

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

Interim       Final

**Date of Report**    3-28-2019

**Auditor Information**

<b>Name:</b> Robin M. Bruck	<b>Email:</b> robin.bruck@state.nm.us
<b>Company Name:</b> Click or tap here to enter text.	
<b>Mailing Address:</b> P.O. Box 639	<b>City, State, Zip:</b> Las Cruces, NM 88004
<b>Telephone:</b> 1-575-523-3303	<b>Date of Facility Visit:</b> October 16, 2018

**Agency Information**

<b>Name of Agency:</b> Washington State Department of Corrections		<b>Governing Authority or Parent Agency (If Applicable):</b> State of Washington, Office of the Governor	
<b>Physical Address:</b> 7345 Linderson Way, SE		<b>City, State, Zip:</b> Tumwater, WA 98511	
<b>Mailing Address:</b> PO Box 41100		<b>City, State, Zip:</b> Olympia, WA 98504-1100	
<b>Telephone:</b> 360-725-8213		<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:** Working together for safe communities

**Agency Website with PREA Information:** [www.doc.wa.gov/corrections/prea/default.htm](http://www.doc.wa.gov/corrections/prea/default.htm)

**Agency Chief Executive Officer**

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

### Agency-Wide PREA Coordinator

<b>Name:</b> Beth Schubach	<b>Title:</b> Agency PREA Coordinator
<b>Email:</b> blschubach1@doc1.wa.gov	<b>Telephone:</b> 360-725-8789
<b>PREA Coordinator Reports to:</b> Scott Russell	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0

### Facility Information

<b>Name of Facility:</b> Longview Work/Training Release			
<b>Physical Address:</b> 1821 1st Ave.; Longview, WA 98632			
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>			
<b>Telephone Number:</b> 360-577-2211			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		
<b>Facility Mission:</b> Working as a team to promote positive, successful transition into the community			
<b>Facility Website with PREA Information:</b> www.doc.wa.gov			
<b>Have there been any internal or external audits of and/or accreditations by any other organization?</b> <span style="float: right;">X Yes <input type="checkbox"/> No</span>			

### Director

<b>Name:</b> Melinda Kupers	<b>Title:</b> Work Release Supervisor
<b>Email:</b> mmkupers@doc1.wa.gov	<b>Telephone:</b> 360-489-4712

### Facility PREA Compliance Manager

<b>Name:</b> Melinda Kupers	<b>Title:</b> Work Release Supervisor
<b>Email:</b> mmkupers@doc1.wa.gov	<b>Telephone:</b> 360-489-4712

**Facility Health Service Administrator**

<b>Name:</b> N/A	<b>Title:</b> Click or tap here to enter text.
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.

**Facility Characteristics**

<b>Designated Facility Capacity:</b> 60	<b>Current Population of Facility:</b> 60		
<b>Number of residents admitted to facility during the past 12 months</b>	185		
<b>Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:</b>	16		
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	178		
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	185		
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>	0		
<b>Age Range of Population:</b>	<input checked="" type="checkbox"/> Adults Click or tap here to enter text.	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
<b>Average length of stay or time under supervision:</b>	4-6 MONTHS		
<b>Facility Security Level:</b>	MI1-Minimum		
<b>Resident Custody Levels:</b>	MI1-Minimum		
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	30		
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	16		
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	1		

**Physical Plant**

<b>Number of Buildings:</b> 1	<b>Number of Single Cell Housing Units:</b> 0
<b>Number of Multiple Occupancy Cell Housing Units:</b>	30
<b>Number of Open Bay/Dorm Housing Units:</b>	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 21 cameras, covering all areas of offender access. Control is at the duty station and in the IT room with Staff only access. The retention is 30 days.

<b>Medical</b>	
<b>Type of Medical Facility:</b>	N/A
<b>Forensic sexual assault medical exams are conducted at:</b>	St. Johns Hospital; Longview, WA 98632
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	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 Longview Work/Training Release (LWTR), located in Longview, Washington was scheduled to be conducted on October 16, 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. Throughout the remainder of this report, Ms. Bruck will be referred to 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 parties are members of the Western Consortium. The purpose of the audit is to determine the facility’s 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.

**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 was the established point of contract for Longview 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 with 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 had not received letters from staff, residents or visitors. During Ms. Shane's absence all mail has been forwarded to the auditor and no mail was received from residents, staff or visitors.

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 Longview Work/Training Release's 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 other PREA allegation, received via the website. The test was completed to determine if the report of an allegation is 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 for outside reporting. 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 did contain the current address. A second letter was sent to the current address and on September 24, 2019 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 October 27, 2018, the auditor sent an email to JDI inquiring about any/all reports that had been received from or regarding the Longview Work/Training Release. A response was received on October 30, 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 for the site review.

### **On-Site Audit Phase**

The auditor and the audit team arrived at the Longview Work/Training Release at approximately 0800 hours on the morning of October 16, 2018. We were escorted into a small conference room. The conference room would serve as home base for the audit team, during the site review.

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 just off of the conference room. Residents are not allowed to enter this area unescorted. The audit team viewed PREA posters and brochures on the walls within the offices.

The front door of the facility leads directly to the officer control station. The officer stationed at the control center, controls entry into the facility. During the site review, the audit team did observe the common areas of the facility, which included the officer station, kitchen, dining hall, resource room, seating area, laundry room and visitation area. The auditor observed a PREA Bulletin Board with 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 by residents.

Longview Work/Training Release is a single level, sixty (60) bed facility. The facility can house six (6) female residents and fifty-four (54) male residents.

The female housing area consisted of three (3) rooms with two (2) beds per room. The female residents share a common bathroom with stalls and separate showers with shower curtains. There appeared to be adequate privacy for toileting and showering.

The male housing area is located in a separate area of facility configured in an "L" shape. There were twenty-seven (27) resident rooms; each room had two (2) beds per room. A common bathroom was in each hallway which had stalls and showers with curtains that appeared to be adequate privacy for toileting and showering.

There are two (2) day rooms, male and female. Females are restricted from entering the male day room and vice versa for the males entering the female day room.

A common laundry room was located across from the male and female dayrooms. The laundry room has video monitoring capability.

There is a common dining area that is utilized by both male and female residents. The kitchen is located just off of the dining room. There is an office area for kitchen staff and a pantry. Residents are assigned house duties, which include maintaining the cleanliness of the dining area and the kitchen.



## Offender Interviews

Based upon the resident population of fifty-seven (57) on the day of the site review, the PREA Auditor Handbook requires a minimum of at least sixteen (16) resident interviews be conducted. The auditor and the audit team conduct fifteen (15) random interviews and one (1) targeted interview. There were no other 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, no identified transgender or intersex residents, no residents who reported abuse. This was confirmed through formal and informal interviews with staff and residents.

The auditor did interview a resident who was identified as a potential victim for victimization during screenings.

Inmate Category	Number of Inmates
Random Inmates	15
Targeted Inmates	1
Total Inmates Interviewed	16
<b>Targeted Inmate Categories</b>	
▪ Youthful Inmates	0
▪ Inmates with a Physical Disability	0
▪ Inmates who are Blind, Deaf, or Hard of Hearing	0
▪ Inmates who are LEP	0
▪ Inmates with a Cognitive Disability	0
▪ Inmate who identify LGBTI	0
▪ Inmate who reported abuse	0
▪ Inmates who reported victimization during risk screening	1

## Staff Interviews

LWTR reported twenty seven (27) staff members are employed at the facility. At the time of the site review there were no contractors working within the facility. The following interviews were conducted. Several staff members performed multiple roles and were interviewed separately for each role. The auditor interviewed at least one (1) random staff member from each shift.

Staff Category	Number of Interviews Conducted
Random staff (Total)	8
Specialized Staff (Total)	6
Total Staff Interviewed	14
<b>Administration and Agency Leadership Categories</b>	
▪ Agency head or designee	1
▪ Warden/facility director/superintendent	1
▪ PREA coordinator	1
<b>Specialized Staff Categories</b>	

▪ 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 thirteen (13) employee personnel files, which included training documentation, twenty (20) 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 all files, utilizing the PREA Resource Employee, Inmate Files/Record and Investigation Documentation Review forms. The files were randomly chosen from the resident roster and the staff roster provided to Ms. Shane prior to arriving at the facility.

### Post On-site Audit Phase

After the site review, Longview Work/Training Release and the auditor, continued to communicate with each other. The facility remained cooperative throughout the audit process, with answering additional questions, and additional requests for documentation, from the auditor.

On January 3, 2019, a conference call was held with the facility administration, to include the PREA Compliance Manager and the WADOC PREA Coordinator. The purpose of the call was to discuss issues of non-compliance and to develop a plan of corrective action, in order to bring the facility into compliance with all of the standards. On January 23, 2019, the auditor issued the facility Interim Report, which outlined five (5) standards in corrective action. Over the course of the following six (6) weeks, LWTR completed each milestone set in place by the corrective action plan and has satisfactorily met the auditor's requirements to demonstrate proof of practice.

### 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 Longview Work/Training Release Welcome Book

Longview Work/Training Release started in an old house in the downtown section of Longview, Washington in the 1970's. In 1993, the Department of Corrections built the current facility at 1821 First Ave. in Longview. Originally, the building was built for 40 residents, 6 females and 34 males. In 2000, the building was expanded to house 6 females and 54 males. The facility is entirely on one floor. When built, Longview Work/Training Release was the first work release in Washington

built to be used as a complete work release facility. All the others were housed in old buildings that were retrofitted to accommodate a work release program. The facility has separate wings for male and female offenders. We also have separate recreation rooms for male and female offenders.

Longview Work/Training Release is a regional facility. The facility serves residents from Cowlitz, Clark, Lewis, Pacific, and Wahkiakum counties. Longview Work/Training Release works with several employment agencies that can employ residents throughout Southwest Washington. The residents also work with a variety of employers throughout Longview and Kelso.



Longview Work/Training Release

Longview Work/Training Release offers a comprehensive program that focuses on managing offender transition from prison to the community. The goal is to effectively intervene in the risk an offender may pose to the community while assisting the offender to become a more positive and productive member of that community. Prior to November 2016, the Department of Corrections partnered with Pioneer Human Services to provide offender accountability, a safe and secure Environment and quality programming to support and encourage offender change. In November 2016, the facility became a fully state run facility with corrections officers.

Longview Work/Training Release is a minimum security custody level facility. It has a rated capacity of sixty (60). The facility houses six (6) females and fifty-four (54) males. The resident ages range from nineteen (19) to sixty-seven (67) years of age. The resident's length of stay can be four (4) to five (5) months. Each resident is expected to pay room and board, restitution, legal fees, and family support when applicable.

There are no medical or mental health services available at the facility for the residents. If a resident is in need of these services, the facility would refer them to agencies within the community.

Number of Full-Time Staff:

- 1 Community Corrections Supervisor
- 2 Clerical Staff
- 2 Sergeants
- 14 Corrections Officers
- 3 Community Corrections Officers
- 1 Maintenance
- 4 Food Service

## Education/Treatment Programs

Aftercare Treatment  
Intensive Outpatient Treatment  
Chemical Dependency Assessments  
Stress & Anger Management  
GED Classes  
Thinking for a Change  
Risk/Needs Assessment

## Community Transition/Resources

Job Resource Center  
Low Cost Housing  
Mental Health Services  
Low Cost Medical/Dental Services  
Public Transit System  
Clean & Sober Housing  
Clothing Bank  
Community College  
Religious 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
- 115.267 Agency protection against retaliation
- 115.268 Post-allegation protective custody
- 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

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

115.213

Corrective Action: the facility shall develop a PREA Compliant Staffing Plan utilizing the agency staffing plan template, which reflects a careful analysis of each element. The development of the staffing plan shall be documented.

115.215

Corrective Action: The facility shall obtain the agency pat search training video which contains all the elements required in this provision. All relevant employees will be trained and documentation provided to the auditor that they received the training.

115.216

Corrective Action: The facility shall educate staff regarding the language line. If the need should occur they need to know how to utilize it.

115.221

Corrective Action: Every employee could be a first responder. The facility shall train the staff on first responder duties. In the event a sexual assault should occur, staff should be trained on the Sexual Assault Checklist.

115.264

Corrective Action: The Sexual Assault Checklist shall be updated to include the required PREA language.

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
X Yes  No

### Auditor Overall Compliance Determination

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

### 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) Longview'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 Conducted
  - a. PREA Coordinator

### Findings (by Subsection):

**Subsection (a):** In review of LWTR'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
- 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

The auditor observed 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 in 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 LWTR’s Pre-Audit Questionnaire, the facility reported it does employ a full time upper-level agency-wide PREA Coordinator.

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 participants from all facilities. This team is charged with implementing the standards and changing 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 at each community correction center.

**The facility exceeds 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  NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes  No  NA

### **Auditor Overall Compliance Determination**

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

### **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) Longview'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 from Josh Delaney, DOJ Ruling regarding Pioneer Human Services Residential Treatment Centers not falling under the standards
- 6) Memo from the Secretary Department of Corrections
- 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 Conducted-Contract Administrator

**Findings (by Subsection):**

**Subsection (a)(b):** In review of LWTR’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.

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, LWTR 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. A process of self-evaluation and on-site visits coupled with review of Department of Justice audit results was established to monitor these facilities during the audit cycle.

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 sanctioned 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 in 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 achieved PREA certification through audits in 57 corrections and detention facilities, 46 residential reentry facilities, and 8 of the youth facilities. All audit reports demonstrating 100% compliance.
- WADOC is currently exploring options for emergency capacity in the event a critical incident or significant event requires offenders to be housed in secure facilities outside the jurisdiction, including out of state.

### 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 21<sup>st</sup> 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 all 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 of the standard. 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 confirmed with the PREA Coordinator that all state offenders were removed from the Clark County Jail 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) Longview's completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) WADOC Policy
  - a. WADOC 110.110 *Work Release Management Expectations* (5 pages)
  - b. WADOC 300.500 *Work Release Screening* (6 pages)
  - c. WADOC 400.210 *Custody Roster Management* (7 pages)
  - d. WADOC 420.370 *Security Inspections* (6 pages)
  - e. 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) LWTR 2018 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. Director or Designee
  - b. PREA Coordinator

### **Additional Evidence Reviewed:**

LWTR 2019 Staffing Plan

### **Findings (by Subsection):**

**Subsection (a):** LWTR reported in the Pre-Audit Questionnaire 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 fifty eight (58). The average daily number of residents in which the staffing plan was predicated is sixty (60). LWTR stated there have been no deviations from the staffing plan.

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.”

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*.

LWTR stated in a memorandum, “Staffing plans for the 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 a budget proposal to the Washington State Legislature. Part of the annual audit and the PREA audit include a review of safety and security to include security camera systems with video capability. A component of this plan is a facility vulnerability assessment, completed to identify and address areas or processes creating risk.”

Longview Work/ Training release 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 samples of rosters in which no deviations could be seen.

A PREA Vulnerability Assessment dated July 2, 2018 was reviewed by this auditor. Potential high risk/blind spot areas were identified compared to if there were camera monitoring or staff escort to those areas. One corrective action plan was generated for shower curtains for all showers. These curtains must not be see-through except for the top and bottom.

During the development of a staffing plan, Community Confinement Centers are mandated to consider

- 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

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. The development of the staffing plan shall be documented, to include all staff involved in the development and that an analysis of each element is considered.

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 3, 2019, the auditor reviewed the LWTR 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):** Longview Work/Training Release reported in the PAQ that there have been no deviations from the staffing plan.

There were no deviations to the staffing plan noted.

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

**Subsection (c):** Longview Work/Training Release 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 LWTR 2017 Staffing Plan and the 2018 Staffing Plan. During an interview with the PREA Coordinator, she confirmed 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) Longview's completed Pre-Audit Questionnaire
- 2) Memo to the Auditor dated August 1, 2018
- 3) Policy:
  - a. WADOC 420.310 *Searches of Offenders* (6 pages)
  - b. WADOC 420.312 *Body Cavity Search* (5 pages)
  - c. WADOC 420.325 *Searches and Contraband for Work Release* (4 pages)
  - d. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - e. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 pages)
- 4) Pat Search Training curriculum
- 5) Memorandum from Laura Deckard
- 6) LWTR training log

- 7) Interviews Conducted
  - a. Random Staff
  - b. Random Resident

### **Additional Evidence Reviewed**

- 1) Pat Search Curriculum
- 2) Staff Training Roster

### **Findings (by Subsection):**

**Subsection (a):** LWTR reported in the Pre-Audit Questionnaire 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 *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.”

In a memo to the auditor, LWTR 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 staff interviews, the custody staff reported they are aware cross-gender strip searches were not permitted and stated they do not conduct cross-gender strip searches. All of the non-custody staff indicated they do not conduct strip searches but are aware of the policy.

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

**Subsection (b):** LWTR 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 they 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 use a wand.

Two (2) random female residents were interviewed. Both residents stated they were not prohibited from outside activities or programs due to female staff being unavailable to conduct pat-down search upon return.

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

**Subsection (c):** LWTR 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. The facility does not conduct strip searches, if a resident needed to be strip searched, they would transport the resident to the local jail or a prison facility.

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

**Subsection (d):** LWTR reported in the Pre-Audit Questionnaire 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 their breasts, buttocks or

genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.

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 LWTR stated WADOC has standardized the “knock and announce” process within each of its facilities.

During random interview with staff, twelve (12) staff members were interviewed. All staff stated they announce their presence when entering the hallways to rooms, resident rooms and restrooms.

During random interviews with residents, sixteen (16) stated that opposite gender staff announces their presence when entering housing areas. No resident reported being naked in full view of an opposite gender staff member at any time.

During the site review this auditor did confirm the announcement is made when female or male staff enters the units.

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

**Subsection (e):** LWTR reported in the Pre-Audit Questionnaire 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. LWTR further reported there have been no such searches conducted in the last twelve (12) months.

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, LWTR 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 initiate 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, twelve (12) staff reported that they could not search or physical examine a transgender or intersex resident for the purpose of determining the resident's genital status.

No reported transgender or intersex residents were housed at the facility during the site review. Therefore no targeted interview was conducted.

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

**Subsection (f):** LWTR reported in the Pre-Audit Questionnaire 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, LWTR stated, "all staff who might perform searches at LWTR 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. LWTR utilizes the on-the-job training known as COACH to annually certify staff in pat search skills."

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.

During random staff interviews of the twelve (12) staff interviewed, three (3) were not custody staff and did not conduct searches or a pat-down search of residents, two (2) custody staff stated that they had not received training on how to conduct cross gender pat-down searches and searches of transgender and intersex inmates, seven (7) staff reported that they did receive this training. During informal interviews with staff, it was reported that there has never been a transgender resident housed at the facility.

The auditor reviewed a tracking list of all staff and the date they completed pat search training and the auditor reviewed a memo from LWTR Correctional Sergeant who stated the 9.2 Pat Search was completed with staff on July 2, 2018.

The auditor reviewed the 9.2 Pat Search Training. The training does not cover information regarding cross gender pat searches or pat searches for transgender or intersex residents.



Corrective Action: The facility shall obtain the agency pat search training video which contains all the elements required in this provision. All relevant employees will be trained and documentation provided to the auditor that they received the training.

After the issuance of the Interim Audit Report, the facility and auditor discussed the corrective action for this provision and agreed all relevant staff would complete pat search training utilizing the agency Pat Search Training Curriculum. The facility would provide the auditor with the curriculum and a staff training roster, as documentation that the staff was properly trained in cross gender pat searches and pat searches for transgender and intersex residents. The auditor reviewed the training curriculum, which contained information on how to perform a pat search of male inmates and female inmates, how to conduct a cross gender pat search and how to conduct a pat search of transgender/intersex inmates. The facility provided a staff training roster, indicating all relevant staff and the dates the training was completed by each staff member. A total of twenty-one (21) staff completed the training.

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

**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*)
- 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) LWTR 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)
- 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) Translation Services Procedure
- 9) Memo to all Longview Staff regarding Interpreter Services
- 10) Interviews with the following:
  - a. Community Corrections Supervisor
  - b. Random Staff

## Findings (by Subsection):

**Subsection (a):** LWTR reported in the Pre-Audit Questionnaire 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 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.

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.”

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. LWTR 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. This auditor also reviewed the Longview/Work Training Release Translation Services procedure outlining the responsibilities and procedure for obtaining translation services for residents.

During the site review the auditor confirmed that there were no residents housed at the facility that had a disability. Therefore no targeted interviews were conducted.

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 (b):** LWTR reported in the Pre-Audit Questionnaire that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. There have been no instances in the past twelve (12) months where resident interpreters, readers or other types of resident assistants have been used.

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."

In a memo to the auditor, LWTR stated, "WADOC has two separate contracts with the Washington Department of Enterprise Systems (WADES) that are utilized by state agencies to provide language interpreting services.

- 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 by staff, through the Interpretation Vendors Portal.

Offenders are provided with PREA materials in brochure form in both English and Spanish. PREA related posters are also accessible to offenders in both English and Spanish."

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.

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.

While on site, the auditor confirmed that there were no residents assigned that had a disability or that were limited English proficient. Therefore no targeted interview was conducted.

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

**Subsection (c):** LWTR 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.

Agency policy 490.100, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, specifically prohibits the use of offenders, family members and friends as interpreters or translators. Staff is used as interpreters/translators for PREA related issues only in exigent circumstance. No such instances have occurred during this audit documentation period.

Documentation was reviewed from the Assistant Secretary for Prisons dated November 13, 2015. This memorandum notified all prison and community corrections staff the WADOC entered into a new statewide contract agreement through the Department of Enterprise Services (DES) with in-person and telephone interpreter contracted vendors. These vendors provide interpretation services directly to the offender population. The memorandum gave instructions for how to use the Interpretation Vendors Portal.

LWTR 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.

Offenders are able to view the PREA Orientation Video in English, Spanish and has closed caption for the offenders that are hard of hearing. Any resident who is visually impaired is able to listen to the video.

During random staff interviews, eleven (11) staff members reported they would not use an offender to interpret, one (1) stated they would use a resident if no interpreters were available, only one (1) knew the agency had a contract for the use of a language line.

During the site review this auditor noted the presentation of PREA informational posters and brochures in English and Spanish throughout the facility. The auditor was also provided copies of Spanish PREA brochures.

Although staff knew and understood that a resident could not be used to interpret, only one (1) of the twelve (12) staff interviewed knew that the agency contracts with a language line service.

Prior to the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action for this provision. On January 3, 2019, the Work Release Supervisor sent via email a memo to all LWTR staff. The memo informed the staff that on July 1, 2015, WADOC entered into agreements with the Department of Enterprise Services for in-person and telephone interpreter services. The memo also informed the staff, when it was appropriate to use the telephone service and gave illustrated directions on where to access the telephone interpreter services, within the I-DOC Portal. The facility has effectively educated and informed staff regarding the use of the language line.

**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) Longview's completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy:
  - WADOC 400.320 *Terrorism Activity* (4 Pages)
  - WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 Pages)
  - WADOC 810.015 *Criminal Record Disclosure and Fingerprinting* (5 pages)
  - WADOC 810.800 *Recruitment, Selection and Promotion* (8 Pages)

- 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) Sign Language Contract Interpreter training log
- 8) PREA 101 curriculum demonstrating information on continuing duty to report
- 9) Interviews with the following:
  - a. Administrative (Human Resources) staff

### **Findings (by Subsection):**

**Subsection (a)(b):** LWTR reported in the Pre-Audit Questionnaire 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 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.”

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 contacted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct.

In a memo to the auditor, LWTR 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 / Service 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 Human Resource Manager, she stated that the self disclosure form is part of the application packet. Each applicant must answer all of the questions.

The auditor randomly selected thirteen (13) employee files. There were two (2) files reviewed that the employee was hired during the documentation period. The auditor selected an additional four (4) employee files that were hired during the documentation period, to determine compliance with this provision. All six (6) had completed the self disclosure form prior to being hired.

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

**Subsection (c):** LWTR reported in the Pre-Audit Questionnaire agency policy requires that before any new employees who may have contact with residents, it conducts criminal background record checks and consistent with federal, state and local law makes its best efforts to contact all prior institutional employees for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months 16 persons hired who may have contact with residents have had a criminal background check.

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, LWTR 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 complete criminal background investigation is completed and make their best efforts to contact all prior institutional employers before the hiring process is complete.”

During an interview with the Human Resource Manager, she stated that a background check is completed on all staff prior to being hired at the facility.

The auditor randomly selected thirteen (13) employee files. There were two (2) files reviewed that the employee was hired during the documentation period. The auditor selected an additional four (4) employee files that were hired during the documentation period, to determine compliance with this provision. All six (6) files contained a background check that had been completed prior to being hired.

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

**Subsection (d):** LWTR reported in the Pre-Audit Questionnaire that in the past 12 months there has been two (2) contract staff, who might have contact with residents, that criminal background checks were conducted.

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 (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, LWTR stated “WADOC requires the completion of a thorough criminal background check for every individual entering the facility who may have contact with offenders.”

During an interview with the Human Resource Manager, it was stated that background checks are completed on all contract staff, prior to being hired at the facility.

On the Pre-Audit Questionnaire, the facility reported two (2) contractors providing services that a criminal background had been completed. However at the time of the site review, there were no contractors providing service to the facility. Therefore no contractor files were reviewed.

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

**Subsection (e):** LWTR reported in the Pre-Audit Questionnaire that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees.

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, LWTR stated “the following process has been established to ensure all required employee and contractor criminal background checks are completed at least every five (5) years:

- The Secretary Supervisor at LWTR is responsible for sending the request for employee and contractor criminal background checks to DOC records. The Records Department conducts the background check and sends information to the Secretary Supervisor. The Secretary Supervisor provides the Community Corrections Supervisor with any information regarding individuals with a criminal history for the purpose of making hiring and contracting decisions.”

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

The auditor selected and reviewed thirteen (13) employee files. All files contained a criminal history check that had been completed within the past two (2) years.

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

**Subsection (f):** LWTR reported in the Pre-Audit Questionnaire that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employee for whom such employee has applied to work.

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 LWTR 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. Therefore, there would not be documentation applicable to this standard. Local Human Resources team members are available to articulate this process on request.”

During an interview with the Human Resource Manager, she confirmed that if another agency calls and requests information regarding substantiated allegations, they have and will cooperate with the agency, if the agency provides a waiver from the employee. She stated that these instances are 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  NA

#### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### 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) Longview'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) Facility floor plan with camera locations
- 5) IP camera system proposal
- 6) Interviews with the following:
  - a. Community Corrections Supervisor

### **Findings (by Subsection):**

**Subsection (a)(b):** LWTR reported in the Pre-Audit Questionnaire 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.

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.

LWTR 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 an instruction to consultants based upon the owner’s approved program and/or pre-design documents, WADOC policies, standards, guidelines and specifications, including the Prison Rape Elimination Act (PREA) of 2003, Section 115.18 (a) and Section 115.218 (a).”

Since the last Department of Justice PREA audit, conducted on April 18, 2016, LWTR has not had any acquisitions, expansions, and/or modifications.

Since the last Department of Justice PREA audit, conducted on April 18, 2016, the following installations and/or updates to the monitoring system have been initiated:

- Camera monitoring system has been upgraded to include video record capabilities and has been expanded by five (5) additional cameras.

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.

During an interview with the Work Release Supervisor, she stated that five (5) cameras were recently added. Prior to installation a walk through was completed to look for blind spots within the facility. While determining the placement of the additional cameras, there was discussion on how to maximize the use of the camera to protect offenders from sexual abuse.

This auditor reviewed a proposal for installation of the new cameras. Storage duration would be 30 days with the option to change and the view would match existing camera views. A facility map of existing and new cameras was provided to this auditor. A site review did not note significant blind spots preventing proper surveillance.



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) Long view Work Release 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 (PREA) Response* (11 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) Forensic Medical Exam Procedures-Transport Staff
- 9) List of Hospitals and designated advocate partnered with the facility
- 10) Mutual Aid Agreement between State of Washington State Patrol and State of Washington Department of Corrections
- 11) Meeting minutes that detail responsibilities of outside medical and mental health practitioners
- 12) 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
- 13) Interagency agreement with the Department of Commerce, Office of Victim Advocacy detailing advocacy access for offenders
- 14) OCVA Brochure detailing offender access to community victim advocacy
- 15) In-Person victim advocacy services guide
- 16) Document detailing pre-assignment and ongoing training requirements for community based victim advocates

- 17) Document detailing selection criteria for Community Sexual Assault Programs partnered with the WADOC
- 18) Meeting Minutes with Longview Police Department detailing protocols when dealing with a sexual assault
- 19) Interviews with the following:
  - a. PREA Coordinator
  - b. Random Staff

**Additional Evidence Reviewed:**

- 1) First Responder Training Curriculum
- 2) Staff Training Attendance Roster
- 3) Memo to Staff regarding Training Curriculum

**Findings (by Subsection):**

**Subsection (a)(b):** LWTR reported in the Pre-Audit Questionnaire 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.”

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

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.

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.

LWTR 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.

The agency does follow a uniform evidence protocol that contains sufficient technical detail to aid first responder, however during random staff interviews, staff was asked, if they understood the agency's protocol for obtaining usable, all stated yes, when asked, if an incident should occur what steps would you take, only two (2) staff members out of twelve (12) stated they would secure the scene, the remainder reported they would separate and notify the Appointing Authority and only one (1) staff member knew there was a PREA Kit for evidence collection, in the event of a sexual assault.

This auditor reviewed the LWTR PREA tracking log for the audit period. There was one (1) allegation made that was unsubstantiated. The allegation did not have a criminal nexus and therefore was not referred to the local police department.

Corrective Actions: Every employee could be a first responder. The facility shall train the staff on first responder duties. In the event a sexual assault should occur, staff should be trained on the Sexual Assault Checklist.

After the issuance of the Interim Audit Report, the facility and the auditor discussed the corrective action for this provision and agreed the facility would provide all facility staff with first responder training. The facility provided the auditor with the First Responder Training Curriculum and a staff training attendance roster, which documented a total of thirty (30) staff members were trained on first responder duties. In review of the curriculum, there was an error in the training, which stated "...request the victim and the alleged abuser, not take any actions to destroy the physical evidence." The statement is contradictory to the §115.264 (4). As a result of corrective action, the facility updated the Sexual Assault Checklist that is used by first responders; however the correction was not made to this training curriculum. The facility issued a memo to all staff on March 13, 2019, correcting the error. The facility provided the auditor with documentation that each staff member had acknowledged receipt of the memo. The facility has effectively demonstrated compliance during the correction action period.

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

**Subsection (c)(d)(e)(f)(g)(h):** 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, LWTR stated “WADOC has developed partnerships with identified community health care facilities and sexual assault programs for the provision of designated services and support. Administrators from Longview Work/Training Release have met with the community hospital administrators to develop procedures and agreements in advance of the need for any forensic medical examination. WADOC has also issued directives to Health Services staff regarding actions to be taken in the event a SANE/SAFE is not available at the designated facility.”

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 the offender transported to a local emergency room.

This auditor reviewed a list of designated hospitals and advocates for forensic exams. Peace Health Longview is the designated facility for LWTR. A mutual aid agreement between Washington State Patrol and WADOC dated April 2010 was reviewed by this auditor. The Washington State Patrol may provide the following types of assistance:

- Statewide Incident Response Team
- Aviation Support
- Statewide Communications
- Law Enforcement Officers
- High Security Escorts
- Other assistance as needed, depending on circumstances

LWTR provided this auditor minute meeting notes dated July 24, 2018 with the Longview Police Department (LPD). Topics discussed were police department response to sexual assault allegations, protocols for dealing with an assault and identified issues such as: DOC authorization if LPD needs to search resident room/property, Evidence security, Facility restricted movement and Actions of residents involved in the incident

The minutes of the St. John Hospital/SANE meeting notes from July 25, 2018 were also provided. During this meeting topics covered were: SANE nurses on staff and contract with company for 24/7 coverage, where the exam is conducted, HOPE Project Victim Advocate response time of 20 minutes, the hospital was provided with specifics regarding the role of the Longview Police Department and LWTR and protocols were reviewed for admitting the victim.

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 of 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.

LWTR 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. The posters and brochures were observed by the auditor, during the site review.

During the reporting period the facility has not had any investigations conducted by a Department of Justice entity.

LWTR reported that during the documentation period there has been no instance that indicated or required a forensic medical exam or the need for an advocate's presence at an investigatory interview.

The facility reported there was one allegation during the reporting period. The auditor reviewed the investigation. The allegation did not require a forensic medical exam.

**The facility is in compliance with these provisions 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*)
- 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) Longview'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) 2016 Survey of Sexual Victimization Summary from US Department of Justice, Bureau of Justice Statistics
- 6) Screen Prints from Agency Website
- 7) Mutual Aid Agreement between State of Washington State Patrol and State of Washington Department of Corrections
- 8) Meeting Minutes with Longview Police Department detailing protocols when dealing with a sexual assault
- 9) Interviews with the following:
  - a. Agency Head
  - b. Investigator Staff

## Findings (by Subsection):

**Subsection (a):** LWTR reported in the Pre-Audit Questionnaire that the facility ensures that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. In the past twelve (12) months, LWTR has had had two (2) allegations reported.

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, LWTR stated “WADOC has established a process whereby all allegations are triaged by the Headquarters PREA Unit to determine if the allegation falls within established PREA definitions. Allegations resulting in the initiation of an investigation are returned to the applicable Appointing Authority for investigation. LWTR has investigated all allegations referred.”

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 investigation. The local police department is the primary investigator for a crime committed within the facility.

During an interview the 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 the LWTR Offender Complaint Log. There were two (2) allegations reported, one (1) was determined not to be PREA, based on the definitions provided in §115.06, by the PREA Triage, the case was returned to the local facility for any local action needed. The second case was referred to the facility for investigation. The auditor reviewed the investigation and the allegation appeared to not require the assistance of law enforcement.

**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 investigative staff, it was stated that the agency policy requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. The local police department would be contacted if during the investigation if it appears a crime may have been committed.

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 the minute meeting notes dated July 24, 1018 with the Longview Police Department. Topics discussed were police department response to sexual assault allegations, protocols for dealing with an assault and identified issues such as: DOC authorization if LPD needs to search resident room/property, Evidence security, Facility restricted movement and Actions of residents involved in the incident.

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

**Subsection (d):** The auditor confirmed that 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) Longview'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) Interviews with the following
  - a. Random Staff

### Findings (by Subsection):

**Subsection (a):** LWTR reported in the Pre-Audit Questionnaire 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 – 10) states "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity"

In a memo to the auditor, LWTR stated, general PREA training curriculum includes but is not limited to, all elements required by this standard.

In a memo to the auditor, LWTR 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 detect and responds to signs of threatened and actual sexual abuse
- how to avoid inappropriate behavior
- how to communicate effectively and professionally with all inmates including LGBTI inmates
- how to comply with relevant laws.

During random interviews with staff, all reported that they had attended annual PREA training within the past year. Each staff member could articulate the elements above, when asked.

The facility reported twenty-eight (28) employees are assigned to the facility and all have completed PREA training within the audit period. The auditor reviewed thirteen (13) employee files, and confirmed all had received PREA training.

**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 LWTR stated “on May 9, 2006, WADOC deployed PREA training for all employees, contract staff and volunteers when it published its initial PREA policies. Additionally, WADOC has determined that the strongest strategy is to require this training prior to assignment for new hires and every year thereafter.”

LMS tracks participation, scores obtained on quizzes and completion of training requirements. A function within this system requires participants to acknowledge that they understand the PREA training they just completed. If a participant does not confirm their understanding of the material, the course is not registered as having been completed and the participant is directed to obtain additional information through listed resources, contact supervisors and/or retake the training in order to be able to confirm their understanding.

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?  Yes  No

#### 115.232 (b)

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

#### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

### 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) Longview'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) Sign Language Interpreters log with training dates
  - 6) Memorandum from Roy Gonzalez providing information for PREA requirements
  - 7) Master Interpreter list
  - 8) Memorandum from Roy Gonzalez to Interpreters about PREA changes
  - 9) LWTR Contractor training log
  - 10) Transcripts for Contractors
  - 11) PREA brochure for Staff, Contractor and Volunteers
  - 12) Vendor PREA and NCIC tracking log
  - 13) Vendor Facility Access procedure
  - 14) Vendor PREA Acknowledgment Forms
  - 15) Interview Conducted
    - a. Volunteer or Contract staff with Resident Contact

#### **Findings (by Subsection):**

**Subsection (a)(b)(c):** 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 initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity”

WADOC 530.100 *Volunteer Program* (page 5 - 6) states Volunteer training will require completion of mandatory volunteer orientation before beginning services. The 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 receive 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, LWTR stated “General PREA 101 training curriculum includes all elements required by the standard.”

The Washington State Department of Corrections (WADOC) requires that all contractors with regular contact with offenders complete the same general training provided to employees. The agency allows for vendors and service providers who have limited, unescorted contact with offenders to complete for 03-478, *PREA Acknowledgment*, and be provided with the current PREA brochure for staff, contractors and volunteers rather than complete annual training. This

typically includes individuals filling vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance.

WADOC requires that all volunteers complete the same general PREA training provided to employees.

The Learning Management System (LMS) tracks participation, scores obtained on quizzes and completion of training requirements. A function within this system requires participants to acknowledge that they understand the PREA training they just completed. If a participant does not confirm their understanding of the material, the course is not registered as having been completed and the participant is directed to obtain additional information through listed resources, contact supervisors and/or retake the training in order to be able to confirm their understanding.

The auditor reviewed contract shells for agency and individual service providers, detailing language included in all personal services contracts with individuals who may have contact with offenders. The contract shell includes standardized language to include: zero tolerance policy, compliance with PREA laws and required PREA training.

The auditor reviewed the DOC sign language contract interpreters training log showing the most recent PREA training completion date and confirmation of LMS training completion. LWTR also provided random samples of PREA Acknowledgment forms. All contract interpreters are current on PREA training.

A memorandum from a Correctional Manager dated July 20, 2018, was provided. This document verifies that there is inclusion of required contract shell language for in-person interpreters. An interpreter log and documentation of the process to ensure all sexual misconduct forms are submitted was also reviewed.

LWTR provided this auditor with a training log listing all contractors assigned to the facility and general PREA training completion dates. Further verification was provided via random examples of individual training transcripts for contractors confirming the completion of required PREA training.

A PREA brochure for Staff, Contractors and Volunteers was provided demonstrating information is provided to these staff members.

LWTR submitted a Vendor Tracking Sheet of all vendors working at the facility within the audit period and date they signed a PREA Acknowledgement form. The auditor reviewed three (3) vendor files and confirmed that the facility completes a background check prior to entering the facility. The vendors are also required to sign a PREA Acknowledgement form, stating they are aware of the agency zero tolerance and their responsibility to report any suspected sexual abuse.

**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) Longview'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) Interviews with the following:
  - a. Intake staff
  - b. Random Residents

## Findings (by Subsection):

**Subsection (a)(b)(d):** LWTR reported in the Pre-Audit Questionnaire 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 facility provides residents who are transferred from a different community confinement facility with refresher information. The agency maintains documentation of resident participation in PREA education sessions.

WADOC 310.000 *Orientation for Offenders* (page 4) states, Incarcerated individuals arriving at or transferred to a Work/Training Release or Prison, including transfers between an Intensive Management Unit (IMU), will receive an orientation to the new facility. Orientation will include information on the Prison Rape Elimination Act (PREA) and employees will document orientation in the incarcerated individual's electronic file and the individual will acknowledge receipt of orientation and the Statewide Inmate Orientation Handbook/facility specific handbook by signing.

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. If an orientation video is presented in-transit, offenders will be provided an opportunity to ask questions of the facilitator during onsite facility orientation."

In a memo to the auditor, LWTR stated "during the audit documentation period one hundred and eighty-five (185) offenders were received at LWTR. All offenders 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 posters in the intake area. Documentation of orientation completion is maintained by adding a chronological entry and completion of DOC 05-512 Work Release Orientation Checklist."

During an interview with intake staff, it was confirmed residents are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment in the verbal form and bulletin boards. Resident education is ensured by orientation, brochures and a resident handbook that the resident will sign for. The orientation video is completed on the first day of arrival and an in-depth orientation is provided within a few days of arrival.

LWTR provided a portion of the facility handbook that demonstrates the required PREA information is provided to residents at intake. The information includes: applicable WADOC policies, prevention, definitions, reporting procedures and support services. A PREA brochure for offenders was also provided in English and Spanish. LWTR provided a photograph of the PREA bulletin board located in the intake area of the facility. During the site review this auditor noted PREA information posters and brochures displayed in conspicuous areas throughout the facility in English and Spanish.

A PREA tracker was provided that listed the resident's name, date of arrival and orientation completion date. The tracker suggests that all residents received orientation with 72 hours of

arrival at the facility. This auditor noted that most residents received the orientation with 48 hours of arrival.

Sixteen (16) resident interviews were conducted. All sixteen (16) residents reported they were given information regarding the agency's zero tolerance and the inmate handbook. All stated that PREA was gone over during orientation. One (1) inmate reported that during orientation the PREA video was optional and during his orientation no one wanted to see the video.

The auditor reviewed twenty (20) resident files. All twenty (20) residents had received orientation within two (2) days of arrival at the facility.

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

**Subsection (c):** LWTR reported in the Pre-Audit Questionnaire that resident PREA education is available in formats accessible to all residents, including those who are: limited English proficient, deaf, visually impaired, otherwise disabled, or limited in their reading skills.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (pages 5, 13) states "Offender Accommodations: 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. The need to provide targeted orientation will be determined on a case-by-case basis, taking into consideration: reading comprehension levels, mental health input/evaluation, cognitive abilities,, Interactions with staff, Language barriers other than Spanish.

In a memo to the auditor, LWTR reported that 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.

During the audit period LWTR did not have any offenders that were non-English proficient or of low comprehension level.

LWTR provided the auditor copies of PREA brochures and posters in English and Spanish. The facilitator's guide was also provided for End Silence. The End Silence material is an educational tool about sexual misconduct in custody settings. This material would be used for PREA education on an adult with low comprehension levels.

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

**Subsection (e):** LWTR reported in the Pre-Audit Questionnaire that the agency ensures key information about PREA policies is continuously and readily available or visible through posters, resident handbooks and or other written formats.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 4) 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. The PREA Compliance Manager will be an employee outside of any Intelligence and Investigation Unit, who will coordinate local PREA compliance and coordinate monthly checks to verify: The PREA hotline telephone number is posted on or near all offender telephones and Poster and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services areas and Classification Counselor/Community Corrections Officer (CCO) offices.

In a memo to the auditor, LWTR reported that WADOC requires that PREA posters and brochures be available at all times throughout the facility. Policy also requires that monthly checks are conducted to ensure posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services and office of Classification Counselors/Community Correction Officer.

Documents provided by LWTR included PREA brochures and posters in both English and Spanish. During the site review this auditor did observe posters and brochures placed in the offices and throughout the facility.

**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) Longview'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
- b. Random Residents

**Findings (by Subsection):**

**Subsection (a)(b)(c):** LWTR reported in the Pre-Audit Questionnaire 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.”

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 4) states, “Investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.”

WADOC 880.100 *Corrections Training and Development* (page 8) states, “Staff Training and Tracking Information System (STATIS) will be used to document all official Department training.”

In a memo to the auditor, LWTR stated “the 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 settings, techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity Warnings, and evidence collection.

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 provided 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 (e.g., outside of the investigator's chain of command, any indications of potential conflicts of interest, etc.)

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 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.

LWTR 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. Each had attended the specialized training as well as the in-service training.

During an interview with an investigator, specialized training received did include: Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings, Sexual abuse evidence collection and Criteria and evidence required to substantiate a case. The investigator was able to speak knowledgably about each element that was contained within.

LWTR provided a spreadsheet of PREA Workplace Investigation Training Participants that have successfully completed training. The investigators staff assigned to LWTR were highlighted on the spreadsheet.

The agency reported six hundred and thirty-one (631) trained investigators around the state. The auditor has audited several other facilities located in the State of Washington and has reviewed many of the investigator's training documentation. The facility reported that there was one (1) administrative investigation during the reporting period. The auditor reviewed the training transcript for the investigator and determined she did have the specialized training as well as annual PREA training.

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) Longview'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 610.025 *Health Services Management of Offenders in cases of Alleged Sexual Misconduct* (8 pages)
  - c. WADOC 880.100 *Corrections Training and Development* (9 pages)
- 4) Interviews with the following:
  - a. Medical and Mental Health Staff
  - b. Random Residents

## Findings (by Subsection):

**Subsection (a)(b)(c)(d):** LWTR reported in the Pre-Audit Questionnaire that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. There are no medical and mental health care practitioners who work at this facility.

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."

WADOC 610.025 *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct* (page 2) 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."

WADOC 880.100 *Corrections Training and Development* (page 8) states, "Staff Training and Tracking Information System (STATIS) will be used to document all official Department training."

WADOC policy 610.025, *Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault*, states: "If the report is made within 120 hours of the alleged sexual assault and the case involves penetrations and/or exchange of bodily fluids, the Department will transport the offender to the designated community health care facility." Agency staff and contractors are prohibited from conducting any forensic medical examinations. Since community health care facilities are external to and independent of the agency, WADOC is compliant with this portion of the standard.

In a memo to the auditor, LWTR stated "offenders in WADOC work release facilities are personally responsible for costs associated with their general medical and/or mental health treatment. Any offender 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."

LWTR does not have on site medical or mental health staff. All residents requiring medical or mental health treatment would be responsible to see 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 provider and WADOC would incur 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 nonconforming 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? X Yes  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) Longview'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 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - d. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (12 pages)
  - e. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (14 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) CCO Intake Procedure for LWTR
- 14) Memorandum from Melinda Kupers dated August 1, 2018
- 15) OMNI Offender Screening – PREA Risk Assessment High Level Design Document
- 16) OMNI PREA Access Security Groups
- 17) Sample DOC System Access Request DOC 08-012
- 18) Interviews with the following:
  - a. PREA Coordinator
  - b. Staff responsible for Risk Screening
  - d. Random Residents

### **Findings (by Subsection):**

**Subsection (a)(b):** LWTR states that the agency does have a policy that requires screening for risk of sexual abuse victimization or risk of sexual abusiveness towards 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. Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays.”

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 from 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 process 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. Tracking was maintained manually pending the revision to the system. 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, LWTR reported 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 established time frames:

<b>August 1, 2017-July 31, 2018</b>		
Number of Offenders Received	185	
Number of Offenders who did not remain at the facility for 72 hours	0	
Number of offenders who were at the facility for 72 hours or more	183	
Number of offenders whose initial/intake PRA was completed within 72 hours	183	99%

Sixteen (16) random residents were interviewed during the site review, twelve (12) stated they were asked the questions on the same day of arrival, one (1) reported he was not asked at this facility but had been asked at the prison and three (3), stated they were not asked at all.

During the site review, the auditor randomly chose, twenty (20) resident files to review. In nineteen (19) files, the 72 hour risk assessment had been completed timely, in one (1) file the assessment was completed late.

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

**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 than 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)

It should be noted that the screening assessment as to the question regard behavior Characteristics does not include if the offender is or is perceived to be bisexual as required by the subsection of the standard.

On October 5, 2018, a directive was sent to all facilities in WADOC's control, from the 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.

LWTR reported that WADOC does not house offenders solely for civil immigration purpose. As such, this element is not included in the assessment process. During informal interviews with staff, the auditor confirmed there are no persons held at the facility for civil immigration.

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

**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 (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):** LWTR reported in the Pre-Audit Questionnaire within a set time period, not to exceed 30 days from the resident’s arrival at the facility, the facility will reassess the resident’s risk of victimization or abusiveness based upon any addition, relevant information received by the facility since the intake screening. There were one hundred and twenty-nine (129) residents reassessed.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment 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, LWTR reported that all offenders assigned to WADOC are required to be rescreened between days 21 and 30 of arrival or transfer between facilities. The following is the breakdown of PREA Risk Assessments (PRA’s) completed within established time frames.

<b>August 1, 2017 – July 31, 2018</b>		
Number of Offenders Received	185	
Number of Offenders who did not remain at the facility 30 days	7	
Number of Offenders who were at the facility 30 days or more	178	
Number of Offenders whose follow up PRA was completed within 30 days	129	82 %
Number of follow up PRA’s not completed	0	0 %
Number of follow up PRA’s completed late	26	16 %

On April 4, 2018 LWTR implemented a new procedure to correct the deficiencies in the rescreening of offenders. A CCO Intake procedure checklist was implemented in April 2018. This checklist provides a procedure of tasks to be completed by the Community Corrections Officers to complete intake on new residents. The following is the breakdown of PREA Risk Assessments (PRA’s) completed with established time frames after implementation of the procedure in April 2018:

<b>April 6, 2018 – July 31, 2018</b>		
Number of Offenders Received	54	
Number of Offenders who did not remain at the facility 30 days	2	
Number of Offenders who were at the facility 30 days or more	52	
Number of Offenders whose follow up PRA was completed within 30 days	52	100 %
Number of follow up PRA’s not completed	0	0 %
Number of follow up PRA’s completed late	0	0 %

An Intake staff member was interviewed concerning timelines for risk assessments. The staff member was knowledgeable of the time limits for the initial and follow up assessments.

Sixteen (16) residents were interviewed concerning the 30 day screening, five (5) residents stated they had received an assessment within 30 days, two (2) replied no, seven (7) did not remember and one (1) resident was received by the facility within the past week.

To confirm the new procedure put in place was effective, the auditor requested the facility send a log of all inmates who arrived at the facility in August 2018 with the 30 day assessment. The facility received nineteen (19) residents. All of the assessments were completed timely. The facility has satisfied the auditor that the new procedure put into place is working and all assessments are being completed timely.

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

**Subsection (g):** LWTR reported in the Pre-Audit Questionnaire that policy requires a resident's risk level be reassessed when warranted due to a feral, request, 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, LWTR stated during the audit period, the facility did not have any investigations which resulted in "for cause" assessments being indicated.

The auditor interviewed a staff member responsible for performing PRA screenings. The staff member acknowledged that a reassessment should occur due to referral, request, and incident of sexual abuse or receipt of addition information.

**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) state's "E. (2) Offenders are not obligated to answer PRA questions."

During an interview with a staff member who performs screenings, he stated that the residents are not obligated to answer the questions. This was also confirmed during 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):** 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, LWTR states PREA Risk Assessment is 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 Superintendent 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 for use in housing, program and job assignments.

LWTR provided this auditor with the ONMI Offender Screening – PREA Risk Assessment (PRA) High Level Design (HLD). This document outlines security procedures in place to access PREA related information.

LWTR also provided OMNI PREA Access/Security Groups. Each group is assigned certain access within the system. Some groups are automatically assigned based on job title. In order to gain access to the OMNI system a DOC Systems Access Request (SAR) User Account Actions must be completed and access approved by the PREA Coordinator. A blank form (DOC 08-012) was provided for review.

During an interview with the PREA Coordinator she confirmed that appropriate controls on dissemination of information are taken seriously within WADOC. Staff that do conduct interviews reported there are restrictions within the OMNI system to access information. Intake staff further confirmed that OMNI provides restricted access to this portion of the system.

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) Longview'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) Memorandum from the Deputy Director of Prisons Command B dated November 8, 2016
- 8) LWTR Operational Memorandum LWTR 490.820 dated June 18, 2018
- 9) List of LGBTI Offenders with Housing Assignment
- 10) Interviews with the following:
  - a. PREA Coordinator
  - b. Staff responsible for Risk Screening
  - c. LGBTI Offender

## Findings (by Subsection):

**Subsection (a)(b):** LWTR reported in the Pre-Audit Questionnaire 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, LWTR reports, “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 an 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 the DOC policy 300.380, Classification and Custody Facility Plan Review and DOC 490.820, prison Rape Elimination Act (PREA) 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 Transport 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 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 months or annual based on the offenders sentence structure. (DOC 300.380).

Residents housed in WADOC work release facilities are employed by private entities in the community, with whom WADOC can share limited information. The offender is responsible for securing their own employment and the Community Correction 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.”

An interview with staff that performs risk assessments stated previous assessments are reviewed and prior to changes in room assignments the assessments of all residents would be reviewed to ensure the safety of residents.

LWTR provided Learning Management System (LMS) for PREA Risk Assessment for Housing Assignments demonstrating how information is obtained and used in housing assignments. The

OMNI PREA Risk Assessment Housing Assignments User's Guide was reviewed. This document again demonstrates how information is obtained and used in housing assignments.

LWTR further provided this auditor with random samples of chrono entries into the OMNI system that show a review of a resident's assessment prior to bed/housing assignment. The auditor randomly chose an additional seven (7) resident housing chronos. In all, the bed assignment was completed after reviews of the assessments were completed.

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

**Subsection (c)(d)(e)(f):** LWTR reported in the Pre-Audit Questionnaire 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 LWTR stated, "housing 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 in housing assignment is indicated."

During the documentation period there were no transgender, intersex, or gender non-conforming residents housed at LWTR and therefore no interview was conducted.

LWTR provided this auditor with a memo from the Deputy Director of Prisons Command B, dated November 8, 2016. This document outlines the process for transgender and intersex incarcerated individuals housing review process.

LWTR also provided an Operational Memorandum/Work Release facility procedure that details local procedures for transgender and intersex offenders to have the opportunity to shower separately from other residents.

Furthermore in a memo to the auditor LWTR stated, “the facility does not have a dedicated housing area for the assignment of only lesbian, gay, bisexual, transgender or intersex (LGBTI) offenders. The agency is also not under any related consent decree, legal settlement or legal judgment. Housing and program/job assignments were made based on PREA Risk Assessment identifiers and programming needs. Though not explicitly detailed in policy, the Washington Department of Corrections (WADOC) prohibits housing based solely on an offender’s identification or status as a lesbian gay, bisexual, transgender or intersex individual.” This was confirmed by the auditor during the site review.

In an interview with the Intake staff member they disclosed that there had never had a transgender or intersex resident at the facility, but housing would be staffed with the CCS and the residents own view of safety would be considered.

During an interview with a bisexual resident, it was confirmed there is not separated housing for the LGBTI residents.

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

##### 115.251 (b)

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

- Does that private entity or office allow the resident to remain anonymous upon request?  
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

*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) Longview's completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 450.100 *Mail for Prison Offender* (17 pages)
  - b. WADOC 450.110 *Mail for Work Release Offenders* (4 pages)
  - c. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - d. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
- 4) WAC 137-48-020 Definition of Legal Mail
- 5) PREA Facilitator Guide

- 6) PREA Brochure for Staff, Contract Staff and Volunteers
- 7) DOC Policy Glossary Excerpt with Definitions of Legal Mail to Include PREA Coordinator
- 8) LWTR 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)(b)(c)(d):** LWTR reported in the Pre-Audit Questionnaire that it 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, LWTR stated "WADOC provides offenders with multiple reporting venues, to include a confidential toll-free hotline, verbal reports to any staff, kites, grievances, and 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 by the facility. The state's definition of legal mail includes correspondence to and from the agency's PREA Coordinator. Reporting methods are addressed in the offender orientation video, are detailed in offender brochures, and are included in offender handbooks".

During random staff interviews, when asked how residents could report an allegation, all could name at least three ways, if not more available to the residents and all stated that residents can verbally report, in writing and anonymously. One staff member replied that reporting could not be done from third parties.

During informal and random interviews with the residents, all reported that they are aware of all ways to report an allegation and knew where to find information regarding reporting an allegation as it is posted everywhere. Two (2) residents indicated that they did not think a third party could make a report for them. However it was confirmed that the information is provided to the resident in several ways.

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

**Subsection (b):** In a memo to the auditor, LWTR stated “Offenders are also able to anonymously and confidentially send allegation information to the Colorado Department of Corrections, who serves as the agency’s external reporting entity. This is done via use of DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation form, which is available in offender accessible areas of the facility along with pre-addressed envelopes.”

The auditor reviewed contract CMS 65852, between WADOC and Colorado Department of Corrections (CDOC), which stated the WADOC and the CDOC will establish a means for the offenders under their jurisdiction to report claims or allegations of sexual abuse, sexual assault or sexual harassment to the receiving party.

The auditor reviewed a statewide log of allegations received by the Colorado Department of Corrections. There were no allegations received regarding LWTR, during the reporting period.

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 random interviews with offenders, they reported they knew about the “Colorado form” but none reported that they had used this reporting mechanism.

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

**Subsection (c):** WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 2 – 4) 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. Every allegation will be reported, even if the offender reported the same allegation previously to the same staff. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process.”

In a memo to the auditor, LWTR stated “Employees, contractors, and volunteers are required by policy to report all allegations received, regardless of the manner in which the information was obtained. Individuals who fail to report allegations or who knowingly submit incomplete or untruthful information could lead to corrective or disciplinary action. This information is contained in agency policy, addressed in PREA training, and included in a PREA brochure available for staff, contractors and volunteers. 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. This information is also contained in PREA training provided to all staff. “

The auditor reviewed brochures for staff, contractors and volunteers that detail staff reporting requirements. During random interviews, staff reported they must immediately report any allegation, no matter how received.

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

**Subsection (d):** WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting, Attachment 2, 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.”

This auditor was provided the PREA 102 curriculum for annual in-service 2019. The curriculum details staff reporting requirements and how staff can privately report allegations of a sensitive nature.

During random staff interviews, sixteen (16) stated that they could report to the Appointing Authority, and three (3) of the staff reported they could also utilize 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 No NA

#### 115.252 (b)

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



### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) 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) Longview's 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 the Department of Corrections Secretary, dated September 20, 2017
- 5) LWTR Offender Complaint Log of Allegations Received via Grievance
- 6) Interviews with the following:
  - a. Residents who Reported a Sexual Abuse

### Findings (by Subsection):

**Subsection (a)(b)(c)(d)(e)(f)(g):** LWTR reported in the Pre-Audit Questionnaire that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. LWTR further reported in the Pre-Audit Questionnaire that there were 0 grievances filed alleging sexual abuse, 0 grievances alleging sexual abuse filed in which the resident declined third-party assistance, there were 0 emergency grievances and 0 grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident in filing the grievance in bad faith in the last 12 months.

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 from the Department of Corrections Secretary, he explained 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 it 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.”

In a memo to the auditor, LWTR stated “If an offender submits a PREA allegation using the grievance system, the offender is notified that the grievance is being submitted for a possible PREA investigation. If the review process determines that the allegation does not fall within established PREA definitions, the offender is notified and provided the opportunity to resubmit the grievance per established grievance policy.”

LWTR reported during the audit documentation period, no allegations were received through the grievance system.

During the site review, the auditor placed a grievance into the grievance box. The grievance stated that the reader should process the grievance as they would any PREA related grievance received by a resident. The following day the auditor received confirmation that the grievance had been received by the PREA Triage and was being processed.

**The facility is in compliance with this 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?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? 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) Longview'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 Conducted
  - a. Random Resident

### **Findings (by Subsection):**

**Subsection (a)(b)(c):** LWTR reported in the Pre-Audit Questionnaire that the facility does provide offenders with access to outside victim advocates for emotional support services related to sexual abuse. The facility informs residents prior to giving them access to outside support services the extent to which such communications will be monitored and mandatory reporting rules. LWTR maintains copies of the memorandum of understanding (MOU) with community service providers.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (pages 3 - 4) states The Department's PREA Coordinator will: maintain a memorandum of understanding for external victim advocacy services. Community Victim Advocates:

- Sexual assault support services may be obtained through the Office of Crime Victims Advocacy (OCVA).
  - Offenders may call 1-855-210-2087 toll-free Monday through Friday 8:00 a.m. – 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. Abuse of the toll-free phone line will be reported to the Superintendent or the Work Release Administrator for action as needed.
  - In-person consultations may be available to supplement phone based support for eligible offenders.
  - Communication between the offender and OCVA PREA Support Specialist is confidential and will not be disclosed unless the offender signs an authorization to release information.
- Posters and brochures provided by the PREA Coordinator, detailing the role of the OCVA PREA Support Specialist and listing the toll-free phone number will be posted in areas accessible to offenders, including Health Services areas, Classification Counselor/Community Corrections Officer (CCO) offices, and law libraries.

LWTR reported that WADOC have established a partnership with Emergency Support Shelter – HOPE Project 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 cases 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 services is provided to offenders through posters and brochures and in the facility orientation handbook for offenders.

WADOC maintains an interagency agreement with OCVA to ensure and define the advocacy support services available for offenders. Additionally, each facility meets regularly with their partnered community sexual assault program to develop local procedures, share information, and address issues.

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).”

Additionally offenders have been provided with 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 incarceration.

The laws of Washington specify confidentiality standards for community victim advocates. The Revised Code of Washington (RCW) 5.60.060 states:

- (7) A sexual assault advocate may not, without the consent of the victim, be examined as to any communication made between the victim and the sexual assault advocate.
  - (a) For the purposes of this section, "sexual assault advocate" means the employee or volunteer from a sexual assault program or underserved populations provider, victim assistance unit, program or association, that provides information, medical or legal advocacy, counseling, or support to victims of sexual assault, who is designated by the victim to accompany the victim to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.
  - (b) A sexual assault advocate may disclose a confidential communication without the consent of the victim if failure to disclose is likely to result in a clear, imminent risk of serious physical injury or death of the victim or another person. Any sexual assault advocate participating in good faith in the disclosing of records and communication under this section shall have immunity from any liability, civil, criminal, or otherwise, that might result from the action. In any proceeding, civil or criminal, arising out of a disclosure under this section, the good faith of the sexual assault advocate who disclosed the confidential information shall be presumed.

However, the federal Violence Against Women Act (VOWA) prohibits disclosure of information collected in connection with services requested, utilized, or denied through grantees' and sub grantees' programs within the informed, written, reasonably time-limited consent of the person. Due to these more restrictive confidentiality parameters, the advocates providing services and support to offenders require a signed release prior to disclosure of information. Offenders are informed of these confidentiality parameters in brochures regarding access to community victim advocates and in orientation sessions. Our policies and processes may be updated with any revisions to / clarification of VOWA regulations.

The auditor was provided meeting minutes in which the advocates from the Crime Victim and Sexual Assault program were invited. During the meeting the resident population and support offered to them was discussed.

During the site review the auditor observed PREA posters and brochures within the housing unit and areas frequented by the residents. The poster and brochures detail the role of the OCVA PREA Support Specialist. The posters were located by the phones, making it easy for an offender to dial the number without others knowing. The posters are both in English and Spanish.

During random interviews with residents, twelve (12) reported that they were aware of outside services, including counseling, medical and advocacy, four (4) residents replied that they were not sure or 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) Longview'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)
- 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):** LWTR reported in the Pre-Audit Questionnaire 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 LWTR stated “WADOC requires that PREA information, including information on how to report, is maintained in publicly accessible areas within each facility. At LWTR this information is posted in the visiting area. Additionally, information regarding reporting, the investigative process, and frequently asked questions are available on the agency’s public website and can be accessed at: <http://www.doc.wa.gov/corrections/prea/resources.htm#reports>

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 PREA posters and brochures in both English and Spanish in the visiting area as well as the resident bulletin board.

**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) Longview's 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) LWTR 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) Interviews with the following:
  - a. Random Staff
  - b. PREA Coordinator

**Findings (by Subsection):**

**Subsection (a):** LWTR reported in the Pre-Audit Questionnaire 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 490.850 *Prison Rape Elimination Act (PREA) Response* (pages 2 - 4) 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 and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action. 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 neglect that may have contributed to an incident. 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."

In a memo to the auditor, LWTR 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 other security and management decisions. Staff who breach confidentiality may be subject to corrective / disciplinary action.

Offenders housed in work release facilities obtain all medical and mental health services from community providers. As such, the facility is compliant with this portion of the standard.

Staff PREA posters could be seen in areas accessible to staff only, which states “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 random interviews with staff, sixteen (16) staff members responded that the agency requires all staff to report any knowledge, suspicion or information regarding any incident of sexual abuse or harassment, retaliation or staff neglect.

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

**Subsection (b):** WADOC *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page2) states “information related to allegations/incidents to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and any other security management decisions.

During random interviews with staff, they reported that any information learned must be kept confidential.

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

**Subsection (c):** LWTR reported in the PAQ the agency has a 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 the offenders..”

The facility does not have medical or mental health services in house. An offender would be referred to an agency within the community for these services. No interviews were conducted with medical or mental health.

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

**Subsection (d):** 350.550 *Reporting Abuse and Neglect/Mandatory Reporting* (pages 2 - 3) 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.”

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 9) states The Appointing Authority/designee will ensure that notification is made to: Child Protective Services (CPS), if the alleged incident occurred in any correctional setting and the alleged victim is/was under the age of 18 at the time.

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...”

In a memo to the auditor, LWTR stated, “During the audit documentation period, LWTR did not receive any allegations regarding abuse of vulnerable adults.

Regarding the juvenile portion of this standard, Washington State Department of Corrections (WADOC) has interpreted this as applying to allegations regarding periods when the alleged victim is/was incarcerated. All such allegations are reported to Child Protective Services (CPS), law enforcement, and the applicable facility administrator if outside of WADOC jurisdiction. WADOC has not applied this standard to information received regarding alleged abuse and/or assault while the individual was in the community.

When an offender is the alleged victim of sexual abuse and/or assault while a juvenile in the community, the staff member receiving the information will offer the offender the opportunity to meet with mental health per standard 115.81 (a). If the offender consents to meeting with mental health professionals, they will be assessed to determine their mental health needs as well as the need to report this information to CPS under the mandatory reporting requirements associated with their licensure requirements. This information is not considered a part of PREA standard implementation and is therefore not tracked as a part of that system. If the information is reported directly to a mental health professional, consent to release the information is obtained before the information is reported. They will, however, report victimization potential to Classification Counselors and Community Corrections Officers responsible for completing the PREA Risk Assessment if there is sufficient information to indicate the offender may be at increased risk for victimization as a result of the prior abuse.

Offenders under the age of 18 are not served by WADOC work release; as such we are in compliance with this standard.”

The state PREA Coordinator confirmed that the facilities are responsible to notify Adult Protective Services in the event a vulnerable adult is a victim in a sexual abuse allegation.

LWTR would not house a victim under the age of 18 years. The facility did not any reports of incidents where the victim is considered a vulnerable adult under a State or Local vulnerable adult person statute, during the documentation period.

**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 immediately 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.

LWTR reported two (2) allegations were received. There was one (1) allegation that was determined by the PREA Triage not to be PREA under the definitions included in standard 115.6. The second allegation was investigated and determined to be unsubstantiated.

**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*)
- 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) Longview's 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 Conducted
  - a. Agency Head
  - b. Random Staff

## Findings (by Subsection):

**Subsection (a):** LWTR reported in the Pre-Audit Questionnaire, 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 witness."

LWTR 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 Shift Commander, Duty Officer and/or Appointing Authority review 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 random staff interviews, the staff reported they would immediately notify the CCS and would keep the potential victim in sight, separate the victim or keep the potential victim safe.

This auditor reviewed the OMNI report of all offenders who have scored as "potential victim" during the audit review period. Monthly monitoring has been completed in a timely manner. Examples of monitoring plans and housing assignment reviews were examined.

**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?  Yes  No

#### **115.263 (b)**

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

#### **115.263 (c)**

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

#### **115.263 (d)**

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



## Auditor Overall Compliance Determination

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

## 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) Longview'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 Conducted
  - a. Appointing Authority

### Findings (by Subsection):

**Subsection (a)(b)(c):** LWTR reported in the Pre-Audit Questionnaire 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. There have not been any allegations of resident abuse at a different facility in the last 12 months. The agency has a policy that notifications will be no later than 72 hours after receiving with proper documentation.

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 memorandum to the auditor LWTR reported during the audit documentation period, LWTR did not receive any allegations about other facilities/jurisdictions.

During an interview with the Appointing Authority, he understood his responsibility to notify another agency if there was an allegation received. The auditor confirmed that there have not been any allegations that required notification to another agency.

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

**Subsection (d):** LWTR reported in the Pre-Audit Questionnaire that the agency policy requires allegations received from other facilities and agencies are investigated in accordance with the PREA standards. LWTR reported there have not been any allegations received from another facility during the reporting period.

In a memo to the auditor, LWTR stated “during the audit documentation period, LWTR did not receive any allegations from other facilities/jurisdictions.”

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

## 115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? 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) Longview'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) LWTR Offender Compliant Log
- 5) Interviews with the following:
  - a. Security Staff First Responders
  - b. Residents who reported Sexual Abuse
  - c. Random Staff

### Additional Evidence Reviewed

Updated Aggravated Sexual Assault Checklist

### Findings (by Subsection):

**Subsection (a)(b):** LWTR reported in the Pre-Audit Questionnaire 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, LWTR 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.

An interview was conducted with a staff member that was a first responder. This staff member was very knowledgeable in the steps that should be taken. This staff member would separate the victim, conduct proper notifications secure the scene, preserve evidence and notify medical as needed.

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

After the issuance of the Interim Audit report, the facility and the auditor discussed the corrective action for this provision and agreed the *Aggravated Sexual Assault Checklist* would be updated to include the language required by provision. On January 25, 2019, the auditor received a copy of the updated checklist. In addition the facility sent the auditor a copy of the email which contained the links to the updated policy attachment, making it accessible to all staff.

The facility has effectively demonstrated compliance during the period of corrective action with supporting documentation.

The facility is in compliance with this provision of 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

*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) Longview'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) LWTR PREA Response Plan Table of Contents

**Findings (by Subsection):**

**Subsection (a):** LWTR reported in the Pre-Audit Questionnaire that the facility 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, LWTR stated the PREA Response Plan for the LWTR is maintained in the PREA Response Kit, located at the duty desk, and in the Emergency Response Manual located in the duty office.

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*)
- 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) Longview's completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Collective Bargaining Agreement (CBA) Washington Federation of State Employees
- 4) Memo from former Department of Corrections Secretary to the Executive Leadership Regarding Interest only Arbitration
- 5) Interviews with the following:
  - a. Agency Head

## Findings (by Subsection):

**Subsection (a):** LWTR reported in the Pre-Audit Questionnaire that the agency has entered into or renewed a Collective Bargaining Agreement since August 20, 2012.

A memo from former Department of Corrections 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.

In a memorandum to the auditor, LWTR 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.

During an interview with the WADOC Secretary, he stated that the CBC Contract is renewed every two (2) years. The language required by this standard is contained within the CBC and the agency can remove a staff member from their post if is needed.

**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**

*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) Longview's completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)

### **Findings (by Subsection):**

**Subsection (a)(b)(c)(d)(e):** LWTR reported in the Pre-Audit Questionnaire that the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other residents or staff. LWTR reported there has been no incident of retaliation that occurred in the past 12 months.

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, LWTR 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 this audit reporting period, LWTR did not conduct any retaliation monitoring for other facilities.

The auditor confirmed the facility had no reported allegations which 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) Longview's completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 400.360 *Polygraph Testing of Offenders* (7 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 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) LWTR 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) State Record Retention Schedule
- 13) Interviews Conducted
  - a. Investigator
  - b. PREA Coordinator

## Findings (by Subsection):

**Subsection (a):** LWTR reported in the Pre-Audit Questionnaire that it 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. LWTR reported there have been no substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012 or since the last PREA audit.

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. 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.”

**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, LWTR stated agency policy requires that, “Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff is no longer employed by or providing services to the Department. All investigation reports opened in response to allegations received have been provided in a separate folder for auditor review.

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 complete the same training provided to all PREA Investigators, to ensure a thorough working knowledge of the investigation process.

The Appointing Authority assesses the credibility of all witnesses involved in the investigation and detail justifications for findings on the finding sheet included with each investigation report.

During the review process, Appointing Authorities informally review standard elements. If the investigation involved an allegation of offender sexual assault or abuse or staff sexual misconduct and results in a substantiated or unsubstantiated finding, a formal local review process is implemented documenting the review of these elements. Once the review is completed, the decisions of the review committee would be documented on the WADOC Form 02-383 *Local PREA Investigation Review Checklist*.

The auditor confirmed the above during an interview with the Appointing Authority and an investigator.

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

**Subsection (d)(g)(h)(i)(j)(k)(l):** In a memo to the auditor, LWTR stated “all PREA Allegations that appear to be criminal in nature are referred to a local enforcement or the Washington State Patrol for a criminal investigation per DOC Policy 490.860 *Prison Rape Elimination Act (PREA) Investigation*. Referrals are documented utilizing DOC form 03-505 *Law Enforcement Referral of PREA Allegation*. Subsequently referrals for prosecution are made by responding law enforcement agency. WADOC investigators will only conduct compelled interviews after the local enforcement have declined to investigate.”

In a memo the auditor, LWTR stated “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 law enforcement. 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."

LWTR 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.

During an interview with an investigator, he stated that an investigation starts within two (2) working days of an allegation. Anonymous and third parties reports are handled the same as all other investigations. When an allegation is made, the PREA Triage unit will send the investigation to the Appointing Authority.

**The facility is in compliance with this provision 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) Longview'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) LWTR PREA Cases Opened During Reporting Period
- 7) Interviews Conducted
  - a. Investigator

### Findings (by Subsection):

**Subsection (a):** LWTR reported in the Pre-Audit Questionnaire 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 memorandum to auditor, LWTR 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 employed is as follows:

1. The assigned investigator submits investigation the report to the Appointing Authority to review for completeness.
2. 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.
3. 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.”

During an interview with the investigator it was stated that a preponderance of evidence is needed to substantiate allegations of sexual abuse or sexual harassment. The findings are determined by the Appointing Authority.

The auditor reviewed the training transcript for the Appointing Authority, which indicates that he has attended the specialized training and the training for the Appointing Authorities. The training curriculum was reviewed by the auditor 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) Longview'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) LWTR Operational Memorandum
- 5) Alleged Victims and Suspects in PREA Investigations Currently Under DOC Jurisdiction
- 6) Documentation of applicable Notifications in a Staff Sexual Misconduct Investigation
- 7) LWTR Offender Complaint Log
- 8) LWTR PREA Cases Opened Log
- 9) Interviews Conducted
  - a. Appointing Authority

### **Findings (by Subsection):**

**Subsection (a)(b):** LWTR reported in the Pre-Audit Questionnaire that the agency has a policy requiring that any resident who suffered sexual abuse in an agency facility is informed, verbally or in writing as to whether the allegation has been determined to substantiated, unsubstantiated or unfounded following an investigation.

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, and in a confidential manner."

In a memo to the auditor, LWTR 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 DOC 02-378 Investigative Finding Sheet. These finding sheets are included in final investigation report packets.

Criminal investigations are 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."

During the audit documentation period, one (1) investigation was closed. The allegation was anonymously reported and did not identify a victim. During the investigation, no victim could be identified. There were no criminal investigations were conducted.

During an interview with the Appointing Authority, he stated that he notifies the victim in person, when an investigation is substantiated and unsubstantiated.

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

**Subsection (c)(d)(e):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 11) states “The Department will make the following notifications, in writing, to alleged victims until they are no longer under the Department jurisdiction:

- Offender-on-Offender Allegations of Sexual Assault or Abuse
  - The 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 within the facility.
  - The PREA Coordinator/designee will track all cases and make the 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 is 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 misconduct within the facility.
  - The Appointing Authority/designee will track all cases, make required notifications, and forward copies to the PREA Coordinator.

In a memo to the auditor, LWTR 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.”

Documents provided to this auditor included the facility Operational Memorandum 490.860 that details the process for ongoing notifications regarding staff, a log detailing all substantiated and unsubstantiated investigations of staff sexual misconduct with notation of all applicable notifications made, a copy of a notification that was mailed to an offender and a log of ongoing closed offender-on-offender sexual assault and abuse investigations with notation of all applicable notifications made to offenders.

During an interview with the Work Release Supervisor, she stated that she is aware that the offender is to be notified on the outcome of a criminal case; however the facility has not had any allegations that had to be referred to law enforcement.

The auditor confirmed that there were no investigations during the reporting period that required notification to the resident.

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

<b>DISCIPLINE</b>
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**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

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

- 1) Longview's completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 450.050 *Prohibited Contact* (5 pages)
  - b. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17) pages
  - c. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 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 the Department of Corrections Secretary regarding WADOC Disciplinary Processes and presumptive discipline
- 7) CBA Excerpt (Federation of State Employees)
- 8) LWTR PREA Cases Opened During Documentation Period

## Findings (by Subsection):

**Subsection (a)(b)(c)(d):** LWTR reported in the Pre-Audit Questionnaire that staff is subject to disciplinary sanctions up to and including termination for violating the agency's 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 the Department of Corrections 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, LWTR reported that 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 LWTR PREA Case log was reviewed. This log indicated there was one (1) allegation that was investigated and determined unsubstantiated. There were no substantiated investigations that necessitated referral to law enforcement or a licensing body.

**The facility is in compliance with this provision of the 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?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

##### **115.277 (b)**

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

#### **Auditor Overall Compliance Determination**

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



## 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) Longview'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) Interview Conducted
  - a. Appointing Authority

### Findings (by Subsection):

**Subsection (a)(b):** LWTR reported in the Pre-Audit Questionnaire that the agency has a policy that requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and relevant licensing bodies.

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 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 the Department of Corrections 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, LWTR 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 Appointing Authority, he stated that if an incident were to occur the contract staff or volunteer would be not be allowed to return to 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?  Yes  No

##### **115.278 (b)**

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

##### **115.278 (c)**

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

##### **115.278 (d)**

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

##### **115.278 (e)**

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

### 115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? 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) Longview'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) LWTR PREA Cases Opened During the Documentation Period

- 9) Interviews Conducted
  - a. Community Corrections Supervisor

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d)(e)(f)(g):** LWTR stated in the Pre-Audit Questionnaire that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative find that an inmate engaged in inmate-on-inmate 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, LWTR 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 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 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). This sanction was not imposed on an offender during this audit period.

WADOC policy prohibits offenders from being infracted or disciplined for a report made in good faith, indicating that this does not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.

WADOC policy clearly 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 an interview with the Work Releases Supervisor, it was stated that during the documentation period, no residents have received misconduct reports 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?  Yes  No

#### 115.282 (b)

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

### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? 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) Longview'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 Conducted
  - a. First Responders
  - b. Medical and Mental Health
  - c. Residents who reported Sexual Abuse

## Findings (by Subsection):

**Subsection (a)(b)(c)(d):** LWTR reported in the Pre-Audit Questionnaire 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, LWTR stated “If an offender in a work release facility alleges aggravated sexual assault, he/she is transported to the designated community health facility. Offenders are provided with information regarding emergency contraception and sexually transmitted infection prophylaxis. As no health care personnel work in these facilities the offender would then be referred to community health care resources for follow up care as needed.

During the documentation period there have been no reported allegations of aggravated sexual assault requiring a forensic medical examination during the audit period.”

**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?  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*)
- 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) Longview'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) LWTR PREA Cases Opened During Audit Period

## 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, LWTR 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 DOC 13-509 PREA Mental Health Notification forms, which also documents the offender’s declination of services.

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. No health services are maintained within the facility. LWTR has not had any offenders who were victims of sexual assault or staff sexual misconduct during the audit period.

Agency policy 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 service. If a sexual assault were to occur at the facility, the facility would call 911 and the resident would be taken to the local hospital within the community.

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

<b>DATA COLLECTION AND REVIEW</b>
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**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*)
- 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) Longview'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) Local Review Committee Review of Case 17-17370
- 7) Interviews Conducted
  - a. Appointing Authority

## Findings (by Subsection):

**Subsection (a)(b)(c)(d)(e):** LWTR reported in the Pre-Audit Questionnaire that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. There has been one (1) investigation of alleged sexual abuse completed at the facility in the last 12 months.

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, LWTR stated “the Local Review Committee is scheduled by the Work Release Oversight 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:

- Work Release Administrator
- Work Release Oversight Program Administrator
- Work Release Community Corrections Supervisors
- PREA Community Corrections Specialist

Elements required by the standard are documented in DOC form 02-383 Local PREA Investigation Review Checklist. This form is reviewed and signed off on by the Appointing Authority and any identified action items are implemented and tracked as applicable.”

This auditor was provided with a Local Review Committee Tracking log for 2017 cases along with a Work Release 2017 PREA Local Review Committee action plan tracking log. Minutes of the Tuesday, May 15, 2018 committee minutes were provided that show a review of Case 17-17370.

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

During an interview with the Appointing Authority, he confirmed that the established committee will meet bi-monthly. During the meeting the committee will review all substantiated and unsubstantiated case that was completed at any of the work release facilities. During the documentation period there one (1) case reviewed for allegations that occurred at LWTR.

The PREA Coordinator stated, the committee reviews all substantiated and unsubstantiated cases of offender on offender sexual assault and sexual abuse, and cases of staff sexual misconduct. They do not conduct a local review committee for substantiated and unsubstantiated cases of offender on offender or staff on offender sexual harassment unless following a case review, the need to or benefit of reviewing such a case in made by the Appointing Authority.

**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) Longview'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)
- 4) 2016 Survey of Sexual Victimization Summary from US Department of Justice, Bureau of Justice Statistics

**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 from 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, LWTR stated WADOC has established a PREA allegation and case database within the OMNI system. 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 housed on the site. The agency completed and submitted the 2016 Sexual Victimization Survey to the Department of Justice.

**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) Longview'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 Conducted
  - 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 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, LWTR 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.

The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The agency makes its annual report available to the public at least annually through its website. This report is approved by the agency head.

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

It is noted that none of the PREA annual reports published to date include information for which redaction was indicated due to security and safety. Aggregate data did not include any personal identifying information, but statistical data regarding investigations and demographics. Data is included in annual reports in its entirety.

During an interview with the PREA Coordinator, she stated that all annual reports have been completed and can be located on the agency website.

The auditor did review the website and confirmed all annual reports and audits are 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) Longview'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 take 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, LWTR 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.

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.corrections/prea/resources.htm#reports>. Reports beginning with calendar 2013 are also available.

It is noted that none of the PREA annual reports published to date include information for which redaction was indicated due to security and safety. Aggregate data did not include any personal identifying information, but statistical data regarding investigations and demographics. Data is included in annual reports in its entirety.

**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 X No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) 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 my knowledge.
- 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robin M. Bruck

3-28-2019

\_\_\_\_\_  
**Auditor Signature**

\_\_\_\_\_  
**Date**

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

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