct the search. (C) Pat searches will be conducted by a trained employee of the same gender as the offender being searched, except in emergency situations."

In a memo to the auditor, OWTR stated "offenders in WADOC work release facilities are subject to electronic and pat searches by same gender staff. In the event there is reasonable suspicion that the offender is concealing contraband that warrants a strip or body cavity search, the offender will be transported by staff to either a local jail or prison for the search to be conducted."

During random interviews with staff stated they are aware all strip searches shall be conducted by the same gender as the resident, however it was reported that strip searches or body cavity searches are not conducted at the facility, if needed they would take the resident to the local jail.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** OWTR reported in the PAQ that the facility does not conduct or permit cross-gender pat-down searches of female residents except in exigent circumstances. The facility does not limit female access to available programming or other opportunities in order to comply with this provision. The facility reported that there have been no pat-down searches of females by male staff in normal or exigent circumstances.

WADOC 420.325 *Searches and Contraband for Work Release* (page 3) states "Pat searches will be conducted by a trained employee of the same gender as the offender being searched, except in emergency situations.

During interviews with random staff members were aware cross-gender pat down searches were not permitted and stated they did not conduct cross-gender pat down searches. If a female needed to be pat searched the officers could wand them.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** OWTR reported in the PAQ that the facility does not permit cross-gender strip searches and cross-gender visual body cavity searches. There was no need to document such searches because they are not permitted.

WADOC 420.310 *Searches of Offender* (page 4) "All Strip Searches will be documented before the search, or as soon as possible after the completion of an emergent strip search. This documentation must contain, at a minimum: date of search, name of offender, DOC number, reasons for search, and names and genders of the employees conducting the search."

WADOC 420.325 *Searches and Contraband for Work Release* (page 4) "Offenders are subject to electronic and pat searches in Work Release. If the CCS determines there is reasonable suspicion that the offender is concealing contraband which warrants a strip or body cavity search, the offender can be transported to a Prison to conduct the search. "Page 4 further states, "When a male employee pat searches a female offender, a report will be completed in the Incident Management Reporting System (IMRS) before the end of shift. The distribution will include the PREA Coordinator."

During interviews with random staff it was stated that they are aware that all strip searches shall be conducted by the same gender as the resident. All of the non-custody staff indicated they do not conduct strip searches, but they are aware of the policy.

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** OWTR reported in the PAQ that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 8) states "Offenders will be provided the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such view is incidental to routine checks. This includes viewing via surveillance systems."

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 8) states "An announcement will be made indicating "man on the unit or "woman on the unit", by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonable be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for offenders to disrobe or change their clothing (e.g., bathrooms, showers).

In a memo to the auditor OWTR stated WADOC has standardized the "knock and announce" process within each of its facilities.

During interviews with residents all stated opposite gender staff announce their presence when entering the hallways to rooms, resident rooms and restrooms. During interviews with staff all stated they announce their presence when entering the hallways to rooms, resident rooms and restrooms. Before entering they must clearly yell out "female staff entering" or "male staff entering" The auditor observed the "knock and announce during the site review. During resident interviews

nine (9) reported that the staff always announce themselves when entering the hallway, one (1) resident reported that staff do not announce.

**The facility is in compliance with this provision of the standard.**

**Subsection (e):** OWTR reported in the PAQ that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 8) states "Employees/contact staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by review medical records or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner."

In a memo to the auditor, OWTR stated that the facility does not physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. Generally, the resident's disclosure of status is the determining factor which would then imitate a housing review protocol as outline in standard 115.42. However, this is only when the information is shared with non-medical staff. Policy requires that all medical, mental health and substance use disorder practitioners obtain the resident's consent before disclosing the resident's transgender status.

During random staff interviews the staff reported that they cannot conduct strip searches on any resident, including transgender residents. During informal interviews many of the staff reported there has never been a transgender resident housed at the facility.

At the time of the site review, the auditor verified through informal interviews with staff and residents that there are no residents currently housed at the facility, that identify as being a transgender resident.

**The facility is in compliance with this provision of the standard.**

**Subsection (f):** OWTR reported in the PAQ that all security staff has received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting, (*page 11) states "Employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex offenders."

In a memo to the auditor, OWTR stated, all staff who might perform searches at Olympia Work/Training Release have received pat search training, which includes information about conducting cross-gender pat searches, searches of transgender and intersex offenders, and searches of both male and female offenders. This training was provided to all staff via the on-line training system in February 2014. As of February 2014, all new staff receives this training in Correctional Worker CORE or applicable academy classes.

The pat-search training curriculum was provided and reviewed by the auditor. The training contained a statement “All pat searches should be conducted professional and thoroughly”. The curriculum does cover information regarding conducting cross gender pat searches, searches of transgender and intersex residents and searches of both male and female residents.

The auditor reviewed a tracking list of all staff and the date they completed the training. The facility provided no documentation, such as the training transcripts to show compliance with pat-search training. During random staff interviews, one (1) staff member reporting training was received over ten years ago, two (2) reported that they have never had pat search training for transgender or intersex residents, one (1) stated had never had pat-search training.

Corrective Action:

Prior to the issuance of the Interim Audit Report, the auditor and the facility discussed the pat search training. On January 10, 2019, the facility provided the auditor with documentation of pat search training for the staff and contract staff. In addition, the facility had all staff and contractors review the pat search video and issued all staff and contractors a certificate for successfully completing the training. The facility has effectively demonstrated compliance with this provision.

**The facility is in compliance with this provision of the standard.**

**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? X 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? X 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? X 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? X 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? X 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.) X Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? X 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? X 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? X 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? X 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? X 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? X Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X 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? X Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 310.000 *Orientation for Offenders* (8 pages)
   b. WADOC 450.500 *Language Services for Limited English Proficient* (LEP) Offenders (7 pages)
   c. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 Pages)
   d. WADOC 690.400 *Offenders with Disabilities* (8 pages)
   e. WADOC 310.000 *Orientation for Offenders* (8 pages)
4) List of DOC Sign Language Contract Interpreters
5) Position Description for Deaf Services Coordinator
6) ADA PowerPoint Training
7) Facilitator Guide (limited intellectual capabilities)
8) Monthly Interpreter Report
9) Memo for WADOC Secretary
10) PREA posters and Brochures in Spanish
11) Interviews with the following:
    a. Community Corrections Supervisor
    b. Random Staff

**Findings (by Subsection):**

**Subsection (a):** OWTR reported in the PAQ that the agency has established procedures to provide disabled residents an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment.

WADOC 310.000 *Orientation for Offenders* (page 3-4) states "Offenders will receive orientation information, both orally and in writing, in a manner that is clearly understood by offenders. The orientation will, at a minimum, include: Information on the Prison Rape Elimination Act (PREA), including (a) DOC 490.800 Prevention and Reporting of Sexual Misconduct, DOC 490.850 Response to Investigation of Sexual Misconduct, related operational memorandums, the Prison Rape Elimination Act of 2003, and other applicable state or federal laws, including potential criminal penalties (b) Department zero tolerance (c) Definitions and examples of prohibited and/or illegal behaviors that might constitute sexual misconduct (d) Self protections strategies (e) Prevention and intervention (f) Offender sexual misconduct (g) Examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct (h) Various ways sexual misconduct may be reported (i) That all allegations of sexual misconduct are taken seriously and investigated thoroughly (j) Confidentiality in cases of sexual misconduct (k) Treatment and counseling (l) Staff requirement to report allegations (m) Protection against retaliation and (n) Disciplinary actions for making false allegations"

WADOC 310.000 *Orientation for Offenders* (page 4-5) (F) states "When a literacy or language problem exist. Staff will assist the offender in understanding the material per DOC 450.500 Language Services for Limited Proficient (LEP) Offenders. (G) 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. (H) Each facility will develop processes for non-Spanish speaking Limited English Proficiency offenders, including those requiring sign language interpretations, to receive orientation in a language they understand per DOC 450.000 Language Services for Limited English Proficient (LEP) Offenders. This orientation will include information on: (5) PREA."

WADOC 690.400 *Offenders with Disabilities* (page 2) states "Offenders with disabilities will be provided reasonable accommodations that allow participation in services, programs, and activities, which include (1) Modifying policies, practices, or procedures, when reasonable (2) removing barriers to access, and (3) Providing auxiliary aids and services."

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 5) states "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.

This auditor reviewed a list of DOC sign language interpreters along with contract number and expiration date of contract. A Deaf Services Coordinator position description was reviewed that demonstrates an agency resource to assist and support hard of hearing or deaf offenders. OWTR also provided ADA training slides that addressed the Americans with Disabilities Act, understanding of this act and DOC responsibilities, reasonable accommodations, accessibility guidelines and sign language interpreter use.

The facility utilizes the *End of Silence, a Facilitator's Guide* to meet the needs of residents with limited intellectual capabilities to ensure the resident can participate and benefit in all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment.

In a memo to the auditor, OWTR stated OWTR had no requests for accommodations related to the provisions of PREA. In the event an offender was identified or requested services, the Community Corrections Officer would contact the ADA Coordinator for assistance.

During the site review there were no residents with disabilities housed at the facility. This was confirmed through informal and formal random interviews with staff and residents. Therefore, no targeted interviews were conducted.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** WADOC has two separate contracts with the Washington Department of Enterprise Systems that is utilized by state agencies to provide language interpreting services.

WADOC 450.500 *Language Services for Limited English Proficient (LEP) Offenders* (page 2) states "The Department will provide interpretation (i.e., oral) and translation (i.e., written) services through Department and/or contract services at all Department facilities and Field Office. The Department will also provide guidelines for interpretation and translation services for Limited English Proficiency (LEP) offenders under Department jurisdiction.

WADOC 450.500 *Language Services for Limited English Proficient (LEP) Offenders* (page 3) states "Services will only be provided through Department certified interpreters/translators and/or available state contracted vendors listed under the Translation/Interpretation on the Inside DOC. LEP Coordinators will document all services on DOC 16-340 Limited English Proficiency (LEP) Coordinator Monthly Report."

- Contract 10306- provides offenders that are limited English proficient with access to in-person language interpretation conducted by the court certified and non-court certified interpreters.
- Contract 03508- provides offenders with access to telephone based services on an "as needed" basis.

The services are available to all staff to assist limited English offenders in reporting allegations and participating in the investigatory process. These services can be accessed through the Interpretation Vendors Portal.

During an interview with the WADOC Secretary, he stated that the agency provides all PREA information in both English and Spanish. There are also contracts in place for interpreters, including the language line.

During the site review the auditor observed PREA signs posted throughout the facility both in English and in Spanish. Offenders are able to view the PREA Orientation Video in English, Spanish and has closed caption for the offenders hard of hearing. Any Residents visually impaired are able to listen to the video.

OWTR indicated that during the documentation period for this audit there has been no usage of the Language Line or staff interpreters to assist (LEP) offenders, no requests for Orientation to be presented in Spanish or use of PREA Orientation materials for offenders with low comprehensive levels. The auditor reviewed the monthly interpreters report, and no residents were listed that utilized the service.

With all of the above referenced policy, procedures and services, relating to this standard, the facility takes 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.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** OWTR reported in the PAQ that agency policy prohibits the use of 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.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Preventing and Reporting,* (page 5) states "Professional interpreter or translation services, including sign language, are available to assist the offender in understand this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. (1) Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes."

WADOC 450.500 *Language Services for Limited English Proficient (LEP) Offenders* states in part that "Services will only be provided through Department certified interpreters/translators and/or available state contracted vendors listed under the Translation/Interpretation on InsideDOC. LEP Coordinators will document all services on the DOC 16-340 Limited English Proficiency (LEP) Coordinator Monthly Report.

In a memo to the auditor, OWTR stated agency policy prohibits the use of offenders, family members and friends as interpreters or translators. Staff members are used as interpreters/translators for PREA-related issues only in exigent circumstances.

During the random interviews with staff, all stated they could not use a resident to interpret for them. All stated they have contracts with interpreters and could use the language line if needed.

**The facility is in compliance with this provision of the standard.**

## 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)? X 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? X 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? X 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)?
  X 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? X 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? X 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? X Yes ☐ No

**115.217 (c)**

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? X 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? X 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? X 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? X 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? X 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? X Yes ☐No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? X Yes ☐No

**115.217 (g)**

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 Pages)
   b. WADOC 810.015 *Criminal Record Disclosure and Fingerprinting* (5 pages)
   c. WADOC 810.800 *Recruitment, Selection and Promotion* (8 Pages)
   d. WADOC 400.320 *Terrorism Activity* (4 Pages)
   e. WADOC 800.005 *Personnel Files* (5 pages)
4) Spreadsheet with all employees hired or promoted within the audit documentation period
5) Samples of Sexual Misconduct and Institutional Employment disclosure forms
6) Contract Shell Language
7) Contract K 8580
8) Memo from Headquarter
9) PREA 101 curriculum demonstrating information on continuing duty to report
10) Interviews with the following:
    a. Administrative (Human Resources) staff

**Findings (by Subsection):**

**Subsection (a)(b):** OWTR reported in the PAQ that the agency prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may contact with residents who:

- Has engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or instructional setting.
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph 1 of this section.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 6) states "(A) The Department has established staffing practices as follows: (1) to the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who: (a) has

engaged in sexual misconduct in a Prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S. C. 1997 (b) has engaged in sexual misconduct with an offender on supervision (c) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or (d) has been civilly or administratively adjudicated to have engaged in the activity described above.

WADOC 810.015 *Criminal Record Disclosure and Fingerprinting (*page 4) states "Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services.

WADOC 810.800 *Recruitment, Selection, and Promotion* (page 5) states "The Appointing Authority will ensure the following is conducted on the preferred candidate before appointment (2) Completion of DOC 03-506 Sexual Misconduct and Institutional Employment/Services Disclosure (a) to the extent possible for external candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contracted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 6) states (B) 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."

In a memo to the auditor, OWTR stated WADOC requires that each individual who is hired or promoted and each contractor who may have contact with offenders complete form DOC 03-506, *Sexual Misconduct and Institutional Employment/Self Disclosure.* In addition, the PREA database maintained within the Offender Management Network Information (OMNI) system is reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring review.

The auditor reviewed the DOC 03-506 form. The form contained the following questions:

- Have you ever engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or instructional setting?
- Have you ever been civilly or administratively adjudicated (there was formal finding and a judgment or decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting?
- Have you ever been accused of or investigated for sexual harassment or sexual involvement of any type in any place you have worked or volunteered?
- Have you been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation or alleged sexual abuse or sexual harassment?
- Have you ever engaged in any other incident of sexual harassment or sexual misconduct not already addressed above?

During an interview with the State Human Resource Manager, she stated that the self disclosure form is part of the application packet. Each applicant must answer all questions.

The auditor also interviewed the Human Resource Manager regarding contract staff. She stated that the self disclosure is part of the application packet and must be completed by all applicants.

The facility reported fourteen (14) employees, three (3) are state employees, while the remaining eleven (11) are contract employees. The auditor selected and reviewed three (3) state employee files and five (5) contract staff files. All files had a completed DOC 03-506 form. Staff and contractors are required to answer the questions during the annual PREA training.

The auditor confirmed that there have been no promotions during the reporting period.

**The facility is in compliance with these provisions of the standard.**

**Subsection (c):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (*page 6) states "The Department will obtain information through one or more of the following: 1) Washington Crime Information Center (WACIC)/National Crime Information Center (NCIC) records checks 2) Employment/volunteer application 3) reference checks 4) Personnel file review 5) Contract disclosure statements

WADOC 810.015 *Criminal Record Disclosure and Fingerprinting (*page 4) states "Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services.

WADOC 810.800 *Recruitment, Selection, and Promotion* (page 5) states "The Appointing Authority will ensure the following is conducted on the preferred candidate before appointment (2) Completion of DOC 03-506 Sexual Misconduct and Institutional Employment/Services Disclosure (a) to the extent possible for external candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contracted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct.

In a memo to the auditor, OWTR stated WADOC requires that each individual who is hired complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Service Disclosure. Human Resources personnel ensure a criminal background investigation is completed and make their best efforts to contact all prior institutional employers before the hiring process is complete.

This was confirmed during an interview with the Human Resource Manager for all state employees. She stated that she does not participate in the application process for the contract staff.

The facility had no newly hired DOC employees during the documentation period.

**The facility is compliant on this provision of the standard.**

**Subsection (d):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (*page 6) states "The Department will obtain information through one or more of the following: 1) Washington Crime Information Center (WACIC)/National Crime Information Center (NCIC) records

checks 2) Employment/volunteer application 3) reference checks 4) Personnel file review 5) Contract disclosure statements WADOC 810.800 *Recruitment, Selection, and Promotion* (page 5) states "The Appointing Authority will ensure the following is conducted on the preferred candidate before appointment (2) Completion of DOC 03-506 Sexual Misconduct and Institutional Employment/Services Disclosure to the extent possible for external candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contracted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct."

The auditor reviewed five (5) contractor files, for contractors hired during the reporting period; all five (5) had a background check that was completed prior to being hired with the facility.

**The facility is compliant on this provision of the standard.**

**Subsection (e):** WADOC 810.015 *Criminal Record Disclosure and Fingerprinting* (page 3) states "The designation unit/employee will establish a process to ensure that criminal background checks are run for all current volunteers, contract staff, and unarmed employees at least every 5 years.

In a memo to the auditor, OWTR stated the following process has been established to ensure all required employees and contractor criminal background check are completed at least every five (5) years.

- For Contract Staff
    - The contractor's administrative assistant maintains a spreadsheet that captures and tracks personnel training, driver's license and record check data
    - When the administrative assistant determines that an updated record check is due, he/she will notify the appropriate supervisor or director
    - At the direction of the supervisor or director, the Officer Assistant 3 will review the electronic records and submit a request for CHRI check through the Work Release Oversight and Compliance Administrator's Assistant 3.
- For State Staff
    - Records checks are completed annually on all armed staff. This is tracked by the Community Corrections Supervisor and is submitted via the Office Assistant 3.
    - For unarmed staff, records check data is reviewed annually to ensure timely updates are completed and once received entered on the tracking spreadsheet

During an interview with the Human Resource Manager she stated that WADOC will complete a background checks every five (5) years. She stated that all background checks were run in 2014 and will be completed again in 2019.

The auditor reviewed the criminal background checks for four (4) employees. There was one (1) DOC employee and three (3) contract employees, who had been employed longer than five (5) years. All had had a background within the last three (3) years.

**Subsection (f):** WADOC 800.005 *Personnel Files* (page 4) states "To the extent possible, institutional employers seeking employment verification will be provided all available information on substantiated allegations of sexual misconduct or harassment. (1) Employment verification requests from institutional employers will be directed to the Appointing Authority, who will coordinate the review and response.

In a memo to the auditor, OWTR stated, WADOC provides upon request all available information regarding substantiated allegations of sexual misconduct or harassment to institutional employers seeking employment verification upon receipt of a release from the former employee. Generally, this information is provided verbally in response to telephone inquiries from potential employers. Neither agency policy nor protocols require the maintenance of logs documenting responses provided.

During an interview with the State Human Resource Manager, she confirmed that if another agency calls and requests information regarding substantiated allegations, they have and will cooperate with the agency. She stated that these instances are not documented. In an interview with the Contract Human Resource Manager, stated that if the facility provides a waiver, she will give the employer the information requested, however this is not documented.

**The facility is in compliance with this provision of the standard.**

**Subsection (g):** WADOC 03-506 form which asks the employees the questions defined in this provision of the standard was added to the annual PREA Training which is administered to all employees via the electronic Learning Management System (LMS). An excerpt from this system was reviewed. The first question states “I acknowledge and understand that I have a continuing affirmative duty to disclose and immediately report to my Appointing Authority my involvement in any form of sexual misconduct. Therefore, I confirm the following:

- I have not engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or instructional setting.
- I have never been convicted of or otherwise (civilly or administratively) to have engaged in sexual abuse/assault in any setting.
- I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above.
- All answers and statements are true and complete to the best of my knowledge. I understand that untruthful answers or deliberate omissions may be cause for disciplinary action (for employees) or termination of services (for contractors and volunteers)

During an interview with the Human Resource Manager, it was stated that there is a policy and staff must confirm that have a duty to disclose and report, during their annual training.

The agency does consider the material omissions regarding misconduct grounds for termination.

**The facility is in compliance with this provision of the standard.**

## 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 X 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.) X Yes ☐No ☐NA

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release completed Pre-Audit Questionnaire
2) Memo to Auditor
3) Policy: 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
4) PREA Vulnerability Assessment
5) Facility floor plan with camera locations
6) Facility floor plan prior to the camera installation

7) Interviews with the following:
   a. Community Corrections Supervisor

**Findings (by Subsection):**

**Subsection (a)(b):** OWTR reported in the PAQ the agency has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012, or since the last PREA audit, whichever is later, however the facility has installed or updated a video monitoring system.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 7) states "The Department will consider possible effects on its ability to protect offenders from sexual misconduct when: (1) Designing or acquiring a new facility (2) Planning substantial expansions or modification of existing facilities, and (3) installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.

OWTR stated in a memo that in planning a substantial expansion or modification of existing facilities, the WADOC hires a consultant who has expertise in the design of correctional facilities and understands the importance of offender and staff safety. The agency provides instructions to consultants based upon the owner's approved program and/or predesigned documents, WADOC policies, standards, guidelines and specification, including PREA standard 115.218.

OWTR reported that since the date of the last PREA Audit in 2016, OWTR has installed an electronic surveillance system throughout the facility and grounds to monitor movement of the offenders, staff and any visitors.

During an interview with the WADOC Secretary, he stated that each facility is required to consider data from previous reports and/or allegations in order to determine the placement of cameras, to ensure that blind spots are eliminated and create a safer environment.

The facility provided the auditor with the vulnerability assessment, depicting the camera location, and the placement to ensure the protection of residents from sexual abuse.

**The facility is in compliance with this provision of the standard.**

## 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.) X 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.) X 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.) X 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? X Yes ☐No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X 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)? X Yes ☐No
- Has the agency documented its efforts to provide SAFEs or SANEs? X Yes ☐No

**115.221 (d)**

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

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

**115.221 (g)**

- Auditor is not required to audit this provision.

**115.221 (h)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to Auditor
3) Policy:
   a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
   b. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
   c. WADOC 600.000 *Health Services Management* (10 pages)
   d. WADOC 600.025 *Health Care Co-Payment* (3 pages)
   e. WADOC 610.025 *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct* (8 pages)

4) Facility Case Datasheet of all investigations during reporting period
5) Excerpt from *National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*
6) Excerpt from *Recommendations for Administrative Prisons, Jails and Community Confinement Facilities for Adapting the U.S. Department of Justice National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*
7) Sexual Assault Evidence Collection: Uniform Evidence Protocol
8) Transport for Forensic Medical Exam Procedures
9) Transport Protocols
10) Work Release Transport for Forensic Exam
11) List of Hospitals and designated advocate partnered with the facility
12) Mutual Aid Agreement between State of Washington State Patrol and State of Washington Department of Corrections
13) Emergency-Non Emergency memo
14) Memo from Health Services Assistant Secretary, date 2/3/2017 providing direction to all Health Services staff regarding documentation of attempts to secure SAFE/SANE when needed
15) Interagency agreement with the Department of Commerce, Office of Victim Advocacy detailing advocacy access for offenders
16) OCVA Brochure detailing offender access to community victim advocacy
17) In-Person victim advocacy services guide
18) Document detailing pre-assignment and ongoing training requirements for community based victim advocates
19) Document detailing selection criteria for Community Sexual Assault Programs partnered with the WADOC
20) Interviews with the following:
    a. PREA Coordinator
    b. Random Staff

**Findings (by Subsection):**

**Subsection (a)(b):** OWTR reported in the PAQ the agency/facility is responsible for conducting administrative only sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 1), states "The Department will respond to allegations of sexual misconduct to support and provide assistance to the allege victim, enhance security and maximize the ability to obtain evidence to use in investigations and criminal prosecutions where applicable."

OWTR stated in a memo to the auditor the agencies to which criminal allegations are referred is based on the location of the facility, the Olympia Police Department is the first law enforcement agency contacted for all criminal investigations and related evidence collection.

WADOC uses the following publications as a basis for sexual misconduct investigation evidence protocols.

- A National Protocol for Sexual Assault Medical Forensic Examinations Adults, Adolescents, Second Edition, U.S. Department of Justice, Office on Violence Against Women; April 2013
- Recommendations for Administrators of Prison, Jails and Community Confinement Facilities for Adapting the U.S. Department of Justice's Nation Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescence; U.S. Department of Justice Office on Violence Against Women; August 2013.

OWTR is responsible for conducting administrative investigation. Local law enforcement would be called for any allegation with a criminal nexus. The auditor reviewed the Uniform Evidence Protocol that was developed for the officers in the event that there is a sexual assault. The protocol is comprehensive and appropriate for youth. The protocol appears to contain sufficient technical detail to aid responders in obtaining usable physical evidence.

During an interview with the WADOC Secretary, the auditor confirmed that the WADOC investigators do not conduct criminal investigations. If a criminal nexus was determined, the Appointing Authority would call local law enforcement.

During random staff interviews, it was reported that if a sexual assault occurred they would secure the crime scene and call law enforcement for evidence collection.

**The facility is in compliance with this provision of the standard.**

**Subsection (c)(d)(e)(f):** WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 6) states "Forensic exams will be performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFE/SANE is not available, the examination can be performed by a qualified medical practitioner."

WADOC 600.000 *Health Services Management* (page 2) states "The Health Services Division Standard Operations and Procedure Manual, including the Offender Health Plan and DOC-DOH Health, Environmental and Safety Standards established under RCW 43.70.130(8).

- 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.

WADOC 610.025 *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct* (page 2 – 4) states, Any offender in partial or total confinement alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury and provide treatment and follow-up care. The offender will be offered medical and

mental health treatment services that are clinically indicated based upon the evaluation. All forensic medical examinations will be provided at a health care facility in the community.

In a memo to the auditor, OWTR stated WADOC has developed partnerships with identified community health care facilities and sexual assault programs for the provision of designated services and support.

Medical staff and related evidence collection would not apply as the facility does not maintain medical staff, but refers residents to health care services in the community. In the event of an emergency situation, 911 would be called and he offender transported to a local emergency room.

The auditor reviewed a letter to the Capitol Medical Center which stated, "emergency/non-emergency treatment for Olympia Work/Training Release. The State Department of Corrections uses this facility to treat residents as follows:

- Any patient presenting to the Emergency Department will be provided with an appropriate medical screening examination to determine if the patient is suffering from an emergent medical condition.
- In accordance with Capital Medical Center's treatment protocol, the hospital will render emergency treatment as needed, treat non-emergent situations is a similar manner as it does with other patients seeking medical treatment though the emergency department and inform the resident of the appropriate aftercare if required.
- It will be the responsibility of the resident to notify the Olympia Work/Training Release Director, or designee of the situation.

During the reporting period, OWTR reported that there has not been an incident that required a forensic examination be conducted.

WADOC has established an Interagency Agreement with the Department of Commerce Office of Crime Victims Advocacy. The purpose of this agreement is to provide advocacy services in furtherance or the DOC's compliance with the Prison Rape Elimination Act (PREA). The services provided include crisis intervention, assessment of needs, referrals to additional resources, medical advocacy and legal advocacy. Medical advocacy includes accompaniment to medical forensic exam, explanation of the exam proceeding, presence and support for incarcerated individuals who have undergone a sexual assault forensic medical exam during investigatory interviews, depositions and other legal proceedings.

OWTR provided this auditor with documentation from the OCVA that establishes that the services provided by Washington State Community Sexual Assault Programs (CSAPs) meet the PREA standards for victim advocacy from a rape crisis center. These CSAPs are selected based on the following criteria:

- Proximity to prison facility and community hospital
- Compliance with current accreditation, service and training standards
- Designation of primary and secondary PREA advocates
- Demonstrated advocacy experience
- Commitment to attend additional PREA required trainings
- Extent of management level staff experience in sexual assault victim services

- Provision of accompaniment services to sexual assault survivors during forensic exams
- Extent of program experience with system coordination on behalf of adult survivors of sexual assault to include: experience with criminal legal system and confinement facilities.

The auditor reviewed the PREA Advocate qualifications employed with the OCVA, which states "Advocates providing sexual assault support services follow the Washington Sexual Assault Service Standards, which include services definitions, activities, and advocate qualifications. Qualified advocates are required to have thirty hours of initial sexual assault/abuse training and twelve hours of ongoing training annually. Advocated providing sexual assault support services to residents are specifically identified with the organization as PREA Advocates and receive additional specialized training on supporting incarcerated survivors of sexual assault."

OCVA brochures and posters in English and Spanish were also provided. The OCVA toll-free number is prominent on all documents as well as available services. An In-Person Victim Advocacy Services guide was provided. This guide was developed in collaboration with the Washington Coalition of Sexual Assault Programs (WCSAP) and the Department of Corrections. This guide details the coordination between facilities and community-based victim advocates.

During the site review the auditor did observe the OCVA posters and brochures. These items were provided in both English and Spanish.

**The facility is in compliance with this provision of the standard.**

**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? X Yes ☐No

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

- Does the agency document all such referrals? X 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).] X 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*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 Pages)
   b. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
   c. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
4) Facility Log of allegations received
5) OWRT Offender Complaint Log
6) Screen Prints from Agency Website
7) Mutual Aid Agreement between State of Washington State Patrol and State of Washington Department of Corrections
8) Memo stating the facility has regular contact with the Olympia Police Chief

9) Interviews with the following:
   a. Agency Head
   b. Investigator Staff

**Findings (by Subsection):**

**Subsection (a):** OWTR reported in the PAQ that the facility ensures that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department."

WADOC official website states "All allegations naming as victims any inmate under the jurisdiction of the DOC in an Institutional setting or the community are thoroughly investigated" http://www.doc.wa.gov/corrections/prea/resources.htm#reports

In a memo to the auditor, OWTR stated WADOC has established a process whereby all allegations are triaged by the Headquarters PREA Unit to determine if the allegation falls within the established PREA Definitions. Allegations resulting in the initiation of an investigation are returned to the applicable Appointing Authority for investigation. OWTR will investigate all allegations referred. During this reporting period there have been no allegations, and therefore no investigations have been imitated.

WADOC is responsible for conducting all administrative investigations related to PREA. WADOC staff does not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigations. The local police department is the primary investigator for a crime committed within the facility.

During an interview WADOC Secretary he confirmed the process in which cases are referred to the PREA Unit. The Headquarters PREA Unit is an agency unit. All calls made to the PREA Hotline, are received by this unit. All reported allegations from the facilities within the Corrections Department are referred to this unit. The allegation is triaged by the PREA Unit. If the allegation meets the PREA definition and has not already been reported, the PREA Unit will send notification to the Appointing Authority. The Appointing Authority will assign the allegation to a trained investigator to conduct an administrative investigation. The facility investigators do not have law enforcement authority and therefore cannot conduct criminal investigations. Any case with a criminal nexus is referred to law enforcement.

The auditor reviewed OWTR Offender Complaint Log. There are four (4) reported allegations depicted on the log. All four (4) allegations were reported to the PREA Triage and were determined not to be a PREA incident based on the PREA definitions in 115.6. All cases were referred back to the facility for any local action that was needed.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** WADOC 490.850 *Prison Rape Elimination Act (PREA) Investigations* (page 3) states "All allegations that appear to be criminal in nature will be referred to law enforcement for

investigation by the Appointing Authority/designee. Referrals may be made using the DOC 03-505 Law Enforcement Referral of PREA Allegation.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 5 and 6) states "Meeting with Local Law enforcement A. Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials to: 1) Review investigation and requirements detailed in federal PREA Standards, 2) Establish procedures for conducting criminal investigations related to PREA allegations and 3) Establish points of contact and agree upon investigatory update procedures. B. Meetings with law enforcement will be documented in meeting minutes."

Both policies listed about can be found on the agency public website at http://www.doc.wa.gov/corrections/prea/resources.htm#policies. Any person (general public or staff) can access the policies. Offenders can access the policies in the legal library.

During an interview with an investigator, it was stated all allegations are investigated and that any allegation with a criminal component would be referred to the Olympia Police Department.

The agency does have a policy that requires all allegations of sexual abuse or sexual harassment be referred to investigation to an agency with legal authority. Washington State law requires that the Appointing Authority shall report any felony committed within the facility be reported to law enforcement.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** WADOC staff does not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. The local police department is the primary investigator for a crime committed within a facility.

The auditor reviewed the WADOC website it details how the investigation process and referral process work. The frequently asked questions (FAQ), both administrative investigations and criminal investigations are described. "Criminal Investigations-when the quality of evidence appears to support criminal activity, the Department will conduct compelled interview only after consulting with law enforcement. All sexual abuse cases will be referred for investigation by a Washington State certified law enforcement officer as defined in WAC 139.05-210 and RCW 9.46.210. Law enforcement agencies will document their findings in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. Law enforcement agencies will refer all applicable investigation to the Prosecutor's Office for review.

In addition, the Community Corrections Supervisor meets with law enforcement officials annually to discuss investigation processes and review procedures.

The auditor reviewed a memo from the Community Corrections Supervisor which stated "I have regular contact with the Olympia Police Chief as well as investigators at the Thurston County Law and Justice Counsel Meeting. The chief has told me that they will investigate all allegations of sexual assault as well as any crime that occurs at Olympia WR."

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** The agency has a policy WADOC 490.850 *Prison Rape Elimination Act (PREA) Investigation* which governs the conduct of all PREA related investigation.

**The facility is in compliance with this provision of the standard.**

**Subsection (e):** The provision of the standard is not applicable, as currently, no investigations have been conducted by a Department of Justice entity.

**The facility is in compliance with this provision of the standard.**

## 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? X 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? X 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 X 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? X 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? X 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? X 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? X Yes ☐No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? X 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? X 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? X Yes ☐No

**115.231 (b)**

- Is such training tailored to the gender of the residents at the employee's facility? X 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? X Yes ☐No

**115.231 (c)**

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

**115.231 (d)**

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations*

*where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 Pages)
4) PREA Training Log
5) Training Transcripts
6) PREA 101 curriculum
7) PREA Training Schedule
8) Interviews with the following
   a. Random Staff

**Findings (by Subsection):**

**Subsection (a):** OWTR reported in the PAQ that the agency trains all employees, who may have contact with offenders in the elements of this standard.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 9) states "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initials training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity"

In a memo to the auditor, OWTR stated WADOC uses on-line training through the Learning Management System (LMS) for selected training courses. This ensures consistent and efficient information is provided to employees, contract staff and volunteers. Annual in-service training is delivered using this medium.

The curriculum for PREA 101 was reviewed by the auditor. All ten (10) elements of this provision are covered to include but not limited to:

- the agency's zero tolerance policy
- how to fulfill their responsibilities in preventing, detection, reporting and response to sexual abuse
- the inmates right to be free from sexual abuse
- free from retaliation for reporting sexual abuse
- the dynamics of sexual abuse
- the common reactions of sexual abuse victims
- how to detective and responds to signs of threatened and actual sexual abuse
- how to avoid inappropriate behavior

- how to communicate effective and professionally with all inmates including LGBTI inmates
- how to comply with relevant laws.

The facility provided a copy of a PREA Training Tracker. The auditor reviewed three (3) DOC employee training files. All three (3) employees had received training annually.

During random staff interviews, all stated that they had received the required PREA training. Each employee receives the training annually through the LMS system.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** The auditor verified the WADOC initial and annual training curriculum includes information applicable to both male and female offenders, eliminating the need for additional training should a staff member be reassigned to a facility that houses female offenders.

**The facility is in compliance with this provision of the standard.**

**Subsection (c)(d):** In a memo to the auditor, OWTR stated on "May 9, 2006, PREA training for all employees, contract staff and volunteers was deployed. The policy requires each employee receive refresher training on a one-year timeline thereafter. This eliminates the requirement that the facility provide refresher information, in between the two-year timeline imposed by the PREA standard.

The Learning Management Systems tracks employee participation, scores obtained on all quizzes and completion of the training requirement. A function of the system requires participants to acknowledge that they understand the PREA training that they have completed. If they do not confirm understanding the system will not register the training as being completed."

The facility provided a copy of a PREA Training Tracker. The auditor reviewed three (3) DOC employee training files. All three (3) employees had received training annually.

In addition, during random interviews with staff all stated that they have had PREA training and are required to attend annual PREA training.

**The facility is in compliance with this provision of the standard.**

**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? X 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)? X Yes ☐No

**115.232 (c)**

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
   b. WADOC 530.100 *Volunteer Program* (10 pages)
   c. WADOC 700.400 *Class IV Off-Site Work Crew* (7 pages)
4) Contract Shells
5) PREA 102 Facilitator Guide
6) Sign Language Interpreters log with training dates
7) Memorandum from Correctional Manager providing information for PREA requirements
8) Master Interpreter list
9) Memorandum from Correctional Manager to Interpreters about PREA changes
10) PREA brochure for Staff, Contractor and Volunteers

11) List of Vendors
12) Vendor PREA Acknowledgment Forms
13) Interviews with the following:
    a. Contract staff with Resident Contact

**Findings (by Subsection):**

**Subsection (a):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 9) states "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initials training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity"

WADOC 530.100 *Volunteer Program* (page 5) states "All training requires approval from the Headquarters Correctional Program Administrator and will be provided by authorized employees or volunteers trained in the curriculum. Training will include: 1) Prison Rape Elimination Act (PREA)."

WADOC 700.400 *Class IV Off-Site Work Crew* (page 6 and 7) states "Approved contract agency staff will received initial and annual training that includes, at a minimum: (6) Prison Rape Elimination Act (PREA) training, which must be completed before having any contact with offenders."

In a memo to the auditor, OWTR stated "WADOC requires that all contractors with regular contact with offenders complete the same general training provided to employees. The agency allow for vendors and service providers who have limited, unescorted contact with offenders to complete the form 03-0478, *PREA acknowledgement*, and be provide with the current PREA brochure for staff, contractors and volunteers rather than complete annual training. This typically includes individuals filling the vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance."

The facility currently does not have volunteers working within the facility. However, the facility reported a total of ten (10) contract staff.

The auditor reviewed the records of five (5) contract staff. All contractors have received the required PREA training and receive the training on an annual basis.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** Olympia Work/Training Release's reported in the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents, all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy and are informed how to report such incidents.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* requires all staff, contractors and volunteers receive the same initial training and annual refresher training. The

training includes the agency's zero tolerance policy and how to report any allegations of sexual abuse.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 10) states "Vendors and service providers with limited unescorted contact with offenders are not required to attend PREA training, but must sign DOC 03-478 PREA Acknowledgment."

All contractors and volunteers are required to attend the same level of training as staff. They are also to complete the training annually. WADOC also requires that all vendors sign a PREA acknowledgment that they understand they have a duty to immediately report any knowledge, suspicion or information received. The auditor reviewed sample of the completed DOC 03-478 forms signed by current venders of the facility. After review of the DOC 03-478, the auditor recommended that the agency add the agency's zero tolerance to the form. On November 25, 2018, the auditor received confirmation that the information has been added to the form.

The agency self-disclosed that it was discovered that individuals contracted out of the agency headquarters were not in compliance with the training requirements outlined in policy and in this provision of the standard. The non-compliance is in regard to the contracted interpreters. As corrective action the agency developed training for the contractors and volunteers to catch up on their training requirements. The agency provided the auditor with the training schedule that was completed as of September 2018 and all have been brought into compliance.

There were not contract interpreters utilized in the facility during the reporting period. The agency has brought the contracted interpreters into compliance.

The auditor reviewed five (5) files of contracted staff at the facility and confirmed they had received the same PREA training required of all staff.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** Olympia Work/Training Release's reported in the PAQ that the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

All training is completed utilizing LMS which tracks participation, scores obtained on quizzes and completion of training. A function of the system requires the participant to acknowledge that they understand the training they just completed. If a participant does not confirm understanding, the course is not registered as complete. The auditor did review the LMS system and confirmed the participant must complete the training and acknowledge they understand the training before the system will register that the employee has completed the class.

**The facility is in compliance with this provision of the standard.**

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

**115.233 (b)**

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

**115.233 (c)**

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

**115.233 (d)**

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 310.000 *Orientation for Offenders* (8 pages)
   b. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
4) Facility Offender Handbook
5) English and Spanish PREA Brochure
6) Photographs of the Intake Posters (Zero Tolerance)
7) Orientation Tracker
8) Orientation Checklist Examples
9) Spanish PREA Brochure and Posters
10) Spanish Work Release Brochure
11) PREA Orientation Materials for Offender with Low Comprehension Level
12) PREA Orientation Video Transcript
13) Interviews with the following:
   a. Intake staff
   b. Random Residents

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d)(e):** Olympia Work/Training Release reported in the PAQ that residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and agency policies and procedures for responding to such incidents. The agency has established procedures to provide disabled residents an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment.

WADOC 310.000 *Orientation for Offenders* (page 3) states "All offenders arriving at or transferred to a Prison will receive: 1) A facility specific orientation packet on the date of arrival, and 2) An orientation to the new facility within one week of arrival, except when medical, mental health, or behavioral issues preclude completion of this process."

and

"Offenders will receive orientation information, both orally and in writing, in a manner that is clearly understood by offenders. The orientation will, at a minimum, include:……5) Information on the Prison Rape Elimination Act (PREA), including (a) DOC 490.800 Prevention and Reporting of Sexual Misconduct, DOC 490.850 Response to an Investigation of Sexual Misconduct, related operation memorandums, the Prison Rape Elimination Act of 2003 and other applicable state or federal laws, including potential criminal penalties, (b) Department zero tolerance stance.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 12) states "Offenders will be provided PREA related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manner allowing offenders to ask questions of the staff member facilitating the orientation."

In a memo to the auditor, OWTR reported that "during the documentation period there have been sixty-eight (68) residents received at the facility. All residents were provided information on arrival in the form of a brochure. PREA reporting information as well as information regarding victim advocacy support is provided in the form of poster in the intake area.

Offenders arriving at the facility are reviewed to determine if additional venues are needed in order to provide orientation. These include use of the language line for languages other than English or Spanish. It also includes the use of materials developed by "*End Silence-the Project on Addressing Prison Rape, September 2013"* for one-on-one use with offenders with low comprehension.

At OWTR, offenders needing additional services can be identified during several main steps of the intake process, with input from different staff. The first contact is during the initial medical screening. The second contact occurs during the orientation process. Finally the offender participates in an intake process with the Community Corrections Officer and Case Manager. During the audit period, there have been no instances of an offender in need of alternative methods of orientation."

The auditor inquired information regarding the medical screening, as the facility does not have medical or mental health services. The facility provided clarification. When a resident leaves the major institution, there is a basic health information form completed. During the “health screening” the form is gone over with the resident.

Each resident that enters into the facility will attend orientation on the first day of arrival. The auditor reviewed the Orientation handbook and the PREA video, which includes the facility’s zero tolerance policy, how to report an incident of sexual abuse or staff sexual misconduct and information regarding support services. The handbook and the PREA video are available in both English and Spanish. The resident signs a *Work Release Orientation Checklist*, which includes a statement “I understand that the Department has zero tolerance for all forms of sexual misconduct, including sexual harassment, offender-on-offender sexual assault/abuse, and staff sexual misconduct. I understand that all allegations of sexual misconduct will be investigated and may also be referred to a law enforcement agency for criminal investigation. I am aware that sexual contact between an offender and staff, including Department employees, volunteers, and contractor, is strictly prohibited. I also understand that neither the Department nor Washington State law recognizes consensual sexual contact between staff and offenders as a defense against allegations of sexual misconduct. I understand the reporting process for sexual misconduct.”

During random resident interviews, ten (10) residents were interviewed. All ten (10) reported that they were given information regarding the facility rules against sexual abuse and sexual harassment in the form of a brochure. The residents also stated that they received all the required information on the first day they arrived at the facility during the orientation process.

During the site review, the auditor observed PREA signage and brochures located on a bulletin board in the public areas. The bulletin board had all the forms, brochures and information, accessible to the residents, family and visitors. The information was provided in both English and Spanish.

The auditor randomly reviewed twelve (12) resident files. Each file had a *Work Release Orientation Checklist*, signed by the resident, and dated on the date of the resident’s arrival at the facility. The checklist includes a statement that the resident has seen the PREA video and went over the policies regarding the *Prison Rape Elimination Act.*

**The facility is in compliance with this provision of the standard.**

**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).] X 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).] X 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).] X 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).] X 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).] X 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).] X 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*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Preventing and Report* (17 pages)
   b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (14 pages)
   c. WADOC 880.100 *Corrections Training and Development* (9 pages)
4) Washington Administrative Code 139-25
5) House Bill 1109
6) Roster of Investigator who attended training
7) Investigator Transcripts
8) Interviews with the following:
   a. Investigative staff

**Findings (by Subsection):**

**Subsection (a)(b)(c):** Olympia Work/Training Release reported in the PAQ that investigators are trained in conducting sexual abuse investigations in confinement settings. The agency maintains documentation showing that investigators have completed the required training. The current number of investigators employed who have completed the required training is six hundred and thirty one (631).

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 11) states "PREA investigators will be trained in: 1)Crime Scene management/investigations, including evidence collection in Prisons and Work Releases 2) Confidentiality of all investigation information 3) Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process 4) Crisis intervention 5) Investigating Sexual Misconduct 6) techniques for interview sexual misconduct victims and 7) Criteria and evidence required to substantiate administrative action or prosecution referral."

WAC 139.250 *Basic Law Enforcement Curriculum* states "The basic curriculum of the commission may include, but is not limited to, the following core subject areas with common threads of communications, community policing, and professional ethics throughout: 1) Orientation and history of policing 2) Criminal Law 3) Criminal Procedures 4) Patrol Procedures 5) Crisis Intervention 6) Emergency Vehicle Operation Course 7) Report Writing 8) Traffic Laws 9) Firearms 10) Defensive Tactics and 11) Criminal Investigations.

In a memo to the auditor, OWTR stated, "WADOC has established specialized investigator training that provides information regarding the conduct of all PREA-related investigations. This includes, but is not limited to; how to conduct an investigation in confined setting, techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity Warnings, and evidence collections.

WADOC initiated PREA investigator training in 2011 when a formal specialized course was launched. When the final PREA Standards were released, it was determined that the course content needed to be updated to ensure compliance with the standards and the updated course

was launched in November 2013. In order to ensure all prior participants had been proved with the elements that were included in the training update, a PREA Booster Training course was launched. Existing investigators were provided with new information and additional practice in interviewing and report writing. This booster training was only available for a limited period of time and was intended only for those individuals who had completed Investigator training prior to the November 2013 update. In order to be a qualified PREA Investigator after November 2013, a person must have completed the updated course or the previous version of the training and the PREA Booster.

Any individual assigned a PREA investigation must have completed formal investigator training. The Appointing Authority responsible for the investigation is required to identify an appropriate investigator from the list of qualified individuals based on successful course completion. Other factors taken into consideration prior to investigator assignment include, but are not limited to:

- Complexity and sensitivity of the investigation
- Experience of the investigator
- Impartiality of the investigator in light of the allegation itself

Based on the allegation, the Appointing Authority can secure an investigator from within the facility or request the investigation be completed by any trained investigator from across the agency."

The auditor reviewed the training curriculum for the investigator training. The class is designed to be a fourteen (14) hour class. The training is consists of five (5) modules. Below is a brief description of the material each module covers but is not limited to only that material. In addition WADOC has an Investigator Booster Training as well. The specialized training provided to all investigators includes all of the elements for this provision. The curriculum contains:

- *Introduction to Investigations* -This material covers the different types of documents for an investigation, case management system, types of PREA investigations, including PREA Staff misconduct and PREA offender misconduct.
- *Investigative Planning* – The material covers evidence/evidence protocols, investigative steps, incident scenes, medical exams, interview planning conducting the investigation and the law enforcement referral process.
- *Investigative Interviews*- The material covers Miranda, Garrity, Weingarten, Confidentiality, Recording Interviews, telephone interviews, interviewing techniques, Complexity of Investigating PREA in a Confinement, effective PREA investigations, sexual assault victims, code of silence and why interviews fail.
- *Investigative Report Writing*-the material covers how to analyze the evidence and write a report.
- *After the Report*-material covers the appointing authority review and PREA investigations local review committee.

OWTR utilizes the Learning Management System (LMS), which documents and provides a transcript of all classes that an employee was enrolled in and completed. All transcripts for the facility investigators were reviewed by the auditor.

During an interview with an investigator, he stated that he had received the specialized training, as well as the annual in-service training. He was very knowledgeable regarding the training he had

received. It was also stated that many times the work releases will swap investigators, meaning if an allegation was reported, the Appointing Authority may assign the investigation to an investigator from another confinement center.

The agency reports that there are over six hundred (600) trained investigators around the state. The auditor has audited several other facilities located in the State of Washington and has reviewed many of investigator's training documentation. The facility reported that there was one (1) case closed during the reporting period, the auditor reviewed the training documentation of the investigator that handled the case. The auditor also review the training documentation for the investigator employed at the facility. All had the required training and documentation.

The facility has had no investigations that were conducted by an outside State agency or the Department of Justice.

**The facility is in compliance with this provision of the standard.**

**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? X 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? X 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? X 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? X 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 X 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? X 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? X 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.] X Yes ☐No ☐NA

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
   b. WADOC 610.0025 *Health Services Management of Offenders in cases of Alleged Sexual Misconduct* (8 pages)
   c. WADOC 880.100 *Corrections Training and Development* (9 pages)

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 11) states "Health Services employees/contract staff, with the exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment programming, will be trained in: 1) detecting and assessing signs of sexual misconduct 2) responding effectively and professionally to sexual misconduct victims 3) Completing DOC 02-348 Fight/Assault Activity Review 4) Preserving Physical evidence 5) Reporting sexual misconduct and 6) Counseling and monitoring procedures."

In a memo to the auditor, OWTR stated residents in WADOC Work Release facilities are personally responsible for costs associated with their general medical and mental health treatment. Any resident who seeks medical and/or mental health treatment after a reported PREA incident is referred to a community provider and the treatment expenses are covered by the WADOC"

OWTR does not have on site medical or mental health staff. All residents requiring medical or mental health treatment would be responsible to seek medical and mental health services and are responsible for any costs associated to the visit, with the exception should a PREA incident occur, the resident would be referred to a community care provided and WADOC would cover the cost. This was confirmed by the auditor during the site review of the facility.

**The facility is in compliance with this provision of the standard.**

## 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? X 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? X Yes ☐No

**115.241 (b)**

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

**115.241 (c)**

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

**115.241 (g)**

- Does the facility reassess a resident's risk level when warranted due to a: Referral? X Yes ☐No
- Does the facility reassess a resident's risk level when warranted due to a: Request? X Yes ☐No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? X 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? X 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? X 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? X Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
   b. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments (*12 pages)
   c. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (14 pages)
   d. WADOC 280.310 *Information Technology Security* (7 pages)
   e. WADOC 280.515 *Electronic Data Classification* (5 pages)
4) Memo from Secretary of Corrections, dated October 28, 2015
5) PREA Risk Assessment Tracker with 72 Hour Completion Date and Risk Assessment Tracker Summary
6) Samples of Offender PREA Risk Assessment (PRA)
7) Screen Shot of the PRA inside Offender Management Network Information System (OMNI)
8) PREA Risk Assessment Form
9) OMNI User Guide for PREA Risk Assessment for Assessors and Reviewers
10) LMS Training Curriculum for PREA Risk Assessment for Assessors and Reviewer
11) Memo to Classification Staff from Deputy Secretary dated March 11, 2015 regarding Affirmative Inquire Offender LCBTI Status
12) Sample PREA Checklists for Work Release Facilities
13) Memorandum from Michael Ison dated August 1, 2018
14) OMNI Offender Screening – PREA Risk Assessment High Level Design Document
15) OMNI PREA Access Security Groups
16) Sample DOC System Access Request DOC 08-012
17) Interviews with the following:
   a. PREA Coordinator
   b. Staff responsible for Risk Screening
   d. Random Residents

## Additional Documentation Reviewed:

1. Memo regarding process for Risk Assessments
2. Monthly PREA Risk Assessments
    - December 2018 thru February 2019
    - March 2019
    - April 2019
    - May 2019

**Findings (by Subsection):**

**Subsection (a)(b):** Olympia Work/Training Release PAQ states that the agency does have a policy that requires screening for risk of sexual abuse victimization or risk of sexual abusiveness toward other residents. The policy further requires that the screening be completed within 72 hours of their intake.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 3) states "Classification Counselors and designated Work Release employees will complete a PRA within 72 hours of arrival for all offenders arriving at any Department facility. This includes offenders returning to a facility for out-to-court status…."

OMNI PREA Risk Assessment Guide states "Initial Assessment- Within 72 hours of arrival a Reception Diagnostic Center (RDC), an initial PREA will be completed. "Transfer Assessment- Classification Counsel or Work Release Community Corrections Officer (CCOs) at the receiving facility complete a Transfer PRA within 30 days of the offender's arrival as part of the offender's Intake Plan development"

In October of 2015, former WADOC Secretary issued a memo to all Classification Staff. The memo was issued after the National PREA Resource Center made a determination that WADOC policy 490.820 was not in compliance with the intent of the standards regarding the screening of offenders. The policy was interpreted as the initial PREA Risk Assessment (PRA), was at specialized reception centers (i.e. Washington Corrections Center or the Washington Corrections Center for Women) with a "Follow up" being completed within 30 days. The Department of Justice defined "intake" as any time an offender is received at any facility, as a result the memo was issued with the following directive: Each offender will receive a face-to-face Resident PRA with 72 hours of arrival at every facility. Revisions were made to the policy.

The LMS Training Curriculum for PREA Risk Assessment for Assessors and Reviewer states "Within 72 of arrival at a Reception Diagnostic Center (RDC), initial will be completed….for each new term of incarceration, the first PRA completed will always be an Initial PRA, regardless of the circumstances"

"Transfer Assessment –Classification Counselors or Work Release Community Corrections Officer (CCOs) at the receiving facility complete a transfer PRA within 30 calendar days of the offender's

arrival as part of the Offender's Intake Plan Development."

In a discussion with the PREA Coordinator she indicated that the system was updated however the guide and the training curriculum had not been updated. There is a system update scheduled to be launched in February that will enhance the system and correct issues such as these. The auditor did receive an excerpt from the WADOC PREA IDOC system to confirm that staff is notified of the change and training is provided to new counselors.

In a memo to the auditor, OWTR stated "all offenders assigned to WADOC are required to be screened within 72 hours of arrival or transfer between facilities. The following is the breakdown of PREA Risk Assessments (PRA's) completed within the established time frames:

| **August 1, 2017-July 31, 2018** | | |
|---|---|---|
| Number of Offenders Received | 68 | |
| Number of Offenders who did not remain at the facility for 72 hours | 1 | |
| Number of offenders who were at the facility for 72 hours or more | 67 | |
| Number of offenders whose initial/intake PRA was completed within 72 hours | 60 | 90 % |

During an interview with a staff member who performs screening, he stated that policy requires the screenings to be completed with twenty-four (24) to forty-eight (48) hours. However he will complete as soon as he can.

During interviews with random residents, nine (9) reported they were asked the questions within the first day of arrival at the facility, one (1) resident stated he couldn't remember but said the facility definitely does their job.

During the site review the auditor randomly chose ten (10) resident files to review. In nine (9) of the files the initial risk assessment was completed within the 72 hours, one (1) was completed late.

OWTR provided the auditor with a PREA Risk Assessment tracker. The auditor reviewed the tracking log. During the documentation period, the facility received seventy-three (73) residents, twelve (12) initial risk assessments were not completed within the 72 hours, at a percentage of eighty-four (84%) percent.

Corrective Actions: The facility shall implement a tracking system to ensure that all initial assessments are completed timely.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. On January 8, 2019, the facility sent the auditor an email which contained a memo describing the implemented process to ensure that the risk assessments are being completed timely. In addition, the auditor monitored the completion of the PREA risk assessments, on a monthly basis. The facility has effectively demonstrated that the practice has been institutionalized and is in compliance.

**The facility is in compliance with this provision of the standard.**

**Subsection (c)(d):** WADOC utilizes an objective screening tool within the OMNI system to screen all offenders for risk of victimization and abusiveness. A review of the screening tool indicates that nine (9) questions are asked with each question given a point value. Offenders scoring eleven (11) or above are considered high risk for victimization.

- First incarceration (2 points)
- Age less that 25 years or over 65 years (1 point)
- Male size and stature: Less than 5'8 and/or 130 lbs (1 point)
- Convictions for sexual offenses/crimes with sexual motivation in which the victim was between 14 and 65 years old and/or convictions for a violent offense (no age limit) (3 points)
- Mental Impairment-Developmentally or Intellectually Disable, Mentally Ill or Physical Disability (8 points)
- History of Sexual Abuse-Victimization (8 points)
- Victim of Sexual Assault in Confinement (11 points)
- Behavior Characteristics or display of Sexual Orientation in a way that projects vulnerability (is or is perceived to be gay, lesbian, transgender, intersex or gender non-conforming) (6 points)
- Criminal History is Exclusively Non-Violent (1 point)
- Offender perceives themselves as Vulnerable (1 point)

On October 5, 2018, a directive was sent to all facilities in WADOC's control, from an Assistant Secretary. The memo acknowledged that the assessment did not state "bisexual." All staff completing the assessments is to ask the offender all questions including if they perceive themselves as bisexual. The directive is to remain in effect the OMNI system could be revised.

OWTR reported that WADOC does not house offenders solely for civil immigration purposes. As such the element is not included in the assessment process. This was confirmed by the auditor during the site review and during informal interviews with staff.

All risk assessments are completed utilizing the OMNI system. WADOC also maintains a paper version of the risk assessment (DOC 07-0719) in the event that an assessment cannot be completed in the offender's electronic file, Counselors and Community Corrections Officer may use DOC 07-0716 PREA Risk Assessment to document assessment information and update the electronic file as soon as practical.

**The facility is in compliance with this provision of the standard.**

**Subsection (e):** WADOC utilizes an objective screening tool within the OMNI system to screen all offenders for risk of victimization and abusiveness. A review of the screening tool indicates that five (5) questions are asked with each question given a point value. Offenders scoring eight (8) or above are considered high risk for victimization.

- Previous Sexual Assault in Confinement verified by Infraction History or other Written Reports with Equivalent Behavior Descriptions to include Jails or other State Correctional Agencies. (8 points)
- One or more Prior Incarcerations (2 points)
- Prior Violence in Prison to include other State Prisons with Equivalent Behavior Description

not scored above (2 points)
- Convictions for Sexual Offenses/Crimes with Sexual Motivation in which the Victim was 14 years or older/or Convictions for a violent offense (no age limit) (2 points)
- Previously or Currently Assessed as a high Violence Potential (2 points)

**The facility is in compliance with this provision of the standard.**

**Subsection (f):** WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 3) states "A follow-up PRA will be completed between 21 and 30 calendar days after the offender's arrival at the facility."

In a memo to the auditor, OWTR stated "all offenders assigned to WADOC are required to be rescreened between days 21 and 30 of arrival or transfer between facilities. The following breakdown of PREA Risk Assessment (PRA's) completed within the established time frames:

| **August 1, 2017 – July 31, 2018** | | |
|---|---|---|
| Number of Offenders Received | 68 | |
| Number of Offenders who did not remain at the facility 30 days | 1 | |
| Number of Offenders who were at the facility 30 days or more | 67 | |
| Number of Offenders whose follow up PRA was completed within 30 days | 63 | 94% |
| Number of follow up PRA's not completed | 0 | 100% |
| Number of follow up PRA's completed late | 5 | 7% |

During an interview with a staff member who performs the screenings, he stated that policy requires the second screening to be completed within twenty-one (21) to thirty (30) days.

The facility provided the auditor with a PREA Risk Assessment Tracker. During the documentation period, the facility received seventy-three (73) residents, five (5) 30 day risk assessments were not completed within the 30 days, at a percentage of ninety–three (93%) percent.

Corrective Action- The facility shall implement a tracking system to ensure that all 30 day assessments are completed timely.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. On January 8, 2019, the facility sent the auditor an email which contained a memo describing the implemented process to ensure that the risk assessments are being completed timely. In addition, the auditor monitored the completion of the PREA risk assessments, on a monthly basis. The facility has effectively demonstrated that the practice has been institutionalized and is in compliance.

**The facility is in compliance with this provision of the standard.**

**Subsection (g):** OWTR reported in the PAQ that policy requires a resident's risk level be reassessed when warranted due to a referral, request, and incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 4) states "(a) When additional information is received suggesting potential for victimization or predation (e.g., reports of behavior while in jail or on the bus in transit, court documents, Pre-Sentence Investigations) (c) when there is a finding of guilt on certain infractions listed in the PRA, including violent infractions and infraction for sexual assault/abuse. (e) for substantial allegation of offender on offender sexual abuse/assault or staff misconduct".

In a memo to the auditor, OWTR during the audit period, the facility did not have any investigations which resulted in "for cause" assessments being indicated.

During an interview with a staff member who performs risk screening, he stated that he is required to conduct a "for cause" screening if there is a referral, request or new information is learned regarding the resident's risk, and he did not complete any "for cause" assessments during the documentation period.

**The facility is in compliance with this provision of the standard.**

**Subsection (h):** WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 5) states "E. (2) Offenders are not obligated to answer PRA questions."

During an interview with a staff member who performs risk screenings, he stated that a resident is not required to answer the questions and cannot be disciplined. This was also confirmed in an informal discussion with the PREA Coordinator.

The auditor would recommend that WADOC consider revising the policy to state "Offenders will not be disciplined for refusal to participate in the risk assessment."

**The facility is in compliance with this provision of the standard.**

**Subsection (i):** OWTR reported in the PAQ the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information not exploited to the resident's detriment by staff or other residents.

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 12) states "All PREA Data Containing personal identifying information will be maintained as Category 4 Data per DOC 280.515 Electronic Data Classification.

WADOC 280.515 *Electronic Data Classification* (page 2) states "Electronic data will be classified into 4 groups per the Data Classification Standards (4) Category 4 Data: Restricted Information-Date containing information that may endanger the health or safety of others or that has especially strict handling requirements by law, statute or regulation…"

In the memo to the auditor, OWTR stated "PREA Risk Assessments are completed within a restricted component of the OMNI system. Access to the system is restricted to the following:

- Classification Counselors and Work Release Community Corrections Officer responsible for

the completion of the assessments
- Correctional Unit Supervisors, Community Corrections Supervisors and the Work Release Program Manager
- Staff as identified by the facility Superintendant and the Work Release Program Administrator responsible of oversight of the risk assessment for offenders who do not have a Classification Counselor or Community Corrections Offer assigned
- Identified Information Technology and the PREA Unit staff responsible for Maintenance.

The system maintains all completed assessments along with the response and details associated with the scoring. All access to the system is approved by the agency PREA Coordinator to ensure compliance with the restricted access parameters. The final result of the PREA Risk Assessment, (potential predator, potential victim or no risk identified) is maintained in the general status portion of OMNI making it accessible to staff for use in housing, programming and job assignments.

The final results of PREA Risk Assessments (potential predator, potential victim, or no risk identified) are maintained on the face sheet and in the general status portion of OMNI accessible to staff or use in housing, program and job assessments.

The auditor confirmed the process with the PREA Coordinator. The auditor observed the OMNI system and confirmed that only staff members listed above has access to view the assessment, although any staff member with access to the OMNI system can view the end result, they cannot view the assessment or the answers given on the assessment. This was also confirmed during an interview with a staff member who conducts the screening assessments.

Offenders do not have access to the OMNI System. The facility has demonstrated that appropriate controls on the dissemination of information contained on the assessment are in place in order to ensure the sensitive information is not exploited.

**The facility is in compliance with this provision of the standard.**

**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? X 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? X 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? X 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? X 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? X Yes ☐No

**115.242 (b)**

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

**115.242 (e)**

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 300.380 *Classification and Custody Facility Plan Review* (18 Pages)
   b. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 pages)
4) LMS Training Curriculum for the PREA Housing
5) PRA Housing Assignments User Guide
6) Sample Chronos
7) Olympia Work/Training Release Operational Memorandum OWTR 490.820 dated June 18, 2018
8) List of LGBTI Offenders
9) Interviews with the following:

a. PREA Coordinator
b. Staff responsible for Risk Screening

**Findings (by Subsection):**

**Subsection (a)(b):** OWTR reported in the PAQ that the agency uses information from the risk screening required by §115.241 to inform housing, bed, work, education and program assignments with the goal of keeping separate hose residents at high risk of being sexually victimized those at high risk of being sexually abusive.

WADOC 300.380 *Classification and Custody Facility Plan Review* (page 4) states "Committee members will receive each offender on the transfer manifest before he arrives at the receiving facility. The screening will include, at a minimum: (6) Prison Rape Elimination Assessment (PREA) information per DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessment and Assignments.

WADOC 300.380 *Classification and Custody Facility Plan Review* (page 6) states "Additional mental health and/or other employees/contract staff may be included to provide general input about areas of potential risk based on history of the offenders with a documented history of predatory violence or predatory sexual offending." and

"Any concerns regarding work programs, treatment, education, evidence-based programs, or other activities presented after review the offender's PREA Risk Assessment will be documented in the Summary/Statement field in the Classification Review section of the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies."

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (7) states "Job Programming Assignments (A) PRA information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review Housing Assignments (A) before placing the offender in a multi-person cell/room, employees responsible for making housing assignment will review the PREA identifier to ensure the compatibility of cell/roommates"

In the memo to the Auditor, OWTR stated "Prior to assigning an offender to a multi-person cell/dorm area, the PREA Risk Assessment is reviewed to ensure he/she is not assigned to an area that would place him/her at risk for victimization. In addition, the PREA Risk Assessment information is used in the following manner in classification decisions:

- Prior to the offender transferring from one facility to another a transfer manifest is prepared by the DOC transportation unit. This transfer manifest is shared with the sending and receiving facilities. Per DOC policy 300.380 *Classification and Custody Facility Plan Review* and DOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments*, facility staff will hold a multi-disciplinary team (MDT) review of the offender's listed on the transfer manifest prior to his/her arrival at the receiving facility. This screening review must include any history of predatory violence or predatory sexual violence, history of medical/mental health needs, safety/security concerns that impact housing or programming and appropriateness of specific work assignments. This screening is documented in the

electronic OMNI system and entitled the Incoming Job Screening (ITJS).

- PREA screening results are documented in the ITJS and if an offender displays an increased potential to be sexually victimized or for predation staff are expected to document this in the summary section of the ITJS. They will also note instructions, if it is necessary to have any safety plans/monitoring plans in place for any work or programming assignments.
- Classification staff will complete a PREA transfer assessment and an Intake classification Custody Facility Plan Review within thirty (30) days of the offender's arrival at the facility. If a monitoring plan is needed due to an offender's increased potential to be sexually victimized or for predation, the monitoring plan will be included in the comment section of the Custody Facility Plan. The Custody Facility Plan is located in the electronic OMNI system.
- Classification staff will update the status of a monitoring plan at each classification review held either every six (6) months or annual based on the offenders sentence structure.

Residents housed in WADOC work release facilities are employed by private entities in the community, with whom WADOC can share limited information. The resident is responsible for securing their own employment and the Community Corrections Officer can address issues on a case-by-case basis. The same is true for any education and most rehabilitative programming available for work release offenders. Any programming activities held at the facility are monitored at all times by staff and are held within areas of the facility in which offenders are observed. This was confirmed during interviews with intake staff.

The auditor reviewed twelve (12) resident housing assignments, at the time they arrived at the facility, in three (3) files the housing review was completed late. However during discussions with the facility, it was discovered that the housing assignments were completed prior to the resident arriving at the facility but there was a need for administrative adjustments within the computer system itself, the residents were housed appropriately.

**The facility is in compliance with this provision of the standard.**

**Subsection (c)(d):** OWTR reported in the PAQ states that the agency makes housing and program assignments for transgender or intersex residents in the facility on a case-by –case basis.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 8) states "Housing and programming will be reviewed, initially and prior to any transfer, by a local review committee for all offenders who identify as transgender or intersex. Reviews will be documented on DOC 02-384 Protocol for Housing of Transgender and Intersex Offenders, which will be scanned into a secure site in the electronic imaging system accessible only by the PREA Compliance Manager/Specialist and the Correctional Program Manager/CCS or higher rank"

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 10) states "Review Committees will reassess placement and programming assignments ever 6 months using DOC 02-385 Protocol for Housing Review for Transgender and Intersex Offenders to review any threats to the offender's safety.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 9) states "the receiving facility review committee will conduct an interview with the offender, arranged by sending facility staff. The interview may be conducted telephonically or in person."

In the memo to the auditor OWTR stated “housing assignment and programming assignments for all transgender and intersex offenders are made on a case by case basis, to include individual shower arrangements, putting priority on the offender’s health and safety. The housing review process also takes into account management or security problems that may result from placement options. Housing review are documented on DOC 02-384 *Protocol for the housing of Transgender and Intersex Offenders*, by local multi-disciplinary team with housing recommendation forwarded to the Deputy Director of Prison Command A for final approval. A formal review is also conducted at least every six (6) months for each offender or when a change is housing assignment is indicated.”

During the documentation period there were no transgender, intersex, or gender non-conforming offenders housed at OWTR. This was confirmed during informal interviews with staff.

During an interview with a staff member who performs the screenings, he stated that the assessment is used in determining housing for the resident. He will ask the resident if they feel comfortable with the housing assignment before placing them into the bed. The staff member stated that since he has been employed at the facility there has not been a transgender, intersex or gender non-conforming resident housed at the facility.

**The facility is in compliance with this provision of the standard.**

**Subsection (e):** Olympia Work/Training Release reported in the PAQ indicates that transgender and intersex residents are given the opportunity to shower separately from other offenders.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (page 11) states “facilities shall develop local procedures to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders. This may include individuals shower stalls, separate shower times, or other procedures based on facility design.”

During the site review, the auditor did view the showers within the housing units. The showers are individual showers and appear to provide the necessary privacy needed for residents to shower.
At the time of the site review, there were no reported transgender or intersex residents, therefore no interview was conducted.

**The facility is in compliance with this provision of the standard.**

**Subsection (f):** In a memo to the auditor OWTR stated the facility does not have a dedicated housing area for the assignment of only lesbian, gay, bisexual, transgender or intersex offenders. The agency is also not under any related consent decree, legal settlement or legal judgment. Housing and program/work assignments are made based on the PREA Risk Assessment identifiers and programming needs. Though not explicitly detailed in policy, WADOC prohibits housing based solely on an offender’s identification or status as a lesbian, gay, bisexual, transgender or intersex individual.

During an interview with a bisexual resident, it was stated that there is not a designated housing area, within the facility.

**The facility is in compliance with this provision of the standard.**

## 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? X 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? X 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? X 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? X 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? X Yes ☐No
- Does that private entity or office allow the resident to remain anonymous upon request? X 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? X Yes ☐No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? X Yes ☐No

#### 115.251 (d)

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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2) Memo to the Auditor
3) Policy:
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   b. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
   c. WADOC 450.100 *Mail for Prison Offender* (17 pages)
   d. WADOC 450.110 *Mail for Work Release Offenders* (4 pages)
4) WAC 137-48-020 Definition of Legal Mail
5) PREA Facilitator Guide
6) PREA Poster and Brochures for Staff, Contract Staff and Volunteers
7) DOC Policy Glossary Excerpt with Definitions of Legal Mail to Include PREA Coordinator
8) Olympia Work/Training Release Resident Handbook
9) PREA Brochure and Posters for Offenders
10) MOU with WADOC and Colorado Department of Corrections (CDOC)
11) Memo from Agency ADA Compliance Manager regarding illiterate offender ability to report
12) Listing of all PREA Cases opened in the documentation period
13) Listing of Compliant Log during in the documentation period
14) Log of allegations received by and for the CDOC
15) Interviews with the following:
    a. PREA Coordinator
    b. Random Offenders
    c. Random Staff

**Findings (by Subsection):**

**Subsection (a):** Olympia Work/Training Release reported in the PAQ the facility has established procedures to allow for multiple internal ways for offenders to report privately to the agency officials about sexual abuse, sexual harassment, retaliation by other offenders, staff for reporting violations and staff neglect or violations of responsibilities that may have contributed to such incidents.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 14) states "Offenders may report PREA Allegations in the following ways. Reporters may remain anonymous."

- Through the confidential PREA hotline at 800-586-9431 or at 844-242-1201 for teletypewriter (TTY)
- Verbally to Staff
- In writing, through offender kites, written notes to staff, legal mail addressed to the State Attorney General, Office of the Governor, law enforcement and/or the PREA Coordinator
- Offender Grievance
- Written Report to outside agency for Prison and Work Release Offenders

In a memo to the auditor, OWTR stated that the WADOC provides offenders with multiple reporting venues, to include a confidential toll-free hotline, verbal reports to any staff, kites, grievances and the legal mail to designated individuals. Use of the hotline does not require the offender to input a personal identifying number (IPIN) and calls are exempt from recording or monitoring the facility. The state's definition for legal mail includes correspondence to and from the Agency's PREA Coordinator. Reporting methods are addressed in the offender PREA orientation video, the offender brochure, and are included in the resident handbooks.

During informal and random interviews with residents, all reported that they are aware of all ways to report an allegation and knew where to find information regarding reporting an allegation.

During random staff interviews, all five (5) stated that they could tell staff or call the PREA Hotline. Several of the staff could name the other ways to report as well.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** Olympia Work/Training Release reported in the PAQ that the agency provides at least one way for residents to report abuse or harassment to public or private entity or office that is not a part of the agency.

In a memo to auditor, Olympia Work/Training Release reported that offenders are able to anonymously and confidentially send allegation information to the Colorado Department of Corrections (CDOC), who serves as the agency's external reporting entity. This is done utilizing *DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation* form. This form is available in resident's accessible areas of the facility along with pre-addressed envelopes.

The auditor did review Contract No. CMS 65853, between the WADOC and the CDOC, which states the WADOC and the CDOC will establish a means for offenders under their jurisdiction to report claims or allegations of sexual abuse, sexual assault or sexual harassment to the other party

(the receiving party).

A statewide log of all letters received by the CDOC was reviewed. The log indicates that no letters were received regarding the facility.

As a test, for another facility audit, the auditor sent a letter to the address provided for the CDOC, utilizing the *DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation* form. The form requested that the letter be processed as if an allegation had been reported. The letter was sent from New Mexico on September 17, 2018. On September 25, 2018, the auditor received an email for the DOC PREA Triage that the letter had been received.

During an interview with the PREA Coordinator she confirmed that the agency did have an agreement with the Colorado Department of Corrections for third party reporting.

During interviews with random residents, they were aware of the “Colorado” form. All reported that they have not sent a letter utilizing this method.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** Olympia Work/Training Release reported in the PAQ has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third party.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 2) states “Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department Facility. This includes related retaliation and knowledge of staff actions or neglect that may have contributed to the incident.” and (page 3) states “Every allegation will be reported, even if the offender reported the same allegation previously to the same staff.”

During random interview with staff, all reported that they must accept all reports and must immediately report it to the Work Release Administrator.

During interviews with random residents, all reported that if an incident were to occur they would tell staff member.

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** Olympia Work/Training Release reported in the PAQ has established procedures for staff to privately report sexual abuse and sexual harassment.

Olympia Work/Training Release stated that WADOC policy allows for staff to report allegations of a highly sensitive nature (e.g., allegations against the Shift Commander or Community Corrections Supervisor or in which that person may have a conflict of interest) directly to the Appointing Authority or Duty Officer.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting, Attachment 2, PREA Reporting Process,* states “Staff may report allegations of a highly sensitive nature (e.g., allegations against the Shift Commander/CCS or in which that person may have a conflict of interest) directly to the Appointing Authority or Duty Officer. Allegations made against the Appointing Authority will be reported to the next higher authority.

During interviews with random staff, four (4) reported that they could go directly to the Appointing Authority, one (1) stated they could go to an investigator and one (1) stated the PREA Hotline, four (4) of the six (6) interviewed also stated they could use the PREA Hotline.

**The facility is in compliance with this provision of the standard.**

## 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 X 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X 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.). X 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X Yes ☐No ☐NA

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release completed Pre-Audit Questionnaire
2) Memo to Auditor
3) Policy:
   a. WADOC 550.100 *Offender Grievance Program* (5 pages)
   b. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
4) Memorandum from WADOC Secretary, dated September 20, 2017
5) Olympia Work/Training Release Offender Complaint Log of Allegations Received via Grievance

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d)(e)(f)(g):** Olympia Work/Training Release reported in the PAQ that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

WADOC 550.100 *Offender Grievance Program* (page 2) states "Grievances alleging sexual misconduct will be forwarded to the PREA Coordinator per DOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* and will not be reviewed through the grievance process.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting,* (page 15) states "Offender grievances, including emergency complaints, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual.

1. Copies of the 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.
2. The Offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA Investigation.
3. The PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct
   a. If the allegation does not, the offender may re-file the grievance per DOC 550.100 Offender Grievance Program.

In a memo to the auditor from the WADOC Secretary explains the grievance process as follows:

WADOC does not process PREA-related allegations through the offender grievance program. Complaints and Grievances alleging any form of sexual assault, sexual abuse, sexual harassment and/or employee sexual misconduct are immediately processed in accordance with DOC policy.

All allegations are reviewed by the Headquarters PREA Unit. If is determined that the information received does not fall within the established PREA definitions, the allegation is returned to the facility as "not PREA" and the offender is allowed to pursue the issue through the Offender Grievance Program. If the issues fall within the scope of PREA, a formal investigation is initiated and forwarded to the appropriate Appointing Authority for oversight and findings. All investigation

findings decisions remain with the Appointing Authority. All investigations resulting from grievances are subject to the same level of review, notification and follow up as PREA investigations initiated from other sources of information.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Investigations* (page 2) states "The Department will thoroughly, promptly and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.

The facility complaint log indicates that there were four (4) allegations, all were determined not to be PREA based on the definitions in 115.6.

During the site review, the auditor had difficulty finding the grievance box. Several residents were asked where it was and none of them knew where it was located. The grievance box was located in the "TV Room" it was a wooden box on the bottom shelf of a stand. It was labeled "grievance box" in very small letters, on the top of the box and could not be seen. There were other items in front of the stand also blocking the box. The auditor was able to drop a pre-written grievance into the box. The grievance stated "please process this grievance as you would any PREA-related grievance you receive." The following day the auditor received confirmation from the grievance had been received and was processed through the PREA Triage.

The auditor and the facility discussed the issues concerning the grievance box. The facility mounted the grievance box on the wall and labeled the box in big bold letters, making it very visible to all of the residents. The facility sent the auditor time stamped photographs of the grievance box mounted on the wall.

**The facility is in compliance with this provision of the standard.**

**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? X Yes ☐No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? X 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? X 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? X Yes ☐No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? X Yes ☐No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
4) OCVA Brochure
5) Brochure for WCSAP regarding Statewide advocacy
6) Resident Orientation Handbook
7) Posters and Brochure
8) In-Person Victim Advocacy Services Guide
9) Advocacy confidentiality summary
10) Interagency Agreement between WADOC and Department of Commerce
11) Documentation of Meeting with Crime Victim and Sexual Assault Program Personnel
12) Interviews with the following:
    a. Random Resident

**Findings (by Subsection):**

**Subsection (a)(b)(c):** Olympia Work/Training Release reported in the PAQ that provides offenders with access to outside victim advocates for emotional support services related to sexual abuse.

OWTR reported that WADOC have established a partnership with Safe Place. WADOC has entered into an interagency agreement with the Office of Crime Victim Advocacy (OCA) to provide support services to all offenders under the jurisdiction of the department. This is coordinated centrally, with offenders able to call a toll free phone line to speak with a support specialist who can then transfer the call to a community sexual assault program partnered with the facility as needed to provide continued support to the offender. The community based advocate can make arrangements for the offender to call the line at designated times to speak with the advocate, or the advocate can make arrangements with the facility on a case-by-case basis to provide on-site support to the offender. OCVA sub grants funds to the local advocacy agency partnered with each facility to support this work. Information regarding these services is provided to offenders via posters and brochures and additionally the offenders are provided with the information from the Washington Coalition of Sexual Assault Programs (WCSAP) regarding community sexual assault programs available throughout the state following the offender's release from total incarceration.

The auditor reviewed an Interagency Agreement with WADOC and Department of Commerce Officer of Crime Victims Advocacy. The purpose of the agreement is "to provide advocacy services in furtherance of the DOC's compliance with the Prison Rape Elimination Act (PREA)."

During the site review, posters and brochures could be seen on the PREA Bulletin Board. The poster and brochures detail the role of the OCVA PREA Support Specialist. The posters are both in English and Spanish.

In addition the residents are given an orientation handbook, which states "offenders can receive support service from mental health staff by submitting a health services kit. In work release, you may be referred to an outside mental health agency for services. You can also contact an outside victim advocacy service. A "sexual assault advocate" is someone who may be an employee or volunteer from a community sexual assault program that provides information, medical or legal advocacy, counseling, or support to victims of sexual assault. A pre-designated victim advocate will also be available to support victims at the hospital whenever a forensic medical examination is done. The victim advocacy service and information line is operated by the Office Crime Victim Advocacy (OCVA) and can be reached by calling 1-855-210-2087 between 8:00 a.m. – 5:00 p.m. The calls to this line are free, don not require your IPIN and are not recorded or monitored at the facility. This not a reporting hotline and does not replace the DOC PREA Hotline. The OCVA line is only for confidential issues related to sexual assault and abuse. Anyone who repeatedly misuses the line or threatens or harasses the OCVA support specialist may be disciplined.

During interviews with random residents, all reported that there was a number to call for a victim advocate. Each resident stated that they could call anytime they asked. There were eight (8) residents who believed that any calls made to the advocates were confidential, two (2) residents did not know.

**The facility is in compliance with this provision of the standard.**

## 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? X Yes ☐No

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
3) WADOC Prison Rape Elimination Act (PREA) Prevention and Reporting (17 pages)
4) Family and Friends PREA Posters and Brochures (English and Spanish)
5) Screen prints from WADOC external website demonstrating the information regarding reporting that is publicly available

**Findings (by Subsection):**

**Subsection (a):** Olympia Work/Training Release reported in the PAQ that the agency that the agency/facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 4) states "The PREA Compliance Manager will be an employee outside of any Intelligence and Investigative Unit, who will coordinate local PREA compliance and: (6) Coordinate monthly checks to verify: (b) Posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services area and Classification Counselor/Community Corrections Officer (CCO) offices.

In a memo to the auditor, OWTR stated WADOC requires that PREA information, including information on how to report, is maintained in publically accessible areas with the facility. At Olympia Work Release, this information is posted in the visiting area, the resource room and the CCO's Office. Additionally, information regarding reporting, the investigative process and the frequently asked questions are available on the agency's public website.

The agency website contains PREA information, including information on how to report, the investigative process and frequently asked questions. A user can report an allegation simply by clicking the "report sexual misconduct" button. On September 15, 2018, utilizing this process, the auditor tested the system and filled a report through the website, instructing the reader to notify the auditor once the report was received. On September 18, 2018, the auditor received an email from the PREA Unit that the report had been received.

During the site review, the auditor observed brochures and PREA posters in the visiting area as well as the areas frequented by the residents.

**The facility is in compliance with this provision of the standard.**

## 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X Yes ☐No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations*

*where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 350.550 *Reporting Abuse and Neglect Mandatory Reporting* (4 pages)
   b. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
4) Staff Contract Staff and Volunteers PREA Brochure
5) Staff, Contract Staff and volunteers PREA Posters
6) Olympia Work/Training Release Offender Complaint Log
7) Incident Management Report System (IMRS) Report
8) RCW 74.34.020 Defining Vulnerable Adults
9) Interagency Agreement Between Washington State Department of Social and Health Services (DSHS), Adult Protective Services (APS) and WADOC
10) List of Vulnerable Adults
11) Interviews with the following:
   a. Random Staff
   b. PREA Coordinator

**Findings (by Subsection):**

**Subsection (a):** OWTR reported in the PAQ that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment and retaliation that occurred in the facility, whether or not it is part of the agency.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states "Staff must immediately report any knowledge, suspicion, or information received including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglects that may have contribute to the incident.

In a memo to the auditor, OWTR stated "agency policy requires all staff, to include employees, contractors, and volunteers, to immediately report incidents and allegations as identified in the standard. Individuals are required to report to individuals as identified in agency policy. Agency policy prohibits revealing any information related to a sexual misconduct report or incident other than as necessary for related treatment, investigation, and another security and management decisions. Staff who has breached confidentiality may be subject to corrective/disciplinary action.

Staff posters could be seen within the facility that state "The Department of Corrections has a zero tolerance of all forms of sexual misconduct and retaliation against any person because of his/her

involvement in the reporting or investigation of a PREA compliant…….You must immediately, confidentially and directly report any knowledge, suspicion, or information received regarding sexual misconduct."

During interviews with random staff, five (5) staff stated they are immediately required to report any knowledge or suspicion, one (1) staff member stated had to report it before the end of the shift.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** Olympia Work/Training Release reported in the PAQ WADOC prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and any other security management decisions.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states "Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation and other security management decisions. (c) Staff who breach confidentiality may be subject to corrective/disciplinary action.

All staff reported that any information learned regarding an alleged incident must be keep confidential.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** Olympia Work/Training Release has an agency policy that medical and mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report and the limitations of confidentiality at the initiation of services.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 3) states "Offenders will be informed of the requirements of mandatory reporting at Reception and information will be posted in Health Services areas where it can be seen by offenders. (1) Health Service providers must inform of the duty to report before providing treatment when an offender (a) Displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination or (b) Discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting."

In a memo to the auditor, OWTR stated offenders housed in work release facilities obtain all medical and mental health services from community providers.

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** OWTR reported in the PAQ that the agency has established procedures to provide disabled residents an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment.

WADOC 350.550 *Reporting Abuse and Neglect Mandatory Reporting* (page 2) states "The department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitation, or neglect involving vulnerable adults to the appropriate authority" (2) Reports of sexual or physical assault involving a vulnerable adult victim, or an act that has caused a

vulnerable adult victim fear of imminent harm, will be made to the law enforcement agency with jurisdiction where the act is believed to have occurred. (3) All other reports involving a vulnerable adult victim will be made to Adult Protective Services (APS) at 1-866-363-4276 or per Department of Social and Health Services website."

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 9) states "The Appointing Authority/Designee will ensure that notification is made to: (2) Adult Protective Services (APS), if an alleged victim is classified as a vulnerable adult."

RCW 74.34.020 *Definitions* defines vulnerable adult as (a) sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or (b) found incapacitated under chapter 11.88 RCW; (c) who has developmental disability as defined under RCW 71A.10.020 (d) admitted to any facility (e) Receiving services from home health, hospice or home care agencies licensed or required to be licensed under chapter 70.127 RCW (f) Receiving services from an individual provider .(g) who self–directs his or her own care and receives services from a personal aide under the chapter 74.39 RCW.

WADOC does have an Interagency Agreement with the Washington State Department of Social and Health Services (DSHS) Adult Protective Services (APS). The agreement states "WADOC will notify the Department of Social and Health Services, Adult Protective Services of any allegations of sexual abuse/harassment or other types of mistreatment including abuse, neglect and financial exploitation of offenders who have been classified as a vulnerable adult as defined by state or local jurisdiction's vulnerable persons statute…"

OWTR would not house a victim under the age of 18 years. The facility did not report any incidents where the victim is considered a vulnerable adult under a State or Local vulnerable adult person statute.

During an interview with the Community Corrections Supervisor, he confirmed that the facility would not house residents, which are under the age of eighteen. If an incident were to occur involving a vulnerable adult, he was aware that it must be reported to APS.

**The facility is in compliance with this provision of the standard.**

**Subsection (e):** Olympia Work/Training Release reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's investigators.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (page* 6) diagrams the process for reporting an allegation.

- Staff obtains information about an allegation or incident of sexual misconduct, related retaliation, or staff action or neglect that may have contributed to an incident.
- Staff will confidentially deliver the information directly and immediate to the shift supervisor
- The shift commander will notify the Superintendent or Duty Officer as soon as possible, but no later than the end of the reporting staff's shift.
- The authority receiving the report will notify other applicable per DOC 490.850 *Prison Rape Elimination Act (PREA) Response*

- All staff will maintain confidentiality and follow the directions of the Appointing Authority/designee, (e.g., questions offenders, identify potential witnesses, secure statements), unless the incident is an emergency.
- A confidential Incident Management Reporting System (IMRS) report will be completed as soon as possible, but no later than the end of the shift in which the information was received.

Once the allegation is entered into the IMRS, an email is sent to the PREA Coordinator/Designee. The PREA Coordinator/designee reviews all allegations to determine if it falls under the definition of PREA. If it does, the investigation is assigned to the appropriate Appointing Authority. The Appointing Authority will assign the investigation to a trained investigator.

OWTR reported four (4) allegations were received. All allegations were determined by the PREA Triage not to be PREA under the definitions included in standard115.6. However each allegation was returned to the Appointing Authority for local action needed.

The auditor did review the allegations and they appeared to not be PREA based on the definitions in standard 115.6.

**The facility is in compliance with this provision of the standard.**

**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? X Yes ☐No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 pages)
   b. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
4) OMNI report of Offender who scored as "potential victim"
5) Samples of Monitoring Plan
6) Samples of housing assignment reviews
7) Interviews with the following:
   a. Agency Head
   b. Random Staff

**Findings (by Subsection):**

**Subsection (a):** Olympia Work/Training Release reported in the PAQ, if the facility learns that a resident is subject is substantial risk of imminent sexual abuse; it takes immediate action to protect the resident. It was also reported that there have not been any Offenders that were the subject of substantial risk during the reporting period.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 8) states "Upon receipt of an allegation of offender-on-offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses."

OWTR reports that when an offender is assessed as a potential victim according to the PREA Risk Assessment (PRA) a monitoring plan is developed. This plan is individualized based on the needs and identified risk for the offender. Additionally whenever a housing assignment is made, offender risk identifiers are reviewed to ensure compatibility with potential cellmates. Both monitoring plans and housing reviews are documented in the offender's electronic record.

When an allegation is received the Appointing Authority reviews all available information regarding named victim needs, timeframe, severity, housing and job assignments of named individuals and other factor to determine if immediate actions are needed to prevent harm. These actions are documented on response checklists and in IMRS reports.

During the audit period there were no residents identified as having a substantial risk of imminent sexual abuse.

During an interview with the Community Corrections Supervisor, he would ensure the safety of all potential victims housed with the facility.

The auditor reviewed one (1) resident file, where the resident was identified as a potential victim. The facility immediately placed the resident on a monitoring plan to ensure the protection of the resident.

**The facility is in compliance with this provision of the standard.**

### 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? X Yes ☐No

**115.263 (b)**

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

**115.263 (c)**

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
   b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
4) Interviews with the following:
   a. Agency Head

**Findings (by Subsection):**

**Subsection (a)(b)(c):** Olympia Work/Training Release reported in the PAQ that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the agency must notify the head of the facility where the sexual abuse occurred.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 8) states "The Appointing Authority will notify the appropriate Appointing Authority or facility administrator with 72 hours of receipt of an allegation when the alleged incident: (1) occurred in another Department location or another jurisdiction (2) Involved a staff who reports through another Appointing Authority.

In a memo to the auditor, the facility reported that during the documentation period there were no allegations received that required notification to another facility.

During an interview with the Appointing Authority, he understood his responsibility to notify another agency if there was an allegation received, however it was confirmed that there have not been any allegations reported that would require notification.

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** Olympia Work/Training Release reported in the PAQ that the facility reported that there have been no allegations received from another facility, during the reporting period.

In a memo to the auditor, OWTR stated during the audit documentation periods, OWTR received no allegations from other facilities/jurisdictions. In the event an allegation was received, it would be reported via the Incident Management Reporting System, processed through triage, and all allegations determined to fall within PREA definitions would be formally investigated.

The auditor confirmed the process with the Appointing Authority and through discussions with the PREA Coordinator.

**The facility is in compliance with this provision of the standard.**

## 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? X 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? X 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? X 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? X 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? X Yes ☐No

### Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and*

*the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 420.365 *Evidence Management for Work Release* (5 pages)
   b. WADOC 420.375 *Contraband and Evidence Handling Prisons Only* (8 pages)
   c. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
4) Olympia Work/Training Release's Offender Compliant Log
5) Interviews with the following:
   a. Random Staff

**Additional Documentation Reviewed:**

1. Revised Aggravated Sexual Assault Checklist

**Findings (by Subsection):**

**Subsection (a)(b):** Olympia Work/Training Release reported in the PAQ that the agency does have a policy regarding the appropriate actions that should be taken by a first responder.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 11) is the *Aggravated Sexual Assault Checklist.* The checklist contains all of the elements of this provision to include:

- Ensure that that alleged victim, accused and witnesses have been separated.
- Request the alleged victim and accused not destroy physical evidence.
- Designate an officer to secure and maintain the scene.

In a memo to the auditor, OWTR stated the agency requires all staff to immediately report any knowledge, suspicion, or information received regarding an allegation or incident of sexual misconduct directly and confidentially to the Shift Commander, Duty Officer, or Appointing Authority, based on location. This individual will then deploy staff to respond to the allegation as indicated by incident circumstances.

All staff is trained in emergency response procedures. If an offender reported an allegation of offender-on-offender sexual assault or abuse and/or sexual misconduct regardless of whether or not it was to a security staff member, the victim and suspect would be separated, and the scene secured. A request would be made to the victim that they not do anything that could destroy evidence, evidence would be collected and secured, and law enforcement notified.

This provision of the standard requires a first staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser

- Preserve and protect any crime scene until appropriate steps can be taken to collect evidence
- Request that the alleged victim not take any action that could destroy evidence
- Ensure that the alleged abuser does not take any action that could destroy evidence.

The facility's *Aggravated Sexual Assault Checklist* states that the first responder will request that the victim and the perpetrator not to destroy physical evidence on their bodies. This is not in compliance with this standard.

During interviews with random staff, all stated that they would separate, contain and report to the supervisor or the Duty Officer. It was also stated that they would call the local police department.

The auditor reviewed OWTR's complaint log. There were no allegations received that a resident was sexually abused or that required first responders to act.

**Corrective Action:** The *Aggravated Sexual Assault Checklist* shall be revised to meet the standard.

After the issuance of the Interim Audit Report, the auditor and the facility discussed recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. On January 25, 2019, the facility provided the auditor with documentation that the *Aggravated Sexual Assault Checklist* had been revised to reflect that the victim will be asked not to destroy evidence and the facility will ensure that the perpetrator does not destroy evidence. The facility has effectively demonstrated compliance with the standard.

**The facility is in compliance with the standard.**

### 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? X Yes ☐No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
4) Olympia Work/Training Release PREA Response Plan Table of Contents
5) Interviews with the following:
   a. Community Corrections Supervisor

**Findings (by Subsection):**

**Subsection (a):** Olympia Work/Training Release reported in the PAQ that the agency has developed a written instructional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 11) states each Prison, Work Release and Field Office will maintain a PREA Response Plan providing detailed instructions for responding to allegations of sexual misconduct.

In a memo to the auditor, OWTR stated the PREA Response Plan for the Olympia Work/Training Release is maintained in the PREA Response Kit, located in the staff bathroom by the duty desk, and in the Emergency Response Manual located in the duty office. It is available for auditor review while on site.

During an interview with the Community Corrections Supervisor, he stated that there is a facility response plan in place.

The auditor reviewed the facility response plan. The response plan contains the *Aggravated Sexual Assault Checklist,* and directs the first responders step by step, who to call within the community for medical, SANE/SAFE exams, evidence collections, in the event of a sexual assault. In addition, the response plan includes steps to direct first responders, on responding to all sexual misconduct allegations.

**The facility is in compliance with this provision of the standard.**

## 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? X Yes ☐No

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review):

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Collective Bargaining Agreement (CBA) Washington Federation of State Employees
4) Memo from former WADOC Secretary to the Executive Leadership Regarding Interest only Arbitration
5) Interviews with the following:
   a. Agency Head

**Findings (by Subsection):**

**Subsection (a):** In a memo to the auditor OWTR stated WADOC functions under the interest only arbitration system as impasse procedures for negotiations over changes in mandatory subjects of bargaining. This process has no impact on the agency's ability to remove an alleged staff abuser from contact with any offender during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted.

A memo from Former WADOC Secretary explains that Interest Only Arbitration means if the Department and the Teamsters negotiate on a mandatory subject of bargaining to the point of impasse, the issues not resolved in bargaining may be presented to an independent arbitrator for final resolution.

The auditor reviewed the CBA, effective July 1, 2017 through June 30, 2019 between the State of Washington and the Washington Federation of State Employees. The disciplinary section does not limit the agency's ability to remove an alleged staff abuse from contact with offenders, during an investigation or upon determination of whether and to what extent, discipline is warranted.

During an interview with the WADOC Secretary, he stated the CBA does not limit the ability to remove a staff member from contact with an offender during an investigation.

**The facility is in compliance with this provision of the standard.**

**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? X Yes ☐No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X Yes ☐No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes ☐No

**115.267 (d)**

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

**115.267 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
4) Interviews with the following:
   a. Community Corrections Supervisor

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d)(e):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (page 6) states "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 activity, or failed to take immediate steps to prevent retaliation."

In a memo to an auditor, OWTR stated that all individuals who participate as a witness in a PREA investigation is provided DOC 03-484 Interview Acknowledge Form. This form informs the interviewees that "the department prohibits retaliation against any person because of his/her involvement in the reporting or investigation of a complaint. The Department will treat retaliation as a separate offense subject to investigation, administrative sanctions and prosecution. Any concerns of regarding retaliation are to be reported to the Appointing Authority"

When an allegation of offender-on-offender sexual assault or abuse or staff misconduct is reported and an investigation initiated, retaliation monitoring begins for the reported and the named victim.

During the audit reporting period, OWTR stated there were no allegations of retaliation reported. OWTR did not conduct retaliation monitoring for other facilities responsible for investigation in which the named victim was housed at the facility.

During an interview with the Community Corrections Supervisor, he stated that he monitors for retaliation regardless if there is an investigation pending. All staff is aware they could be disciplined for retaliation.

The auditor confirmed the facility had no reported allegations that required retaliation monitoring during the reporting period.

**The facility is in compliance with this provision of the standard.**

## 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).] X 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).] X 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? X 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? X Yes ☐No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? X Yes ☐No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X 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? X 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? X 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? X Yes ☐No

**115.271 (f)**

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

**115.271 (h)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? X 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? X 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? X 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).] X Yes ☐No ☐NA

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
   b. WADOC 420.365 *Evidence Management for Work Release* (5 pages)
   c. WADOC 420.375 *Contraband and Evidence Handling* (8 pages)
   d. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
   e. WADOC 400.360 *Polygraph Testing of Offenders* (7 pages)
4) OWTR PREA Cases Opened and Closed During Reporting Period

5) List of all Trained PREA Investigators
6) List of all case Datasheets showing the assigned Investigator
7) Training Records of Investigators
8) Investigator Curriculum
9) Mutual Aid Agreement with Washington State Patrol
10) Screen Shots of WADOC Public Website
11) Appointing Authority Training Curriculum
12) OWTR Local Review Committee Log
13) State Record Retention Schedule
14) Interviews with the following:
    a. Investigator
    c. Appointing Authority
    d. PREA Coordinator

**Findings (by Subsection):**

**Subsection (a):** Olympia Work/Training Release reported in the PAQ that is has a policy related to criminal and administrative agency investigations, substantiated allegations that appear to be criminal are referred for prosecution and the agency will retain all written reports pertaining to the investigation for as long as the alleged abuser is incarcerated or employed by the agency, plus 5 years.

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation (*page 2) states "The department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the department."

In a memo to the auditor, OWTR reported that there were no investigation reports completed during the audit period. The auditor reviewed the facility compliant log. There were four (4) allegations; all were determined not to be PREA as defined by the definitions in 115.6.

**The facility is in compliance with this provision of the standard.**

**Subsection (b)(c):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 11) states "PREA investigators will be trained in: 1)Crime Scene management/investigations, including evidence collection in Prisons and Work Releases 2) Confidentiality of all investigation information 3) Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process 4) Crisis intervention 5) Investigating Sexual Misconduct 6) techniques for interview sexual misconduct victims and 7) Criteria and evidence required to substantiate administrative action or prosecution referral."

In a memo to the auditor, OWTR stated when sexual abuse is alleged, only those staff that have completed specially designed investigator training are assigned to investigate. If an investigation is under the responsibility of an Appointing Authority other than the Work Release Administrator or is an investigation of a sensitive nature, the investigation may be assigned to a trained investigator outside the facility.

Investigators within the WADOC are trained to complete reports detailing all facts available regarding a PREA Allegation. In order to ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. The finding process employed is as followed:

- The assigned investigator submits the investigation report to the Appointing Authority to review for completeness.
- Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony, and prior complaints and reports of sexual misconduct.
- The Appointing Authority determines if the allegations are substantiated, unsubstantiated, or unfounded based upon a preponderance of the evidence.

Appointing Authorities are required to complete PREA training specific to their role. They are also required to compete the same training provided to all PREA Investigators, to ensure a thorough working knowledge of the investigation process.

During an interview with an investigator and the Appointing Authority, the auditor confirmed the process for investigations. The auditor also reviewed the training documentation indicating all facility investigators have received the specialized training. The auditor reviewed the specialized training for the Appointing Authority as well as, the annual training.

**The facility is in compliance with this provision of the standard.**

**Subsection (d)(g)(h)(i)(j)(k)(l):** In a memo to the auditor OWTR stated. All PREA allegations that appear to be criminal in nature are referred to local law enforcement or the Washington State Patrol for investigation. Referrals are documented utilizing DOC Form 03-505 *Law Enforcement Referral of PREA Allegation.* WADOC will only conduct compelled interviews after the local law enforcement or the Washington State Patrol have completed their investigation or decline to investigate.

WADOC does not have statutory authority to conduct criminal investigations as no staff members are authorized for law enforcement certification. As a result, WADOC conducts only administrative investigations. Criminal allegations are referred to law enforcement officials as follows:

- Referral to city law enforcement if the facility is within city limits
- Referral to county law enforcement officials if
    - The facility in not within the city limits or
    - City law enforcement has declined the referral for the facility within the city limits and the facility wishes to pursue the matter further

The only state entity that would conduct criminal investigation is the Washington State Patrol. Referral to the State Patrol will occur only after the investigation has been declined by local police department or Sheriff's Department. No Department of Justice component conducts investigations within the WADOC.

All law enforcement agencies are required to provide the Appointing Authority of the requesting facility with a copy of the investigation report once any criminal investigation has been completed. The WADOC PREA investigation process is posted on the agency's public website.

The auditor reviewed the agency website and confirmed the process, for referrals to law enforcement. The website states “All sexual abuse cases will be referred for investigation by a Washington State certified law enforcement officer as defined in WAC 139-05-210 and RCW 9.46.210. Law enforcement agencies will document their findings in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible. Law enforcement agencies will refer all applicable investigations to the Prosecutor’s Office for review.”

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 2) states “Investigations will be completed even if the offender is no longer under the Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department.”

During an interview with an investigator, he confirmed that if a resident has left the facility while an investigation is pending, he must continue the investigation until completed.

OWTR reports that WADOC has the following record retention system as follows:

- A designee of the applicable Appointing Authority maintains all hard copy investigation reports for a period of five years.
- The agency PREA Unit maintains electronic versions of all investigative reports. These are maintained on a secure server and are organized according to the year the investigation was closed.
- The electronic records are maintained for period of fifty (50) years according to state record archive requirements.
- At the end of the retention period, all electronic records will be reviewed for employment an incarceration status prior to destruction.

**The facility is in compliance with the provisions of the standard.**

**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? X Yes ☐No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
4) RCW 72.09.225 Sexual Misconduct by State Employees, Contractor
5) Appointing Authority Curriculum
6) OWTR PREA Cases Opened During Reporting Period
7) Interviews with the following:
   a. Investigator

**Findings (by Subsection):**

**Subsection (a):** Olympia Work/Training Release reported in the PAQ that the agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 4) states "For each allegation in the report the Appointing Authority will determine whether the allegation is: (1) substantiated: the allegation was determined to have occurred by a preponderance of the evidence."

In a memo to the auditor OWTR stated investigators within WADOC are trained to complete reports detailing all facts available regarding a PREA allegation. In order to ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. The finding process is as follows:

- The assigned investigator submits the investigation report to the Appointing Authority to review for completeness
- Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony and prior complaints and reports of sexual misconduct. The Appointing Authority also assesses the credibility of all witnesses involved in the investigation.
- The Appointing Authority determines if the allegations are substantiated, unsubstantiated or unfounded based on a preponderance of the evidence.

Appointing Authorities are required to complete training specific to their role as a decision maker in these investigations. They are also required to complete investigator training, the same training provided to all PREA investigators, to ensure a thorough working knowledge of the investigation process.

The auditor reviewed the training transcript for the Appointing Authority, which indicates that he has attended the specialized investigator training and the training for Appointing Authorities. The training curriculum was reviewed and it states "No standard higher than preponderance of evidence is to be used in determining whether allegations are substantiated."

**The facility is in compliance with this provision of the standard.**

**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? X 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.) X 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? X 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? X 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? X 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? X 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? X 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? X Yes ☐No

**115.273 (e)**

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

**115.273 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
4) OWTR Operational Memorandum
5) OWTR Offender Complaint Log
6) Interviews with the following:
   a. Appointing Authority
   b. Investigative Staff

**Findings (by Subsection):**

**Subsection (a):** Olympia Work/Training Release reported in the PAQ that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed of the outcome.

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 3) states "The Appointing Authority/designee of the facility where the offender is housed will inform the offender of the findings in person, in confidential manner."

In a memo to the auditor, OWTR stated WADOC policy requires that the named offender victim is notified in person, in a confidential manner, or in writing if the offender has released. How the offender was notified and by whom is recorded on the DOC 02-378 *Investigation Finding Sheet*. These finding sheets are included in final investigation report packets.

During the documentation period the facility reported there was one (1) investigation that had been closed, that had been reported prior to the documentation period. The auditor reviewed the investigation, the facility had documented on the DOC 02-378 *Investigation Finding Sheet,* the alleged victim was notified via mail as the resident was no longer at the facility.

During an interview with the Appointing Authority, he confirmed that the resident would be notified of the outcome of the case. A letter would be sent to the resident if no longer in the DOC custody.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 3) states "All allegations that appear to be criminal in nature will be referred to law enforcement for investigation…."

In a memo to the auditor, OWTR stated criminal investigation is conducted by law enforcement officials at either the city or county level, depending on the location of the facility. Additionally, the Washington State Patrol can be contacted to conduct or assist with a criminal investigation. Any criminal investigation conducted by a law enforcement entity is forwarded to the Appointing Authority responsible for the investigation. The Appointing Authority will also ensure an administrative investigation is completed, The Appointing Authority will then determine investigation findings based on evidence, witness, testimony, prior complaints and reports, and witness credibility. These findings are documented on the investigative finding sheet along with documentation of notification to the victim offender.

OWTR reported there were no referrals made to law enforcement during the reporting period. The auditor confirmed there were no referrals during interviews with the investigator and the Appointing Authority. The Appointing Authority was aware of his responsibility to inform the victim of the outcome of the investigation.

**The facility is in compliance with this provision of the standard.**

**Subsection (c)(d)(e)(f):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* page 11 states "Ongoing Notifications to alleged Victims (A) the department will make the following notifications, in writing, to alleged victims until they are no longer under Department jurisdiction:

- Offender on Offender Allegations of Sexual Assault or Abuse
    - Te alleged victim will be notified if the Department learns that the accused has been indicted on or convicted of a charge related to sexual assault or abuse with the facility.
    - The PREA Coordinator/designee will track all cases and make required notifications.
- Substantiated/Unsubstantiated Allegations of Staff Sexual Misconduct against employees
    - The alleged victim will be notified:
        - When the accused employee is no longer regularly assigned to the offender's housing unit
        - When the accused employee no longer works at the same facility as the offender and
        - If the Department learns that the accused employee has been indicted on or convicted of any charge related to staff sexual misconduct within the facility.

In a memo to the auditor OWTR stated all post investigation notifications are tracked and the entry moved to an inactive portion of the tracking document if the offender is released, the offender is deceased; the staff member is no longer employed by the agency, etc. There have been no cases opened during the audit period.

During an interview with the Appointing Authority, he stated that he is aware of his responsibility to inform the resident if the above events were to occur.

**The facility is in compliance with these provisions of the standard.**

## 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? X Yes ☐No

**115.276 (b)**

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
   b. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17) pages
   c. WADOC 450.050 *Prohibited Contact* (5 pages)
4) RCW 72.09.225 State Law regarding Custodial Sexual Misconduct
5) WAC 357.40.010 regarding Disciplinary Actions Appointing Authority may take for just cause
6) Memorandum from WADOC Secretary regarding WADOC Disciplinary Processes and presumptive discipline
7) CBA Excerpt (Federation of State Employees)
8) OWTR PREA Cases Opened During Documentation Period
9) Interview with the WADOC Secretary

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d):** Olympia Work/Training Release reported in the PAQ that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policies.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states "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"

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (page 8) states "Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies."

WAC 357-40-010 states "An Appointing Authority may dismiss, suspend without pay, demote, or reduce the base salary of a permanent employee under his/her jurisdiction for just cause."

A memo from WADOC Secretary to the Auditor states “Agency Human Resource policies do not specify termination as a presumption discipline in instances of sexual abuse. However RCW 72.09.225 “Sexual Misconduct by state employees, contractors” states in relevant part: “The Secretary shall immediately institute proceedings to terminate the employment of any person: (a) who is found by the department, based on preponderance of evidence, to have had sexual intercourse or sexual contact with the resident; or (b) Upon a guilty plea or conviction for any crime specified in Chapter 9A.44 RCW when the victim was an resident.”

In a memo to the auditor, OWTR stated during the audit documentation period, there have been no substantiated investigations involving agency employees. However, had a substantiated investigation occurred, the Appointing Authority would have followed agency policies and disciplinary sanctions, up to and including dismissal would be imposed.

The auditor confirmed that termination is the presumptive disciplinary sanction for staff who engages in sexual abuse, through an interview with the WADOC Secretary.

**The facility is in compliance with this standard.**

**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? X Yes ☐No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? X Yes ☐No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? X 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? X Yes ☐No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 450.050 *Prohibited Contact* (5 pages)
   b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
4) RCW 72.09.225 Sexual Misconduct by State Employees, Contractors
5) Memorandum from Acting Assistant Secretary Prisons Division, dated May 4, 2017 Regarding Termination of Volunteers with Applicable Criminal Backgrounds
6) Interviews with the following:
   a. Community Corrections Supervisor

**Findings (by Subsection):**

**Subsection (a)(b):** Olympia Work/Training Release reported in the PAQ that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies as applicable.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states "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"

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (page 8) states "Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with offenders. For any violation of Department PREA policies, appropriate action will be taken (1) for contract staff terminations." and

"When a substantiated allegation is criminal in nature, the Appointing Authority/Designee will notify: 1) law enforcement, unless such referral was made previously during the course of the investigation and 2) relevant licensing bodies."

A memo from WADOC Secretary to the Auditor states "Agency Human Resource policies do not specify termination as a presumption discipline in instances of sexual abuse. However RCW 72.09.225 "Sexual Misconduct by state employees, contractors" states in relevant part: "The Secretary shall immediately institute proceedings to terminate the employment of any person: (a)

who is found by the department, based on preponderance of evidence, to have had sexual intercourse or sexual contact with the resident; or (b) Upon a guilty plea or conviction for any crime specified in Chapter 9A.44 RCW when the victim was an resident."

In a memo to the auditor, OWTR stated during the audit documentation period, there have been no substantiated investigations involving contractors or volunteers. However, if an incident were to occur, the Appointing Authority would have followed agency policies and facility access would have been restricted and programming participation terminated.

During an interview with the Community Corrections Supervisor, he stated that if an incident was to occur, the contract staff or volunteer would not be allowed into the facility.

**The facility is in compliance with this provision of the standard.**

**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? X 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? X 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? X 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? X 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? X 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? X 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.) X Yes ☐No ☐NA

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 460.000 *Disciplinary Process for Prisons* (15 pages)
   b. WADOC 460.050 *Disciplinary Sanctions* (6 pages)
   c. WADOC 460.135 *Disciplinary Procedures for Work Release* (10 pages)
   d. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
   e. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
4) WAC 137.28 Prison Discipline Process

5) WAC 137.28-310 Decision of Hearing Officer Process
6) WAC 137-28-360 Sanctions and Mental Status
7) WAC 137-25-020 Disciplinary Decisions
8) Interviews with the following:
    a. Community Corrections Supervisor

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d)(e)(f)(g):** OWTR stated in the PAQ residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding the resident engaged in resident-on-resident sexual abuse.

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 9) states "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 a Sexual Assault against another Offender
- 637- Committing Sexual Abuse against another Offender
- 659- Committing Sexual Harassment against another Offender"

WADOC 460.050 *Disciplinary Sanctions* (page 2) states "The offender's disciplinary record, prior conduct, mental status, overall facility adjustment and employee/contract staff recommendations may be considered."

WADOC 460.135 *Disciplinary Procedures for Work Release* (page 9) states "An offender who is found guilty of a 611, 613, 635, 637 violation may be sanctioned to a multidisciplinary FRMT review for consideration of available interventions (e.g., Mental Health therapy, Sex Offender Treatment Program, Anger Management). The offender's disciplinary record, prior conduct, mental status, overall facility adjustment and employee/contract staff recommendations may be considered."

WAC 137.28.360 *Sanctions and Mental Status* states "In determining an appropriate sanction, the hearing officer should consider the resident's mental health and his/her intellectual, emotion and maturity levels and what effect a particular sanction might have on the resident in light of such factors. The hearing officer may request the assistance of other department staff, including mental health staff, in determining appropriate sanctions."

In a memo to the auditor, OWTR stated during the audit documentation period there have been no substantiated investigations involving offenders. However, if a substantiated investigation were to occur, the perpetrator would be subject to formal disciplinary process and referral for criminal investigation, if applicable. The mental health status or disabilities would be taken into consideration.

WADOC policy allows for offenders found guilty of infractions:

- 635- Committing a Sexual Assault against another Offender
- 637- Committing Sexual Abuse against another Offender
- 659- Committing Sexual Harassment against another Offender

Violations may be sanctioned to a Multi-Disciplinary Facility Risk Management Team for consideration of available interventions (e.g., mental health therapy, sex offender treatment program or anger management).

WADOC policy prohibits offenders from being disciplined for a report made in good faith, indicating that this does not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate an allegation.

WADOC policy defines PREA-related prohibited behaviors. Consensual sexual activity between offenders is not included in the definitions. Such activity is prohibited by regulation, but is not considered PREA related unless there is a determination that coercion has occurred in which case the allegation would be investigated as offender–on–offender sexual assault.

During the documentation period none of the above sanctions were imposed on an offender.

The auditor confirmed with the CCS, that a resident can receive disciplinary sanction after there is an administrative finding that the resident engaged in sexual abuse. He confirmed that during the reporting period there had not been any residents disciplined for engaging in sexual abuse.

**The facility is in compliance with this provision of the standard.**

## 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? X 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? X Yes ☐No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X 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? X 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? X Yes ☐No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
   b. WADOC 600.000 *Health Services Management* (10 pages)
   c. WADOC 600.025 *Health Care Co-Payment Program* (3 pages)
   d. WADOC 610.300 *Health Services for Work Release Offenders* (8 pages)

4) Interviews with the following:
   a. First Responders

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d):** OWTR reported in the PAQ resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (6 page) states "Victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental health services per DOC 610.025 Health Services Management of Offender in Cases of Alleged Sexual Assault." and "All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender"

The Statewide Offender Handbook states "Victims will receive immediate emergency and ongoing medical, mental health and support services as needed" and "Offenders will not be charged for any immediate or ongoing medical and mental health care related to a PREA allegation.

WADOC 610.300 *Health Services for Work Release Offenders* (pages 2, 4), states Offenders who are on Work Release status will have unimpeded access to health care. In the case of sexual misconduct, the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment."

In a memo to the auditor, OWTR stated "If an offender in a work release facility alleges aggravated sexual assault, he/she is transported to the designated community health care facility. Offenders are provided with information regarding emergency contraceptives and sexually transmitted infection prophylaxis. As no health care personnel work within these facilities, the offender would then be referred to community health care resources for follow up care as needed."

During the site review there no residents that reported an allegation of sexual abuse. The auditor confirmed this during an interview with the Community Corrections Supervisor.

During the audit documentation period there have been no allegations reported at OWTR that indicated the need for a forensic medical examination. If there was a need, the resident would be taken to the local hospital.

**The facility is in compliance with this provision of the standard.**

**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? X 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? X Yes ☐No

**115.283 (c)**

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

**115.283 (d)**

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

**115.283 (f)**

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
   b. WADOC 600.000 *Health Services Management* (10 pages)
   c. WADOC 600.025 *Health Care Co-Payment Program* (8 pages)
   d. WADOC 610.040 *Health Screenings and Assessments (*9 pages)
   e. WADOC 610.300 *Health Services for Work Release Offenders* (8 pages)
   *f.* WADOC 610.025 *Health Services of Offenders in cases of Alleged Sexual Misconduct* (8 pages)
   g. WADOC 630.500 *Mental Health Services* (12 pages)
4) OWTR PREA Cases Opened During Audit Period
5) Planned Parenthood Brochure
6) Interviews with the following:

**Findings (by Subsection):**

**Subsection (a)(b)(c)(f)(g):** WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 10) states "Offenders housed in facilities with onsite health services will received timely access to medical and mental health services per DOC 610.025 *Health Services of Offenders in Cases of Alleged Sexual Misconduct.*

WADOC 610.025 *Health Services of Offenders in Cases of Alleged Sexual Misconduct* (page 3) states "When an offender reports that he has been a victim of sexual misconduct, he will be offered medical and mental health treatment services…"

WADOC 600.000 *Health Services Management* (page 2) states "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"

WADOC 610.300 *Health Services for Work Release Offenders* (pages 2, 4), states Offenders who are on Work Release status will have unimpeded access to health care. In the case of sexual misconduct, the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment."

WADOC 630.500 *Mental Health Services* (page 6), states “A mental health provider will assess the need for mental health services in cases where re the offender reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services.

The Statewide Offender Handbook states “Victims will receive immediate emergency and ongoing medical, mental health and support services as needed” and “Offenders will not be charged for any immediate or ongoing medical and mental health care related to a PREA allegation.

In a memo to the auditor, OWTR stated when an allegation is reported to the Shift Commander, the offender is referred to medical as necessary and asked if they want to see a mental health provider. This is documented in the *PREA Response and Containment Checklist.* Mental Health referrals are made by use of the DOC 13-508 *PREA Mental Health Notification* form, which also documents the offender’s declination of services if applicable.

If an offender in a work release facility alleges sexual misconduct, he/she is referred to community health care resources for follow up care as needed. There are no health service staff at the facility.

The agency prohibits the charging of offenders for co pays for any medical and/or mental health care services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Response.*

During the site review, the auditor confirmed that there is no on-site medical or mental health. If a sexual assault were to occur at the facility, the facility staff would call 911 and the resident would be taken to hospital within the community.

**The facility is in compliance with this provision of the standard.**

**Subsection (d)(e):** WADOC 610.025 *Mental Health Services Management of Offenders in cases of Alleged Sexual Misconduct* (page 6) states “Mental Health professionals will attempt to conduct a mental health evaluation with 60 days of receiving the information for all offenders who have been identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions unless one has already been conducted for the specific allegation.”

In a memo to the auditor, OWTR stated the work release is operated by the WADOC and contracts with A Beginning Alliance and is a co-ed facility. There have not been any sexual abuse cases during the audit period; however, in the event a sexual abuse case occurred the resident victim would be offered pregnancy testing, at no cost and follow up care or services. In addition, the facility has a Community Resource Book available to all residents. This includes information on pregnancy services and the local Planned Parenthood.

During the site review, the auditor reviewed the Community Resource Book. The book is available to all residents.

**The facility is in compliance with this provision of the standard.**

**Subsection (h):** In a memo to the auditor, OWTR stated that during the documentation period there have not been any investigations for substantiated allegations of offender-on-offender sexual assault and/or sexual abuse. If the agency learned of substantiated allegations of assault or abuse committed by an offender in another jurisdiction, the offender would also be referred for a mental health evaluation as soon as the information is obtained. The offender's PREA Risk Assessment would also be reviewed to ensure the newly learned information was added and housing assignments reviewed accordingly.

The auditor confirmed that during the audit period there was no applicable substantiated information another jurisdiction.

**The facility is in compliance with this provision of the standard.**

## 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? X Yes ☐No

**115.286 (b)**

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

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes ☐No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X 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? X Yes ☐No

**115.286 (e)**

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
4) Local Review Committee Tracking Log
5) Local Review Committee Action Plan Log
6) Interviews with the following:
   a. Appointing Authority

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d)(e):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 8) states "for each substantiated or unsubstantiated finding of offender-on-offender sexual abuse and staff misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case." and "the committee will meet every 30 days, or as needed"

"The committee will be multidisciplinary and include facility management, with input for supervisors, investigator and/or medical/mental health practitioners."

In a memo to the auditor, OWTR stated the Local Review Committee is scheduled by the Statewide Work Release Programs Administrator as needed in response to completed investigations, within 30 days of findings made by the Appointing Authority. The committee is generally made up of the following individuals:

- Appointing Authority, Statewide Work Release Programs Administrator
- Work Release Oversight and Compliance Administrator
- Local Investigators
- Work Release Community Corrections Supervisors
- Community Corrections Specialist

Elements required by the standard are documented in DOC form 02-383 *Local PREA Investigation Review Checklist*. The form is reviewed and signed by the Appointing Authority and any identified action items are implemented and tracked as applicable.

The auditor reviewed DOC form 02-383 *Local PREA Investigation Review Checklist* all elements of this standard were included on the form to which includes:

- A need for change in policy or practice
- Was the incident motivated by race or ethnicity
    - Actual or perceive sexual orientation
    - Actual or perceived transgender/intersex status
    - Gang affiliation or
    - Other group dynamics
- Assess whether physical barriers in the area enabled the abuse
- Assess adequate staffing levels
- Assess whether video monitoring should be deployed

The auditor also reviewed the Work Release Committee Action Plan, which details actions taken after reviews of substantiated or unsubstantiated cases of sexual assault, sexual abuse or staff sexual misconduct. Although Olympia Work Training/Release did not have any substantiated or unsubstantiated case during the documentation period, the committee still met and completed reviews on cases from other work release facilities.

The auditor also reviewed the Skype Meeting minutes from the committee review on May 15, 2018. The committee reviewed six (6) investigations from other facilities.

During an interview with the Appointing Authority, he confirmed that the established committee will meet bi-monthly. During the meeting the community will review all substantiated and unsubstantiated case that was completed at any of the work release facilities. During the documentation period there were no cases reviewed for allegations that occurred at OWTR. However the facility provided a closed case to the auditor for documentation of compliance with this standard.

**The facility is in compliance with this provision of the standard.**

## 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? X Yes ☐No

### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? X 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? X 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? X 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.) X 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.) X Yes ☐No ☐NA

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
   b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigator* (14 pages)

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d)(e)(f):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 12) states "Data will be aggregated at least annually and include available information form investigation reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders."

In a memo to the auditor, OWTR stated WADOC has established a PREA allegation and case database with OMNI. This system allows for the standardized collection of the following data elements:

- Case Outcomes and sanctions
- Accused (gender, race, age, height, weight) if the accused is an offender
- Investigation participants (witnesses, victim, accused, and reporter)
- Source of allegation
- Location
- Date allegation was received
- Date and time of the incident
- Type of Allegation
- Individual reporting the information
- Date and time reported

- Who the information was reported to
- Incident description
- Investigation Finding
- Alleged Victim (gender, race, age, height, weight) if the victim is an offender
- Referral (Law Enforcement, prosecution, licensing body)
- Disposition of Referral (Law Enforcement, prosecution, licensing body)
- Case notes

The Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans, is accessible on the website. These reports contain both agency level and facility specific accurate and uniform data for every allegation of sexual misconduct for each calendar year.

The auditor did review the website and all reports and audits are housed on the site.

**The facility is in compliance with this provision of the standard.**

**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? X 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? X 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? X 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 X 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? X 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? X Yes ☐No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy
   a. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigator* (14 pages)
4) Screen Shots of WADOC Public Website
5) Interviews with the following:
   a. Agency Head
   b. PREA Coordinator

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 12) states "The PREA Coordinator will generate an annual report of findings. 1) The report will include:

a. An analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis.
b. Findings and corrective actions at each facility and Department levels
c. An assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years

2) The report requires the WADOC Secretary's approval. Approved reports will be available to the public through the Department's website.

a. 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.

In a memo to the auditor, OWTR stated the Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans, are accessible at http://www.wa.gov.corre4ctions/prea/resources.htm#reports. Reports beginning with calendar 2013 are also available. None of the reports to date include information that has been redacted due to safety and security.

The auditor did review the website and all reports and audits housed on the site. The agency completed and submitted the 2016 Sexual Victimization Survey to the Department of Justice.

During an interview with the WADOC PREA Coordinator she confirmed all reports have been completed and can be located on the agency website.

**The facility is in compliance with this provision of the standard.**

**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? X 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? X Yes ☐No

**115.289 (c)**

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

1) Olympia Work/Training Release's completed Pre-Audit Questionnaire
2) Memo to the Auditor
3) Policy:
   a. WADOC 280.310 *Information Technology Security* (7 pages)
   b. WADOC 280.515 *Electronic Data Classification* (5 pages)
   c. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
4) OMNI PREA Access/Security Group Table
5) Screen Shots of WADOC Public Website
6) Records Retention Schedule

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d):** WADOC 280.310 *Information Technology Security* (page 2) states "Department Information Technology (IT) resources are Department property, and the Department is obligated to protect them. The Department will talk physical and technical precautions to prevent

misuse, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and the Department policies and IT Security Standards"

In a memo to the auditor, OWTR stated the following systems are in place to ensure restricted access to all PREA Allegations, investigation, and related data within the WADOC:

- All allegations are reported via the Incident Management Report System (IMRS) within the Offender Management Network Information (OMNI) system. Access to any IMRS regarding PREA is restricted and confidential a limited to only those staff with a need to know. Access to this system is reviewed by the agency's Emergency Operations Administrator to ensure access is essential to PREA related responsibilities.
- The PREA database within OMNI is the primary source of information regarding allegations and investigations. Access is limited to:
    - Agency Executive administrators
    - Appointing Authorities
    - Facility staff to include Associate Superintendents, Captains, Human Resource, Shift Commander, Intelligence and Investigation Chiefs, and staff designated to manage investigations within the facility
    - Identified Information Technology staff responsible for system maintenance

All access is reviewed and approved at the Headquarters level to ensure compliance with established restricted access parameters.

All investigative reports, hotline call recordings, and related allegation information is maintained with an access-restricted drive. Access to the drive is limited to the agency PREA Unit who is responsible for managing all allegations and maintaining related information.

In a memo to the auditor, OWTR stated the Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans, are accessible at http://www.wa.gov.corre4ctions/prea/resources.htm#reports. Reports beginning with calendar 2013 are also available. None of the reports to date include information that has been redacted due to safety and security.

**The facility is in compliance with this provision of the standard.**

## 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.*) X 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 X 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 X 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, was 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.) X Yes ☐No ☐NA

**115.401 (h)**

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

**115.401 (i)**

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

**115.401 (m)**

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## 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.) X Yes ☐No ☐NA

### Auditor Overall Compliance Determination

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

X **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 CERTIFICATION

I certify that:

X The contents of this report are accurate to the best of myknowledge.

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

X 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.

Robin M. Bruck — **Auditor Signature**

6-10-2019 — **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.