

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: July 28, 2021

Auditor Information

Name: John Katavich	Email: john.katavich@cdcr.ca.gov
Company Name: California Department of Corrections and Rehabilitation	
Mailing Address: 1515 S St	City, State, Zip: Sacramento, CA 95811
Telephone: 916-324-6688	Date of Facility Visit: June 25, 2021

Agency Information

Name of Agency: Washington State Department of Corrections			
Governing Authority or Parent Agency (If Applicable): State of Washington, Office of the Governor			
Physical Address: 7345 Linderson Way SE		City, State, Zip: Tumwater, WA 98501	
Mailing Address: PO Box 41100		City, State, Zip: Olympia, WA 98504-1100	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://www.doc.wa.gov/corrections/prea/default.htm			

Agency Chief Executive Officer

Name: Cheryl Strange, Secretary	
Email: cheryl.strange@doc.wa.gov	Telephone: 360-725-8810

Agency-Wide PREA Coordinator

Name: Beth Schubach, Agency PREA Coordinator	
Email: blschubach1@doc1.wa.gov	Telephone: 360-725-8789
PREA Coordinator Reports to: Deputy Director of Prisons Command A	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Peninsula Work/Training Release

Physical Address: 1340 Lloyd Parkway

City, State, Zip: Port Orchard, WA 98367

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Facility Director

Name: Michael Ison

Email: msison@doc1.wa.gov

Telephone: 253 225 1890

Facility PREA Compliance Manager

Name: Michael Ison

Email: msison@doc1.wa.gov

Telephone: 253 225 1890

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

60

Current Population of Facility:

26

Average daily population for the past 12 months:	48	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	Click or tap here to enter text.	
Average length of stay or time under supervision	4 Months	
Facility security levels/resident custody levels	Minimum	
Number of residents admitted to facility during the past 12 months	140	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	139	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	135	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	5	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	1	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	14	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	3
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	29
<p>Number of open bay/dorm housing units:</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>742</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

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.

Peninsula Work Training Release (PWTR) is located at 1340 Lloyd Parkway, Port Orchard, Washington. PWTR is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above on June 25, 2021. Following coordination, preparatory work and collaboration with management staff at PWTR, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

PRE-AUDIT PHASE

On June 30, 2020, the California Department of Corrections and Rehabilitation (CDCR) was provided the Pre-Audit Questionnaire by the Washington Department of Corrections (WADOC) PREA Coordinator. On August 5, 2020, an e-mail received from WADOC PREA Coordinator postponing the PREA audit indefinitely due to the COVID pandemic. Due to adjustment of administrative duties, the responsibility of the audit was reassigned in January 15, 2021.

Pre-audit section of the compliance tool: In June, 2020, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. In January, 2021, upon taking over the audit, this auditor started completing the audit section using the compliance tool as a guide. Policies and procedures were reviewed for compliance with the PREA. The auditor took notes to follow-up on any questions about policies that were unclear or did not appear to address the standard adequately. Supporting documentation was reviewed for relevance to the standards and notes were taken to request clarification or to verify accuracy during the on-site tour. Each month the PCM for PWTR would provide updated information on staff, inmate intake and investigations related to PREA. April 2021, in coordination with CDCR, WADOC determined that it was low risk of exposure for staff and inmates to conduct the audit on June 25, 2021.

ON-SITE PHASE

On June 25, 2021, the audit team arrived at PWTR. The audit team consisted of Roger Benton, certified PREA auditor and me, certified PREA auditor. The audit team met with PWTR Community Correctional Supervisor. The team was escorted to a conference room which served as a home base for audit preparation and organization.

Prior to arrival at PWTR, the audit team requested and received the names of the employees assigned to the facility and a roster of all offenders at the facility with identification numbers and assigned bed numbers. The auditor also requested a list of offenders classified into any of the following categories:

- Disabled Inmates

- Limited English Proficient Inmates

- Transgender & Intersex Inmates

- Gay & Bisexual Inmates

- Inmates in Segregated Housing for Risk of Sexual Victimization

- Inmates who Reported Sexual Abuse

- Inmates who Disclosed Sexual Victimization during Risk Screening

PWTR did not have any offenders housed at the facility that meet any of the above criteria.

On-site Review: The audit team conducted a thorough site review of the facility. During the tour, audit team members asked impromptu questions of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, inspected bathrooms, showers and strip search areas to identify potential cross gender viewing concerns. Audit team members also noted the placement of PREA information posters in offender housing areas and placement of the PREA audit notice provided to the facility. In some areas, audit team members took photos to document the on-site review.

Staff interviews: The audit team members split up the interviews of the management and specialized staff, noting that some of the staff members had several different responsibilities relative to PREA. The audit team members utilized the conference room or private offices to conduct confidential interviews.

The audit team identified specialized staff to be interviewed. Interviews included the following:

- Secretary of Corrections

- PREA Coordinator

- Contract Administrator

- Work Release Operations Administrator (Hiring Authority)

- PREA Compliance Manager

- Incident Review Team Members

- Staff who Conduct Intake Screening

Case Workers

Investigations and Intelligence Staff (facility level investigations)

Human Resources

Person Responsible for Contractor, Volunteer and Vendor Clearances

Person Responsible for Monitoring Retaliation

Higher Level Supervisors

Progress House Contract Staff

First Responders

Sexual Assault Nurse Examiner

There were no volunteers interviewed during this audit. Because of the COVID pandemic, there have not been any volunteers allowed in the facility since spring of 2020. Several of the administrative staff were interviewed via telephone.

Random Staff Interviews: Due to the small amount of staff assigned to the facility, every staff member working on the day of the audit was interviewed. The interviews were conducted in the privacy of the conference room or private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. The audit team arrived at the facility early enough to interview the two contract staff working the night shift. All contract staff were asked the contract staff protocols and the random staff protocols. A total of 4 WADOC employees and 6 contract staff were interviewed as random staff.

Random Offender Interviews: PWTR did not have any offenders from any of the PREA-interest offender categories. All twenty-six inmates were interviewed as random inmates. The audit team member completed the interviews in a private office. The audit team member introduced himself, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random offender interview protocols and recorded the offender answers by hand using the designated form. Clarification was requested, as needed to ensure the offender's responses were clear.

Document Reviews: PWTR did not have any PREA allegation during this audit period. There was two allegations that were provided with the pre-audit materials, so these allegations were reviewed. Training records and background check documents were reviewed on all WADOC and Progress House staff that are currently working at the facility. Twelve random inmate files were reviewed to insure compliance with the PREA standards. These documents include intake

screening, medical/mental health referrals, and offender education documents. These auditors collected copies of documents to support the audit findings.

Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. Either team member would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with WADOC Administration and PWTR on July 14, 2021. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern. The close-out meeting was delayed due to scheduling conflicts.

POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. The auditor gathered written information and feedback from the other team member and took responsibility for completing the interim report.

The auditor and PREA Coordinator agreed that any documents not received during the pre-audit phase or site review would be requested via email and posted on the Online Audit System.

Audit Section of the Compliance Tool: The auditor reviewed onsite document review notes, staff and offender interview notes and site review notes and began the process of completing the audit section of the compliance tool. Auditors used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the “overall determination” section at the end of the standard indicating whether or not the facility’s policies and procedures exceeds, meets or does not meet standard. Where the auditor found the facilities policies and procedures did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility’s policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

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.

Peninsula Work Training Release is located at 1340 Lloyd Parkway, in a light industrial section of Port Orchard, Washington. The facility was built in 1996 and accredited in 2007. The facility was established so that low level offenders would have an opportunity to transition back into society. PWTR is operated as a partnership with the Department of Corrections (DOC) and Progress House Association (PHA). At the time of the audit the facility was transitioning from a private to a public facility. While at PWTR, residents have the opportunity to participate in reentry programming which includes work/employment, attended college classes, complete work training programs, participate in substance abuse treatment, parenting classes and other offenses specific or self-help classes. The offenders typically work off sight, and their pay is issued to WODC to maintain for the offender. Once the offender paroled or discharges the saved funds are provided to them. This gives the offender the opportunity to secure an apartment and transportation. The typical offender arrives at Peninsula Work Training Release with 6 months left to serve on their sentence.

The facility is a single story building located on about two acres of land. The main building has three housing unit wings, a central foyer with an officer's station, a common room, a classroom, a dining room, a kitchen and staff offices. Each wing is referred to as a dorm. Dorm one has 15 two man rooms and 1 four man room. Dorm two has 8 two man rooms and 1 four one man room. Dorm three has 2 two person dorms and 1 four person dorm. Dorm one and two are used for housing male offenders and dorm three is used to house female offenders. There are three out buildings used for storage on the facility grounds.

The capacity of the facility is 63 offenders, 55 males and 8 females. At the time of the on-site portion of the audit, there were 26 offenders (23 males, 3 females).

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff were attentive to the needs of the auditors and were extremely hospitable. The audit team thanks the Facility Supervisor and the entire staff at Peninsula Work Training Release.

Overall, it is evident that Peninsula Work Training Release staff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with all of the standards.

Some of the positives observed by the audit team included:

- The PREA Coordinator for the State of Washington and the Facility Supervisor are extremely knowledgeable and committed to helping eliminate sexual abuse and sexual harassment of offenders at PWTR.
- The management staff have corrected all of the deficiencies identified during the pre-audit and on-site portion of this audit.
- PREA posters were in place in all housing units, and common areas.
- All of the staff have a clear understanding of the policy.
- Supervisory and management staff ensured the audit team had access to staff and offenders for interviewing. Any documentation requested was received promptly.

- There is a positive relationship between the inmates and staff.
- The facility is clean and well maintained.
- The facility has a positive working relationship with the local law enforcement agency and the community of Port Orchard

The following corrections were made, after the site visit and prior to the submission of the final report, to come in compliance with the PREA standards:

115.241 (g) Screening for Risk of Victimization and Abusiveness

The facility had one substantiated incident for sexual assault. The victim of the assault did not have his risk assessment rescreened after the incident. The staff member that was responsible to rescreen the victim was trained on this standard as an agreed upon resolution for this oversight.

115.262 (a)(3) Staff First Responder Duties

During the interview process some of the staff indicated that they would prevent to victim from destroying evidence by toileting, drinking, washing, etc. During the interview, the WADOC Policy and the PREA standard was explained to the staff. Training was provided to all staff on how to request that the alleged victim not take any action that may destroy usable physical evidence that may be on their persons.

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

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

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.

DOC 490.800, Prison Rape Elimination Act Preventing and Reporting Policy, Page 2, Section I. A. states the Department has zero tolerance for all forms of sexual misconduct. Page 3 of this policy defines sexual misconduct as aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. Additionally staff-on -offender sexual

harassment and staff sexual misconduct are defined as sexual misconduct. This policy addresses the departments approach toward preventing, detecting and responding to such conduct.

The responsibilities of the Washington Department of Corrections PREA Coordinator's duties are defined on page 3 and 4 of this policy. The PREA Coordinator for WADOC is Beth L. Schubach. Ms. Schubach's classification is a Manager and she reports directly to the Deputy Director, Prisons Command A. During the audit process Ms. Schubach was available to clarify some of the questions about the WADOC's PREA policies that this auditor had. She is extremely knowledgeable and well versed in PREA. She appears to know how to effectively manage PREA in a correctional setting.

Each Work/Training Release facility in the State of Washington Department of Corrections has also identified the Community Corrections Supervisor as the local PREA Compliance Manager. This individual is responsible for oversight of the development, implementation, and maintenance of all PREA related strategies at the facility level in collaboration with the agency PREA Coordinator. Mr. Ison has been the Supervisor at PWTR since November 2009. Mr. Ison worked with the audit team though out the process. He provided the required documentation to prepare for the audit and provided the audit team with access to all of the areas at PWR that we requested during the tour. Mr. Ison insured that all of the supporting documents were provided upon request during the onsite visit. Additionally he staff made sure that the audit team had access to all of the staff and offenders that needed to be interviewed. He explained what his responsibilities are to ensure that the facility maintains compliance with the PREA standards.

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

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

115.212 (a)

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

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) 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.

Policy DOC 490.800, section IX, page 9, requires that any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with DOJ PREA standards and that the WADOC be allowed to monitor the PREA compliance.

According to a memorandum signed by the Facility Supervisor, there is currently only one public/private agencies that is contracted to house WADOC offenders. The Washington Department of Corrections (WADOC) currently contracts with American Behavior Health Systems for housing offenders in residential treatment center. Copies of the contract were reviewed by this auditor. The contract contained language specific to the requirement that the facility/agency comply with the DOJ PREA standards. The contract also contained a clause allowing for WADOC to inspect the facility/agency for PREA compliance.

WADOC has interstate compact agreements with the departments of corrections in both Iowa and Minnesota. These agencies are included in compliance monitoring activities.

WADOC houses inmates in local county jails for short periods of time to accommodate Parole adjudication or for out-to-court purposes. According to the PREA Resource Center's clarification

dated February 19, 2014, this situation does not constitute a contract, therefore 112.12 does not apply in this situation.

During the interview with the Contract Administrator for WADOC, she stated the agency has verbiage that goes in all new contracts for offender housing, which covers the PREA compliance and monitoring requirements. Prior to signing the PC is provided a copy of the contract to insure that it meets the PREA requirements. Once the contract is signed, the PC checks to see where the facility is at in the PREA audit process. She reviews the web site and talks to the local PCM or PC. The facilities are inspected by WADOC staff every couple of weeks.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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DOC 490.800, Prison Rape Elimination Act (PREA) Prevention And Reporting, section VI, requires that 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.

Staffing plans for the Washington Department of Corrections (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.

According to DOC 110.110, Work Release Management Expectations, the Community Corrections Supervisor (CCS) will annually review staffing levels to insure adequate staff plans are in place.

This auditor was provided with the most current copy of the Staffing Plan Review. The most recent staffing plan review was conducted on April 2, 2021. The staffing plan reviewed:

The physical layout of the facility;

The composition of the resident population;

The prevalence of any substantiated or unsubstantiated incidents of sexual abuse;

And any other relevant factors.

This staffing review addressed resources available to maintain the staffing plan. The staffing review was signed by the CCS on March 2, 2021, and reviewed by the Agency PREA Coordinator. PWTR employees five WADOC staff consisting of one Community Corrections Supervisor, two Community Corrections Officers, one maintenance staff and one Administrative Assistant. There are 19 contract staff including three cooks (one part time), 12 monitors (six part time) and four administrative staff.

WADOC requires each Work Release to complete a PREA Vulnerability Assessment. Once the initial assessment is complete it must be reviewed and up dated at least annually to insure the corrective action plan is up to date. Any time there is a risk identified, it is tracked in the Vulnerability Assessment and a corrective action item is created. As corrections are made, these are documented in this assessment tool. The last Vulnerability Assessment was conducted on March 11, 2020.

The Annual Staffing Plan for 2020 included a review of the current staffing levels and compliance with the staffing levels. The plan included a request for an additional driver (transportation staff) due to the public transportation schedules. This request has not been approved as of the date of this audit. The Staffing plan included current video coverage and a vulnerability assessment. There are 23 cameras at PWTR and there has been approval for five additional cameras. The new cameras have not been installed yet because of the COVID-19 pandemic. Additionally the annual budget was included to address the resources available to insure adequate staffing levels.

If the contractor cannot staff accordingly, the deficiency is logged in the staffing log and on ATLAS, however according to the Supervisor this has not happened. If there is a staff shortage, staff are pulled from other facilities.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy 420-325, Searches and Contraband for Work/Training Release, section III, requires that a strip search must be conducted by two 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. Strip searches of females will be conducted by female employees. 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 doing the strip search, but will not be in direct line of sight with the offender. All strip searches will be documented before the search, or as soon as possible after the completion of an emergent strip search. If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed before the end of the shift. Policy 420.312, Body Cavity Search, Requires that all cavity searches will performed by staff of the same gender as the offender. If a canine or body cavity search is indicated, or staffing requirements cannot be met for a strip search, the Work/Training Administrator or designee must approve the transport of the individual to a designated facility where the search can be conducted. According to the memorandum signed by the Community Correctional Supervisor, there have not been any cross gender strip searches conducted during this audit period.

Policy 420-325, Searches and Contraband for Work/Training Release, section III, Searches of incarcerated individuals are subject to electronic, canine, and pat searches at designated movement/transfer points and randomly throughout the facility. Pat searches will be conducted by a trained employee of the same gender as the individual being searched, except in emergency situations. When a male employee/contract staff pat searches a female, a report will be completed in the Incident Management Reporting System (IMRS) before the end of shift. The distribution will include the Prison Rape Elimination Act Coordinator. According to the memorandum signed by the Community Correctional Supervisor, there have not been any cross gender pat searches conducted during this audit period.

On January 22, 2020, WADOC drafted a new policy on transgender, intersex and/or gender non-conforming individuals. This policy allows inmates to request to be strip searched by the gender of staff that they identify as, not the inmates birth gender. The approval must be approved by the Headquarters Multi-Disciplinary Team and only employees who volunteer and receive approved training will conduct these strip searches.

Policy 490.700, Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision, section IX, Searches will be conducted per DOC 420.325, Searches and Contraband for Work Release. Search preferences will be documented on the individual's DOC 02-420 Preferences Request. Searches will be conducted in accordance with the stated preference unless circumstances do not allow for the preference to be implemented during a pat or strip search. If unable to accommodate the request in Prisons and Work/Training Releases, the Shift Commander/Duty Officer will consider appropriate alternatives. When a pat/strip search is not conducted according to the DOC 02-420 Preferences Request, an Incident Management Reporting System (IMRS) report will be completed.

According to the memorandum signed by the Community Correctional Supervisor, there have not been any cross gender strip searches of cross gender pat searches conducted at PWTR during this audit period. The facility does not do strip searches of any offenders. If an inmate needs to be strip searched, they are transferred to a local jail or prison and the strip search is done there. The Facility Supervisor claims that they have never had to transfer an inmate from the facility for this purpose.

Policy 490.800, section VIII, requires that offenders be provide the opportunity to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This includes video surveillance. An announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably 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). Superintendents/Work Release CCSs may define where the living area begins within the unit for the purpose of identifying where the announcements must be made and may determine where additional announcements are required based on the physical design of the units. On December 13, 2016, the Assistant Secretary of Prisons Division authored a memorandum clarifying when opposite gender staff have to announce their presence in a housing unit. This directive requires opposite gender staff who work in the housing unit to announce their presence once at the beginning of the shift. They are not required to re-announce if they go in and out of the unit. All opposite gender staff who do not work in the unit must announce their presence each time they enter the unit.

Staff of the opposite gender are required to knock and announce their presence before entering the hall to the dorms. During the tour of the facility, the audit team observed staff knocking on the door frame and making the cross gender announcements as they entered any living area. All off the male inmates stated that female staff always announce their presence when they enter a housing unit. All off the female inmates stated that male staff always announce their presence when they enter a housing unit. All of the staff that were interviewed knew when and how to make cross gender announcements.

During the tour of PWTR, the audit team did not observe any offender restrooms where offenders would not be able to toilet without staff being able to observe their private areas. All of the housing unit showers provided adequate modesty screens to allow offenders to disrobe, and shower without staff observing their private body parts. Offenders are not allowed to walk from their dorm to the restroom/shower without being fully clothed.

The video cameras are monitored in one central location and the supervisor has access to the video feed. A review of the monitoring screens revealed that all dorms, strip search areas, restrooms and showers are not visible via camera.

Policy 490.820, section VII, prohibits employees and contract staff from searching an offender for the sole purpose of determining their genital status. If the offender's genital status is unknown, it will be determined by health care providers. Generally the offender's disclosure of status is the determining factor which would then initiate housing review protocols. Offenders that are received at PWTR have already been determined to be female at the reception center. The Supervisor of PRTW claims that staff at PRTW have not strip searched an offender to determine her genital status during this audit period. None of the offenders claimed to have been strip searched for this purpose.

In 2014 all security staff were trained in pat-down searching of transgender/intersex offenders. This training was integrated into the academy training schedule at the same time to insure that all security staff receives the training. A review of the lesson plan complies with the PREA requirement. A review of the training documents provided during the audit confirmed that all required staff had been through this training. During the interview with random staff who would conduct pat-down searches, they all claim to have received the training and were familiar with how to conduct a pat-down search of female, transgender and intersex inmates.

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

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

115.216 (a)

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

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

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

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy 450.500, Language Services for Limited English Proficient (LEP) Offenders, states that the department will provide interpretive and translation services through Department and/or contract services at all Department Facilities. The policy also requires non-Spanish limited English Proficient offenders, including those requiring American Sign Language, to receive orientation in a language that they understand. The orientation includes the WADOC PREA policy. The offenders are shown a video during orientation that explains the PREA policy. This video is in either English or Spanish and has subtitles for the hearing impaired. This auditor was provided copies of PREA brochures provided to offenders with limited intellectual capacities. If the inmate is hearing impaired, a transcript of the video is provided. If the inmate is unable to read then other forms of communication are used by staff to inform the inmate of the WADOC PREA Policy.

The department has several contracts with individuals who are certified in sign language. Additionally this auditor was provided a list of individuals and firms that are contracted with WADOC to provide interruptive services. There are two telephone vendor interpretive services, CTS Language Link and Lionbridge Global Sourcing Solutions, Inc., available 24 hours a day, seven days a week. PWTR has PREA information posters located in all of the housing units and common areas in both English and Spanish. Generally it is determined if interpretive services are required at the reception center and a note is placed in the inmate's file. However, staff or the inmate can request interpretive services at any time it appears that these services are needed.

WADOC provides copies of the graphic novel, End Silence, to inmates who are developmentally disabled or slow learners. These novels use simple language and pictures to explain the PREA policies and how to report sexual abuse. Additionally staff explain the PREA policies to the lower functioning inmates.

WADOC Policy 490.800, Prison Rape Elimination Act, Prevention and Reporting, section III, requires that only professional interpreters or translation services, including sign language, are available to assist offenders in understanding the PREA policy, reporting allegations, and/or participating in investigations of sexual misconduct. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.

According to the Supervisor, PWTR, did not have any requests for reasonable accommodations related to PREA during this audit period. Additionally there were no requests for interpretive services as all offenders housed at the facility, during this audit period, spoke fluent English.

While interviewing staff, they were aware of the interpretive services and how to use these services if needed. None of the staff interviewed stated that they would use another offender to interpret for them in PREA cases. There were no inmates at PWTR, at the time of the audit that did not speak fluent English.

PWTR did not have any offenders that were classified as mobility, hearing or vision impaired.

There were no offenders that were classified as developmentally disabled housed at PWTR at the time of the audit.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

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

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

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

115.217 (g)

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

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Policy 490.800, Prison Rape Elimination Act (PREA) Prevention and Reporting, section V, outlines the WADOC's staffing practices related to PREA. The policy states that the Department will not knowingly hire, promote, or enlist the services of anyone who:

Has engaged in sexual misconduct in a prison, jail, lockup, community confinement center, juvenile facility or other institution; Has engaged in sexual misconduct with an offender on supervision;

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or;

Has been civilly or administratively adjudicated to have engaged in activity described above.

WADOC requires perspective employees, promotions and contractors to complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Services Disclosure. Additionally all current employees are required to complete the DOC 03-506, during their annual PREA training. This form has five questions about previous sexual misconduct and sexual harassment, of an inmate, in an institutional setting. If the candidate answers yes to any of these questions, he/she may not be allowed access to the facility. Additionally the form requires the candidate to disclose any previous institutional work history that they may have had. Six samples of the DOC 03-506 were provided to this auditor with the pre-audit material (two state employees and four contractors). All of the documents were in compliance with policy. All five Washington Department of Correction employee files were reviewed and nine contractor files were reviewed.

Prior to promoting a WADOC employee, 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.

Additionally, policy 490.800 requires that the department consider any incidents of sexual harassment in determining whether or not to hire, promote, or enlist the services of anyone who may have contact with an offender.

Policy 810.015, Criminal Record Disclosure and Fingerprinting, requires that all applicants will be background checked before initial appointment or promotion. These background checks include the Washington Crime Information Center and National Crime Information Center. All external applicants must disclose any previous institutional employment. These applicants are required to complete a form to authorize the release of information so that the facility can complete a work history background check.

Policy 400.320, Terrorism Activity, requires a criminal record check will completed for all employees, contractors and volunteers. Additionally contracts between workforce agencies and WADOC require the employment agency to complete background checks that comply with PREA hiring and promotion policy on all temporary employees that will have contact with offenders. Fifteen examples of background clearances were provided with the pre-audit material (two state employees and 13 contractors).

WADOC policy states that failure to fully divulge criminal information may be cause for disciplinary action, up to and including dismissal or termination of service.

Policy allows for WADOC to provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom such employee has applied for work.

While reviewing the personnel files it was discovered that all staff background checks are completed by the HR department upon initial hiring. WADOC then completes a background check on all staff every five years. The WADOC just completed all of the background checks in

the spring of 2019. Contractors and volunteers must have a background check completed to receive an identification card. The card expires after five years.

When employee candidates, contractors and volunteers are initially hired they must self-certify that they have not had any criminal, civil or administrative action as a result of any sexual misconduct in a confinement setting. They are required to self-certify again, annually, as part of the training curriculum. A review of the training documents and personnel files demonstrated 100% compliance with this requirement.

When a perspective candidate applies for a position at PWTR, they are asked to disclose any previous employment with any other correctional employer. One of the personnel files reviewed indicated that the employee had worked at a county jail. This employee was hired in 2002, prior to the implementation of PREA.

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*)
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Policy 490.800, PREA Prevention and Reporting, section VII, B, states that the Department will consider the possible effects on its ability to protect offenders from sexual misconduct when: Designing a new facility; Planning substantial expansions or modifications of existing facilities, and; Installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.

PWTR has not had any new expansions or modifications since the last PREA audit conducted in 2017.

In 2019, approval to install five additional video monitoring cameras was received as a result of a vulnerability assessment. The new cameras have not been installed as of this date due to the COVID-19 pandemic.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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Policy 490.850, PREA Response, section III, B, addresses the WADOC's policy for responding to allegations of aggravated sexual assault. This policy contains a checklist that clearly addresses the process to preserve evidence for possible administrative proceeding or criminal prosecution. This process closely mirrors the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Forensic Examinations, Adults/Adolescents". PWTR staff do not conduct criminal investigations. In the event that a case appears to be criminal in nature, the case and evidence collection is turned over to the Kitsap County Sherriff's Office, Orchard Park Police Department or the Washington State Police. The Supervisor was able to articulate the entire response process and demonstrated how he would ensure compliance with PREA policy.

Policy 490.850, section III, 5, a, requires that all offenders alleging sexual acts perpetrated by either staff or another offender that occurred within the previous 120 hours and involved penetration or exchange of body fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic exam. The department's response checklist also addresses the proper process to insure the victim is seen by a forensic examiner. PWTR does not complete forensic medical exams. All cases that require SAFE/SANE services are transferred to St. Michael's Hospital. During the past year, none of the PREA allegations required the victim or suspect to be examined by the SAFE/SANE Nurse.

The SAFE/SANE nurse was interviewed telephonically. She confirmed that St. Michael's Center handles all of the forensic exams for PWTR.

WADOC requires that victims of sexual assault be offered a victim advocate. Policy PWTR 490.850, requires that the victim advocacy organization be contacted to insure that an advocate is present during an exam. The victim will also be offered an advocate during the investigatory interviews. WADOC has a contract in place with Washington Department of Commerce, Office of Crime Victims Advocacy to provide victim advocates for PWTR. The Kitsap Sexual Assault Center provides victim advocates for inmates at PWTR. Kitsap Rape Crisis Center was contacted to confirm their role in a sexual assault. The Victim Advocate Supervisor stated that they require all Victim Advocates to attend 40 hours of training. Currently there are 13 trained advocates working for the organization. She stated that her organization has a positive working relationship with PWTR and WDOC. They meet on a quarterly basis to discuss each other's roles in the event of a PREA. There was one case that a victim advocate was requested during this audit period. The victim advocate meet with the victim and provided counseling services.

WADOC is responsible for conducting administrative investigations. WADOC staff do not have law enforcement powers and are not authorized to conduct criminal investigations. All criminal allegations are referred to Port Orchard Police Department for investigation /prosecution. In the event that Port Orchard Police Department is unable to respond, PWTR is required to contact the Washington State Police.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No

- Does the agency document all such referrals? Yes No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy 490.860, PREA Investigation, requires the Department to thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. PWTR is located within the city limits of the City of Port Orchard, which is in Kitsap County. If it appears that a crime was committed, PWTR staff call 911 and emergency dispatch determines which agency will respond due to location of the alleged crime. According to the Work Training Supervisor, both the City of Port Orchard Police Department (CPOPD) and the Kitsap County Sheriff's Office (KCSO) are very responsive and investigate alleged crimes diligently.

When there is a reported PREA incident, regardless of how the information is received, the WADOC staff on duty completes an incident report on the Incident Report Management System (IRMA). The IRMS is monitored by WADOC headquarters staff. 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. The Peninsula Work/Training Release has investigated all allegations referred. WADOC is responsible for conducting all administrative investigations related to PREA. WADOC staff do not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. The KCSO or the CPOPD are the primary investigative agency for criminal investigations. If they decline to investigate, the facility can make a referral to the Washington State Patrol (WSP). WADOC maintains an agreement with WSP for assistance as needed / requested. According to the PREA Coordinator, this process is tracked very closely and any delayed investigations are researched by the PREA Unit.

During a review of the Washington Department of Corrections website, the PREA policies and investigation protocols were located using the search tool in "Policies".

WADOC staff are not sworn peace officers, therefore cannot conduct criminal investigations. If at any point during the administrative investigation, it appears that a crime was committed, the case is referred to the KCSO or CPOPD for criminal investigation. PWTR received two PREA allegations during this audit period. One was investigated by the KCSO and one was investigated by the CPOPD. One resulted in criminal charges. The management staff at PWTR meet with the representatives from KCSO, CPOPD and the WSP at least annually to discuss and coordinate each agencies responsibility during a criminal investigation. This auditor reviewed copies of the minutes from the last meeting, September 30, 2019, between the agencies. The meeting for 2020 was not held due to COVID concerns.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy 490.800, Prison Rape Elimination Act Prevention and Reporting, section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. A review of the training guide (PREA 101) revealed that the training covers policies and operational memorandums related to the Prison Rape Elimination Act, and the criminal and disciplinary penalties for engaging in prohibited behavior. The training also covers:

The WADOC zero tolerance policy;

How to prevent, detect, report, and respond to sexual misconduct;

Offender's rights to a sexual abuse and sexual harassment free environment;

Offender's and staff's right to be free from retaliation for reporting sexual abuse and sexual harassment;

The dynamic of sexual abuse and sexual harassment in confinement;

The common reactions of victims; How to detect and respond to signs of threatened or actual sexual abuse;

How to avoid inappropriate relations with offenders;

How to communicate effectively with LGBTI offenders and;

How to comply with laws related to mandatory reporting.

The PREA training curriculum provided with the pre –audit materials includes all of the above mentioned subjects. The class is designed to last about two hours.

The training provided by WADOC, addresses both male and female issues in some detail. Employees at PWTR receive training gender specific to both male and female offenders. Because of this training policy, staff do not need to be retrained when they transfer to a facility. PWTR houses both male and female offenders.

The current training was initiated in 2014. All staff were required to take the training at that time. Since that date, all staff are required to take the training on PREA annually. During this audit period, the training was completed through a computer delivered class. In addition to the annual PREA training, all staff, contractors and volunteers must self-certify that have not had any civil, criminal or administrative action taken against them for sexual misconduct involving an incarcerated individual. According to the information provided with the pre-audit materials, all five of the employees completed the training. All five training files reviewed demonstrated compliance with the training.

WADOC requires employees to sign form DOC 03-483, PREA Training Acknowledgment, upon completion of the class. Five examples were provided with the pre-audit materials, demonstrating compliance. All five training files reviewed had these acknowledgment forms in the file.

The Community Correctional Supervisor ensures that all staff attend the required training. He tracks all of the training that staff attend to make sure that they maintain their training requirements. Currently all of the all of the PREA training is provided through the LMS (learning

management System) computerized training system. His methods of scheduling and tracking are highly effective, as demonstrated by 100% compliance with the training.

All of the staff that were interviewed demonstrated knowledge in preventing, detecting, reporting and responding to sexual abuse/sexual harassment of an offender. They all knew that Washington had a zero tolerance policy toward sexual abuse and sexual harassment. After interviewing staff, it was apparent that the training is effective.

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*)

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Policy 490.800, section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. The training that most volunteers and contractors are required to take is the same training that employees must take (PREA 101). This training exceeds the requirement for this standard. The contractor is then required to sign the acknowledgment form (DOC 03-383) stating they understand WADOC PREA policy. The agreement contracts with vendors and service providers include this information in the contracts.

According to the information provided with the pre-audit materials, all 38 contractors completed the training and signed the document acknowledging the training. According to the documents provided PWTR did not have any volunteers visit the site during the audit period. Thirteen examples of the completed training certificates were provided with the pre-audit materials.

Contractors and volunteers that have limited access to the facility (i. e. contractors filling the vending machine, fixing office equipment or one time repair services) are provided the policy via pamphlet. The pamphlet includes the definition of PRA, the duty to report, the zero tolerance policy and additional relevant information. These contractors and volunteers must also acknowledge that they received and understand the information by signing the form DOC 03-478. Eight examples of the signed DOC 03-478 were provided with the pre-audit materials. The tracking list for the non-regular contractors was provided during the on-site portion of the audit.

The Facility Manager is responsible for contract staff's compliance with training. Each contractor must complete the same PREA training as WDOC employees every fiscal year. If a contract staff does not complete the required training, the Community Correctional Supervisor reports the diffidently to the Work Release Operations Administrator. The Work Release Operations Administrator would have a meeting about the issue with the Facility Manager. The delinquent employee could be restricted from contact with inmates if training requirements are not meet.

Documents provided during the audit reflected that all 9 Progress House contractors have received the PREA training within the past year. The acknowledgment forms are maintained by the Facility Manager.

Six contractors were interviewed for this audit. All six were able to explain WADOC's zero tolerance policy and how they would report a PREA allegation if an offender reported it to them.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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WADOC Policy 310.000, Orientation, section III, requires that all incarcerated individuals will receive orientation within one week of arriving at the facility. The orientation will include information on the Prison Rape Elimination Act. Policy 490.800, PREA Reporting and Preventing, section XII, requires that all 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 manor allowing offenders to ask questions of the staff member facilitating the orientation.

Upon arrival of new residents at PWTR, staff facilitate an orientation which includes viewing the PREA video, issuing the offender handbook, filling out a medical questionnaire, and information on property, visiting, banking, grievances, passes and the bulletin board. Orientation occurs in the afternoon following the arrival of new residents. Orientation completion is documented on DOC 05-512 Work Release Orientation Checklist.

WADOC implemented training offenders on the PREA policy in March 2006. At that time all offenders currently housed within the Department were given a copy of the PREA brochure and allowed to attend orientation. PWTR does not have any offenders that where housed at PWTR prior to 2006.

According to the documentation provided, all 140 inmates received during this audit period have received the inmate education on the day of arrival. Twenty-six signed DOC 05-512 forms were provided with the pre-audit materials.

WADOC has several versions of PREA brochures available for low functioning offenders. PWTR plays a video that explains the PREA policy and how to report sexual misconduct. The video is close captioned for the hearing impaired. This video is also in Spanish. If an offender does not appear to comprehend the information provided, the facilitator takes additional time to explain it to this offender.

Of the 12 offender files reviewed, all of them had the signed acknowledgement forms indicating that the offender did receive the PREA information. The training was provided, either the day of arrival of the next day.

During the offender interviews and while touring the facility, the audit team could not find any offenders that did not know the PREA policy and how to report it. The offenders all knew that they had a right to be free from sexual abuse and sexual harassment and that they could not be punished for reporting it. Every housing unit and program area had PREA posters in English and Spanish posted on the wall.

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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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The first PREA investigative training offered by WADOC was in 2011. After the finalization of the PREA standards in 2012, a new class outline was created. Any PREA investigator that was already certified had to attend a booster course. This course included any relevant DOJ Policy changes, interviewing techniques and report writing. According to Policy 490.800, PREA Prevention and Reporting, the current training requires that all PREA Investigators be trained in:

Crime scene management and investigation, including evidence collection in Prisons and Work Releases;

Confidentiality of all investigation information;

Miranda and Garrity Warnings, compelled interviews, and the law enforcement referral process;

Crisis intervention;

Investigating sexual misconduct;

Techniques for interviewing sexual misconduct victims and;

Criteria and evidence required to substantiate administrative action or prosecution referral.

A review of the lesson plan provided to the auditor demonstrates compliance with this standard. All of the required topics are covered in the 14 hour training required to become an investigator.

PWTR currently has two trained investigators on staff. When there is PREA allegation received, and it has been determined to be handled administratively, the Appointing Authority assigns one of the certified investigators to conduct the investigation. When an investigator is assigned, consideration is made as to their normal duties or assignments so as to not create a conflict of interest.

While interviewing the staff trained for PREA investigations, they were able to articulate the investigation process and their responsibility. The training that they attended prepares the investigator on how to conduct an investigation without compromising the integrity of the investigation. If at any time the investigation appears to reveal possible criminal activity, the investigation is suspended and the case is referred to the local law enforcement agency. Two training certificates were provided with the pre-audit materials.

All criminal investigations are referred to either the Kitsap County Sherriff's Office, the City of Orchard Park Police Department or of the Washington State Police. Both investigators stated that his investigation team received training specific to investigating sexual assaults in a confined setting. The training that his staff receive is provided by the State of Washington. His staff take additional training on-line through National Institute of Corrections. He stated that his jurisdiction includes two prisons and a jail.

A review of the investigated case reflect that the investigators are conducting investigations in compliance with the training that is provided. The reports are clear, well organized, complete and do not violate any codes of conduct. The one investigation was investigated by an outside agency and the WDOC.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of

sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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Washington State Department of Corrections Policy 490.800, PREA Prevention and Reporting, requires that Health Service employees/contract staff, with exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment program, will be trained in:

Detecting and assessing signs of sexual misconduct;

Responding effectively and professionally to sexual misconduct victims;

Completing DOC 02-348 Fight/Assault Activity Review;

Preserving physical evidence; Reporting sexual misconduct, and;

Counseling and monitoring procedures.

Additionally all of the contract medical staff must attend the same PREA training that all employees receive every year.

Peninsula Work Training Release does not have any full-time or part-time medical service employees. All of the medical services are referred for services in the community. St. Michael's Hospital is the primary facility for SAFE/SANE exams. In the event that St. Michael's SAFE/SANE nurse is not available, there are other hospitals in the area that can provide this service.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

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.

Policy 490.820, PREA Risk Assessments and Assignments, requires Classification Counselors and designated Work Release employees will complete a PREA Risk Assessment within 72 hours of arrival for all offenders arriving at any Department facility. Facilities will establish procedures to ensure compliance within 72 hours, even on weekends and holidays. This policy requires that a follow-up assessment be completed on each offender between 21 and 30 calendar days after the offender's arrival at the facility. Additional assessments will be completed within 10 days by the assigned Classification Counselor when additional information is received, or the offender discloses information, that suggests potential for victimization or predation.

WADOC uses an objective screening program called Offender Management Network Information (OMNI) to screen all offenders for risk of victimization and abusiveness. The OMNI program has "yes" and "no" check boxes and data fields for the screening staff to enter data about each offender. In the event the assessment cannot be completed in the offender's electronic file, Counselors and Community Corrections Officers (CCOs) may use DOC 07-019 PREA Risk Assessment to document assessment information and update the electronic file as soon as practical. Based on the data entered, the offender is rated on their potential for victimization or abusiveness. The following nine questions are asked of the inmate/ or observed in person or in documentation;

First incarceration;

Age less than 25 years or over 65 years;

Male size and stature: Less than 5' 8" and/or less than 140 lbs;

Previous or current commitment for sex offence/crime with sexual motivation in which the victim was a child of 13 years or younger or an elderly person of 65 years or older;

Mental impairment-developmentally or intellectually disabled, mentally ill or physically disabled;

History of sexual abuse-victimization;

Victim of sexual assault in confinement;

Behavior characteristics or display of sexual orientation in a way that projects vulnerability;

And Offender perceives themselves as vulnerable.

All nine of the criteria listed in PREA 115.241 (d) are included for entry in OMNI. OMNI also includes field to enter information about prior acts of sexual abuse, violent offences, and history of prior institutional violence or sexual abuse. Offenders are not disciplined for refusing to respond to these questions. Only a limited classification of staff have access to this program and offenders do not have access.

A list of all 140 offenders received in the past 12 months was provided with the pre-audit materials. All but one of the offenders had their initial screening completed within the 72 hours according to the documentation provided. Most were completed with-in one day. The follow-up screenings were completed timely on all but one of 122 offenders that had been housed at the facility for at least 30 days during the past 12 months. Seven examples of the initial intake PREA screening and twenty-seven examples of the follow-up screening were provided with the pre-audit materials. All thirty-four of these documents complied with the PREA standards. All 12 random offender files reviewed contained copies of the initial and follow-up screening form. Only one initial screening form was conducted after the required 72 hours. None of the 30 day follow-up screening forms were outside of the required time frames. The one inmate that was a victim of a sexual assault did not get a reassessment after the substantiated finding of the PREA investigation.

PREA Risk Assessments are completed within a restricted component of the Offender Management Network Information (OMNI) system. Access to this system is restricted to the following:

Classification Counselors and Work Release Community Corrections Officers are responsible for the completion of assessments.

Correctional Unit Supervisors, Community Corrections Supervisors, Correctional Program Managers, Associate Superintendents, Superintendents, and the Work Release Program Administrator responsible for override approval and ensuring assessments are completed as required in agency policy.

Staff as identified by the facility Superintendents and the Work Release Program Administrator responsible for oversight of risk assessment for offenders who do not have

an assigned Classification Counselor or Community Corrections Officer generally due to a vacancy.

Identified Information Technology and PREA Unit staff responsible for system maintenance.

This system maintains all completed assessments along with the response / detail associated with related scoring. All access to this system outside of access automatically assigned by position, per above, must be reviewed and approved by the agency PREA Coordinator to ensure compliance with established restricted access parameters. It is noted that no such access requests were made during the audit documentation period.

The intake process was explained to the audit team. Prior to arriving at PWTR, an offender is placed in a bed based on his case factors (including potential victim or potential predator). Once the offender arrives at PWTR, these case factors are checked again and the inmate is interviewed to insure that there are no conflicts with the assigned housing. Within 72 hours the case worker interviews the offender and reassesses them in OMNI noting any changes. Between 21 and 30 days the caseworker re-interviews the offender and re-reviews the case factors to insure that no new information has been received. In each interview the offender is asked about their perceived safety.

Every offender interviewed told the audit team that they were asked the series of questions from the screening form on the day they arrived or the next day. All of the offenders also stated that they remember being asked those questions again after being here "a couple of weeks". A list of offender's arrival dates and dates of evaluations demonstrates compliance with the intake screening in the first 72 hours, and the 30 day follow-up screening.

During a review of the documentation it was noted that an inmate who was a victim of a sexual abuse by a staff member was not reassessed at the conclusion of the investigation. The Facility Manager was provided training as a result of corrective action for this audit. The training was conducted on July 19, 2021. The inmate paroled and was not able to be reassessed.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for

the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) 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

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WADOC requires each facility to utilize the data obtained from the OMNI program to place offenders in the proper housing, bed, work, education and program assignment ensuing separation of potential victims and potential predators. Each offender is evaluated on his or her own case factors to ensure their safety.

WADOC Policy 300.380, Classification and Custody Facility Plan Review, requires that committee members will review each offender on the transfer manifest before s/he arrives at the receiving facility. The screening will include, at a minimum: Prison Rape Elimination Assessment (PREA) information per DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments. Any concerns regarding work programs, treatment, education, evidence-based programs, or other activities presented after reviewing 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.

Policy DOC 490.820, Prison Rape Elimination Act Risk Assessments and Assignments, section V and VI, speak to work assignment and housing assignment screening. 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. Additionally, any offender who scores as a potential victim, potential predator, or dual identifier along with any transgender or intersex offender are required to have monitoring plans developed to ensure these offenders are safe while housed at PWTR.

Offenders housed at PWTR 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.

According to the Caseworker, offenders are given bed assignments upon arrival at the facility. When the offender arrives, their case factors are reviewed to ensure that offenders are not housed in unsafe situations. Offenders that are deemed at risk for potential victimization are not placed in the same dorm as offenders who are deemed to be potential predator.

Per policy each transgender or intersex offender is reviewed for any threats to their safety. WADOC utilizes form DOC 02-384, Protocol for the Housing of Transgender and Intersex Offenders, to evaluate each transgender and intersex offender prior to housing. The DOC 02-384 is a thorough assessment of the offender's case factors and these reviews take into account the offender's own view of their safety. According to the WADOC PC, there have been several trans-women and trans-men housed in a facility that does not conform with their birth gender in the State of Washington since the initiation of the process. This was completed after considering all of their case factors, physical and mental health and the offender's request to be housed in a women's/men's facility for their safety.

According to the Facility Supervisor, there have not been any offenders that identified as transgender or intersex housed at PWTR during this audit period. Operational Memorandum PWTR 490.820, provides direction to staff on the showering of transgender/intersex inmates. This procedure allows for transgender offenders to shower separately from the rest of the population.

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 judgement. Housing and program / job assignments were made based on PREA Risk Assessment identifiers and programming needs. WADOC memorandum, dated August 29, 2019, authored by the Assistant Secretary of Prisons, directs

the Superintendents to ensure that LGBTI offenders are not grouped together in a facility based solely on this status.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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WADOC provides several methods to report sexual abuse and sexual harassment, retaliations for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The Offender's handbook lists four different options for offenders to report a PREA allegation. These options include:

- Report verbally to a staff member;
- In writing to the Office of the inspector General;
- Call the PREA hotline toll free;
- Tell a third party (family or a friend) who can report it for them.

All of these reporting options are addressed in Policy DOC 490.800, Prison Rape Elimination Act Prevention and Reporting, section XIII B. This information is provided to the offenders during orientation and in the handbook.

WADOC has a contract in place with the Colorado Department of Corrections to serve as each other's external reporting entity. If the offender chooses to report to an agency outside of the State of Washington, they complete the DOC 21-379 form. This form is pre-addressed to the Colorado Department of Corrections PREA Unit. Once Colorado receives the form they would then inform Washington State PREA Coordinator, providing enough information so that the allegation can be investigated without violating confidentiality. This contract with Colorado State was initiated in 2014 and, with the amendment, is valid until March 1, 2022. This information is posted in the main lobby of the facility.

Several of these methods of reporting allow the offender to remain anonymous. When calling the headquarters' PREA Unit, offenders do not need to utilize their IPIN to identify the caller.

Additionally if an offender chooses to report utilizing the DOC 21-379, they are not required to give their name.

The audit team reviewed the various forms of reporting. The information on how to report is posted in different locations, in various formats throughout PWTR. The PREA hotline and the Office of Crime Victim Advocacy are posted on the wall above the offender telephones and in all housing units and program areas. The two different phone lines were tested by the audit team. Both phone numbers worked and did not require identification of funds to make the calls.

When the offenders were interviewed, they all knew of at least three ways to report a PREA allegation. When asked if they thought that staff would take a report seriously and follow through they all said "yes".

All four of the allegations over the past year were reviewed as part of this audit. During this audit period, three of the allegations were received by verbal reports to staff (one was third party) and one was received via written correspondence to staff.

Policy DOC 490.850, Prison Rape Elimination Act Response, section I. A., states staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Staff are required to report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor. Staff may report any PREA allegation directly to the Duty Officer or the Appointing Authority if they fell that it is a conflict of interest to report to their supervisor.

Policy DOC 490.850, Prison Rape Elimination Act Response, section I. E., states "Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process". The PREA training syllabus explains to staff on how to report a PREA allegation confidentially.

While interviewing staff each employee stated that if they received information about a PREA incident, they would report it immediately to the Duty Officer or Appointing Authority. They would not share the information with any other staff noting that PREA reports are confidential.

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

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

115.252 (e)

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

115.252 (f)

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

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

115.252 (g)

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

Auditor Overall Compliance Determination

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PREA standard 115.52(a) states that an agency is exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. Memorandum dated December 20, 2016, signed by the Secretary of Washington department of Corrections, states that WADOC does not process PREA-related allegations through the offender grievance process.

If an offender files a grievance alleging sexual misconduct, a copy of the grievance is forwarded to the WADOC PREA unit. If it determined that the issue of the grievance is not related to PREA, the offender may pursue the issue through the grievance process. If the issue has been determined to be PREA related, the case is referred to the Appointing Authority who assigns the case to an investigator. The investigation is pursued like any other PREA investigation. This process requires that the allegation is investigated by a PREA trained investigator and that the Appointing Authority makes the final decision. Additionally, since PREA allegations are removed from the grievance process, offenders do not have to exhaust administrative remedies before attempting to resolve the issue through litigation. This information is available to the offenders in the grievance policy handbook and the offender handbook.

There are no time limits to reporting an allegation of sexual misconduct. Since the PREA unit forwards the grievance to the appointing authority to initiate an investigation, the grievance is not submitted to the staff member who is the subject of the complaint.

A review of the PREA allegation log revealed that PWTR did not receive any PREA allegations through the grievance process during this audit period.

Even though WADOC is exempt from this standard because it does not process PREA allegations as grievances, the policies and practices that are in place comply with this standard.

The Correctional Caseworker 3 explained the process of screening out PREA appeals to the audit team. Appeal forms are available to all of the offenders. An offender can fill out the form and hand it to staff or place it in the appeals box. The box is checked and emptied by the Correctional Caseworker 3; every day he is at the facility. He reviews all appeals. If the appeal contains a PREA allegation, or he is unsure if it is a PREA allegation, he reports it to the Work Release Administrator, who reports it to the PREA Unit. If the PREA Unit in Headquarters determines that it is a PREA allegation, the Work Release Administrator is notified and investigation is initiated. If the PREA Unit deems that the appeal is not reporting a PREA allegation, it is returned to the Correctional Caseworker 3 to handle through the normal appeals channel.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

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WADOC has entered a contract with the Washington State Office of Crime Victims Advocacy (OCVA). A contract extension was recently signed, extending the contract until June 30, 2021. When an Offender wishes to speak to a victim advocate, the offender calls the toll free number and the OCVA directs the call to the Rape Crisis Center designated to work with that particular facility. PWTR is partnered with Kitsap Sexual Assault Center (KSAC). After the initial consultation, KSAC will work with the offender so that the victim advocate will be available at a pre-determined time to receive follow-up phone calls from the offender. If needed, arrangements would be made with the facility to provide on-site support for the offender. Offenders are also provided a list of community rape crisis centers throughout the State of Washington in the event that they wish to seek these services when they are released from WADOC. All of the information is provided in both English and Spanish.

Due to the COVID-19 pandemic, all Victim Advocate assistance is restricted to telephonic contact, however a victim advocate did meet with a victim of a sexual abuse by a staff member in person. The offender population was advised of this temporary restriction via memorandum in English and Spanish.

The information on how to contact the OCVA is provided to the offenders during the offender orientation video, on posters throughout the facility and via pamphlets. The OCVA pamphlet states that the calls are toll free, offenders are not required to use their personal identification number to make the call and these calls are not recorded. This information is available in both English and Spanish.

The Executive Director of KSAC was interviewed telephonically. She stated that KSAC has a great working relationship with PWTR and WADOC. KSAC and PWTR have open communication and hold meetings periodically do discuss any issues. The advocates are required to attend a 40 hour training course upon initially being hired and then take annual training each year thereafter. She stated that confidentiality is maintained per law. The only time that confidentiality would be breached is if the victim signs a release, there is a court order

ordering its release or there is an imminent risk of harm to self or others. Currently KSAC has thirteen victim advocates, however there are two that handle any requests from the Washington Department of Corrections.

During the inmate interview process, most of the inmates were aware of the Rape Crisis Center and what services they provide.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Policy DOC 490.800, PREA Prevention and Reporting, assigns responsibility to the PREA Coordinator for ensuring that the WADOC website is current with information on how friends and families can report sexual abuse and sexual harassment. The PCM is responsible to ensure that posters are viewable by visitors and the public providing information on how to report an allegation of sexual abuse or sexual harassment. WADOC provides information on its web-site on how family, friends or visitors can report sexual abuse or sexual harassment on behalf of an offender. The information is also posted in the visiting room. Staff are required to forward any allegation of sexual abuse and sexual harassment to their supervisor upon receiving the information.

Policy DOC 490.850, Prison Rape Elimination Act Response, section I. A., states staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Staff are required to report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor.

Inmate Orientation Handbook, page 14, tells the different methods that a PREA can be reported. This includes that other Inmates, visitors, and family members can report on the inmates behalf.

During the audit tour, posters relative to PREA were visible where visiting is conducted. Additionally the WADOC website has information on how to report a PREA allegation on behalf of an offender.

All of the offenders interviewed knew that they could report a PREA to a third party. The shift commander stated that third party reports are forwarded to the PREA Unit the same as any other allegation, regardless of how it is received. The investigator stated that they would treat a third party report as any other allegation.

A review of the PREA complaint log revealed that there were no PREA allegations received as a result of third party reporting.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

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.

Policy DOC 490.850, PREA Response, requires that staff immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

Staff, volunteers and contractors are trained to report any PREA allegation to their supervisor confidentially. The Staff, Volunteer and Contractor PREA Handbook states that staff must immediately report any knowledge, suspicion, or information received regarding an incident of sexual abuse, sexual solicitation, sexual harassment or sexual coercion, or any staff neglect or violation of responsibilities that may have contributed to such an incident. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately to the shift commander (prisons), the work release/residential program administrator/duty officer (work release) or the appropriate appointing authority/duty officer. Any knowledge of retaliation must be reported in the same manner. All of the staff interviewed stated that they would contact the Work Release Administrator or Facility Supervisor if they received any information about a PREA incident.

Information related to allegations or incidents of sexual misconduct is confidential and will only be disclosed when necessary for treatment, investigation, and other security and management decisions.

PWTR does not have any medical or mental health staff. All of these services are provided within the community.

PWTR does not house any offenders under the age of 18 years old. According to a memorandum signed by the Facility Supervisor, no allegations were received by offenders who were classified as vulnerable adults in accordance with the Revised Code of Washington (RCW) during this audit period.

DOC 490.860, Prison Rape Elimination Act (PREA) Investigation, requires that all allegations, including third party and anonymous reports are reported to the PREA Unit. The PREA unit then refers the case to the designated facility manager for investigation. The facility manager assigns the investigation or refers it to local law enforcement for criminal investigation.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy DOC 490.850, PREA Response, states that upon receipt of an allegation of offender-on-offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses. The accused may be placed in restrictive housing. Placement decisions will be based on the seriousness of the allegation. Least restrictive housing should be considered. In the event that the allegation involves staff sexual misconduct, the one-on-one contact between the accused and alleged victim is prohibited while the allegation is investigated. The Appointing Authority can redirect or modify the duties of the staff member during the investigation. If the accused is a contract staff or volunteer, the Appointing Authority may restrict their entrance into the institution until the conclusion of the investigation.

Because of the physical design of the facility, PWTR would transfer the accused to back to prison to separate an alleged victim from an alleged perpetrator. Employees would be redirected to

another work release or restricted from coming on grounds during the investigation if the allegation was staff sexual abuse.

PTWR did not have any PREA allegations that required the separation of the victim and the suspect.

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

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Policy DOC 490.850, PREA Response, requires that the Appointing Authority notify the appropriate Appointment Authority or facility administrator within 72 hours of receipt of an allegation when an alleged incident occurred within another Department or another jurisdiction or involves a staff who reports through another Appointing Authority.

According to the Facility Supervisor, Peninsula Work Training Release did not receive any allegations from offenders that occurred at other facilities.

Any allegations received by Peninsula Work Training Release from another facility are handled in the same manner as any PREA allocation. No other facilities contacted PWTR to report an allegation of sexual abuse or harassment that occurred at PWTR.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy DOC 490.850, PREA Response, address how each facility shall respond to an allegation of sexual assault. The Community Corrections Supervisor is responsible to insure that the PREA response plan is followed. The procedure includes a checklist to provide guidance through the initial response process. This checklist includes separating the alleged victim from the alleged perpetrator, preserving any physical evidence, contacting the local authorities, notifying the chain of command and transferring the alleged victim to the hospital for emergency medical concerns and forensic exam.

Policy 420.365, Evidence Management for Work Release, outlines the procedure for securing evidence in the event of a crime. The evidence is processed in a manner to insure that it is admissible in court. Any evidence collected in a PREA crime scene will be turned over to the local law enforcement agency that is handling the criminal investigation.

PWTR trains their staff to: Separating the victim from the suspect; preserving the crime scene for evidence and; Request the victim and assure the accused do not destroy any evidence by washing, toileting, changing clothes, eating, drinking, or smoking. The staff interviewed were able to demonstrate their knowledge of their responsibilities to the audit team. Most of the staff stated that they would request the accused not do anything to destroy evidence. As a result of the interviews with staff, training on the ensuring the suspect does not do anything to destroy evidence was provided. Training was completed on July 21, 2021.

Staff, volunteer's and contractor's required PREA training, identifies any staff, volunteer or contractor, whoever receives the information first, as first responders. As a first responder, these employees are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the suspect, remove uninvolved offenders and relay observations. The staff that the audit team interviewed knew their role as a first responder. Each of the employees stated that they would contact the Work Release Administrator once the situation were controlled and isolated.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy DOC 490.850, PREA Response, address how each facility shall respond to an allegation of sexual assault. Each institution is required to establish a response team consisting of a sergeant, investigator, medical staff, mental health staff and other classifications as necessary. This policy includes a checklist for the staff member in charge to follow.

PWTR has a response plan in place that outlines the duties of each individual when responding to a PREA sexual assault. This plan is maintained at the Duty Station so that it is available during all hours. The audit team reviewed this plan during the on-site portion of the audit. The plan includes separating the alleged victim from the alleged perpetrator, preserving the crime scene, notifying the supervisor, contacting local authorities, medical and victim advocate. All of the staff were aware of this plan and where it was located if needed.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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A review of the Collective Bargaining Agreements provide to this auditor demonstrate compliance with this standard. The language in the contract states that an employee placed on an alternate assignment during an investigation will be informed of the general reason(s) for the alternative assignment, unless it would compromise the integrity of the investigation, and will not be prohibited from contacting their union steward unless there is a conflict of interest, in which case the employee may contact another union steward. This does not preclude the Employer from restricting an employee's access to agency premises. Upon completion of the investigation process(es), the employee will be notified.

The Work Release Administrator explained to this auditor under what conditions he would redirect an employee to a different work release or restrict an employee from coming on ground.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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Policy 490.860, PREA Investigation, explains the WADOC retaliation prevention policy. The Appointing Authority at the facility where the victim is housed will notify the PCM that monitoring is required. The PCM will ensure alleged victims and offender reporters are monitored and meet with at least monthly. Retaliation against employees is monitored by the Human Resource Manager at the direction of the Appointing Authority. While monitoring the PCM looks for housing unit/job changes, negative performance reviews or disciplinary reports. The monitoring

is conducted for at least 90 days unless the Appointing Authority determines that the monitoring period should be extended.

During preparation for the PREA audit, the State of Washington found some retaliation monitoring has not been documented, and in some cases, not assigned because of the command structure of the work release facilities. A review of the process, from start to finish, was completed. As a result of the internal audit the management team has implemented a tracking and assignment document that is maintained on the Work Release SharePoint Site. This document is restricted to the Appointing Authority, Work Release Operations Administrator and the Executive Secretary. These individuals share the responsibility of tracking a PREA case from initial report through completion. In addition, the documents associated with the case are uploaded to site to ensure proper forms and processes are followed per DOC Policy.

The PCM documents the monitoring of offenders on a form DOC 03-503, PREA Monthly Monitoring Report, and forwards that to the Appointing Authority.

At PWTR the monitoring duties of the PCM are carried out by the Community Correctional Supervisor (CCS). There were no PREA allegations reported during this audit period. The monitoring documents from previous years were provided to the audit team. The CCS met with the alleged victims and documented their responses. The CCS also stated that he reviews any relevant documentation, such as disciplinary reports or assignment changes.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

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

115.271 (i)

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

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

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

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Policy DOC 490.860, PREA Investigations, require that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. Staff investigating PREA allegations will be trained in: Crime scene management, including evidence collection; Confidentiality; Maranda and Garrity warnings; Crisis intervention; Investigating sexual misconduct; Techniques for interviewing victims of sexual misconduct and; Criteria and evidence required to substantiate administrative action or prosecution referral. The investigation will be completed even if the offender is no longer under the jurisdiction of the Department or the accused staff is no longer employed by the Department.

Investigators are trained to follow the evidence protocol as called out by Policy DOC 420.375, Contraband and Evidence Handling. The training documents reviewed by the audit team demonstrated compliance with this standard. During the interview, the investigator explained the training that he received and proper handling of evidence.

All potential felony cases are referred to the Port Orchard Police Department or the Washington State Police. WADOC investigators only conduct compelled interviews if the District Attorney has declined prosecution. Once the case is referred to the local law enforcement agency, that agency determines if the case will be referred for prosecution. PWTR did not have any cases that were referred to the local law enforcement agency for investigation during the audit period. This auditor did review one investigation that was closed over 18 months ago. This case did involve a staff-on-inmate sexual abuse. The case was referred to and investigated by the local law enforcement. The case resulted in a felony prosecution.

WADOC policy does not allow the use of a polygraph on alleged victims, reports or witnesses in PREA investigations. According to the facility supervisor, victim, witness, and suspects credibility is based on its own merit.

The investigations include all physical evidence, testimony, reasoning behind credibility assessments and investigative facts and findings. All administrative investigations are forwarded to the Appointing Authority who will make a determination if the staff actions of failure to act contributed to the abuse. The Appointing Authority then makes a determination of unfounded, unsubstantiated or substantiated.

Peninsula Work Training Release did not have any PREA investigations during this audit period.

Office of the Secretary of State, Washington State Achieves, Record Retention Schedule requires all PREA investigation documents be retained 50 years after the close of the investigation. A memorandum dated Mach 29, 2017, signed by the Deputy Secretary, WADOC, states that "If a review of the investigatory records reveals that the accused individual does not meet the 5-year requirement outlined above (PREA standard 115.71 i), the records will be maintained until this requirement is meet, even if it exceeds the 50 year retention time frame."

WADOC policy requires that investigations are completed thoroughly even if the victim or suspect (offender or staff member) is no longer with WADOC. The facility supervisor confirmed that this is the practice at PWTR.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Policy DOC 490.860, PREA Investigation, requires the Appointing Authority to determine if the allegation is substantiated, unsubstantiated, or unfounded. Substantiation is based on a preponderance of evidence.

The training that all Appointing Authorities attend teaches that no standard higher than preponderance of the evidence is to be used in determining whether allegations are substantiated. The training also teaches that a case is unfounded if the investigation reveals that it did not occur. The Appointing Authority is the individual charged with determining the conclusion of the investigation. During his interview the Work Release Administrator stated that he uses the standard of preponderance of evidence to determine if a case is substantiated. During the investigation review, the audit team concurred with the conclusion of the investigation, based on the information provided.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

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

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy DOC 490.860, PREA Investigations, requires that the alleged victim will be informed in person, in a confidential manner, of the results of the investigation (substantiated, unsubstantiated or unfounded). If the allegation was investigated by the local law enforcement agency, the results of the investigation will be retained with the PREA case file and the offender will be notified of these results. In the event that the case was substantiated or unsubstantiated, and involves a staff member, the alleged victim will be notified if the accused staff member is no longer assigned to the unit, works at the same facility or the Department learns that the accused has been indicted on or convicted of staff sexual misconduct within the facility. In the event that the case was substantiated or unsubstantiated, and the suspect is an offender, the alleged victim will be notified if the Department learns that the accused has been indicted on or convicted of sexual misconduct within the facility.

During the interview with the Work Release Supervisor, he stated that he would give the direction to notify the victim of the outcome to the Community Correctional Officer who would provide documentation that the offender was notified.

PWTR did not have any Sexual Abuse cases reported during this audit period.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Washington State Human Resources policies state that the Secretary shall immediately institute proceedings to terminate the employment of any persons who is found to have had sexual intercourse or sexual contact with an inmate or pled guilty or convicted on a sex crime where the victim was an inmate.

Per WADOC policy, staff may be terminated for violation of the PREA Policies. In the event that the employee resigns prior to the completion of the investigation, the investigation is continued. If the nature of the staff sexual misconduct is criminal in nature, the case is forwarded to the local law enforcement agency to conduct the investigation.

PWTR has not had any substantiated PREA allegations against any employees for sexual abuse/harassment during this audit period.

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

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Policy DOC 490.860, PREA Investigations, requires any substantiated PREA allegation that is criminal in nature be referred to law enforcement and any applicable licensing board. 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 other violations of Departmental PREA policies, appropriate actions will be taken.

The Washington State Personnel Manual states that the secretary shall disqualify for employment with a contractor in any position with access to an inmate, any person: (a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the inmate; or (b) Upon a guilty plea or conviction for any sexual misconduct when the victim was an inmate.

If the allegation was against permanent contract staff that worked at PWTR, the individual would be placed on administrative time off until the completion of the investigation to separate the alleged victim and the alleged suspect. The Program Director stated that Pioneer Human Services will terminate employees that have sexually assaulted or sexually harassed an offender. During this audit period, there were no substantiated investigations involving a contractor or volunteer at the Peninsula Work Training Release. The previous substantiated allegation against a contractor resulted in termination.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy DOC 460.135, Disciplinary Process for Work Releases, sets the due process requirements for offender disciplinary hearings. This includes a right to have copies of all non-confidential documents, a notice of when the hearing will be held, a right to call witnesses, a right to be present at the hearing, a right to written results of the hearing and a right to appeal. These are the same policies for all disciplinary hearings including offender-on-offender sexual abuse.

In the event that the offender is found guilty of a disciplinary violation, the Disciplinary Hearing Officer (DHO) will determine the appropriate sanctions based on the Departmental guidelines. When determining sanctions, the DHO may consider factors in mitigation or aggravations based on the offender's mental health status, prior conduct or overall prison adjustment. An offender that is found guilty of committing sexual abuse against an offender or committing sexual assault against an offender may be sanctioned to a multidisciplinary review for consideration of available interventions (e.g. Mental Health Therapy, Sex Offender Treatment Program, Anger Management).

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 these 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.

PWTR did not have any substantiated PREA cases during this audit period. Therefore no disciplinary actions were taken.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Peninsula Work Training Release does not employ any medical or mental health staff. Medical services are provided by St Michael Medical Center in Bremerton. The information for the St Michael Medical Center is posted at the facility, and provided in the offender's orientation handbook.

Policy 610.300, Health Services for Work Release Offenders, states that, offenders that report sexual misconduct have access to local community providers for medical treatment and mental health evaluations as appropriate. Offenders that are victims of sexual misconduct that took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections and emergency contraception as medically appropriate. The Appointing Authority will authorize payment and coverage of any medically necessary treatment and any identified mental health treatment. Offenders are not responsible for any medical costs accrued while incarcerated.

A telephonic interview was conducted with the SAFE/SANE staff at St Michael Medical Center. She confirmed that St Michael Medical Center handles most of the medical needs of the offenders at PWTR. Any mental health needs are referred to a local provider in the community.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

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

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy DOC 610.025, Health Services of Offenders in Cases of Alleged Sexual Misconduct, requires the facility to transfer the alleged victim to the designated health care facility within 2 hours when an offender makes an allegation of sexual assault and within 120 hours of the alleged assault occurring. The offender is offered a mental health appointment and, unless the offender declines, will be seen by mental health within one business day. Policy requires immediate access to mental health services if the offender is in crisis. Once evaluated a treatment plan is put in place. This treatment plan may include individual/group therapy, referral to medical/mental health specialists, medication or outside medical/mental health treatment. The offender's medical file is not transferred to the work release. In the event that an offender has ongoing medical/mental health treatment plan, the information is forwarded to the work release prior to the offender's arrival. Arrangements are made with the community providers to insure continuity of care. If the offender divulges any medical/mental health issues at the intake interview, the offender is referred to a local provider for further evaluation.

Policy 610.300, Health Services for Work Release Offenders, states that, offenders that report sexual misconduct have access to local community providers for medical treatment and mental health evaluations as appropriate. Offenders that are victims of sexual misconduct that took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections and emergency contraception as medically appropriate. The Appointing Authority will authorize payment and coverage of any medically necessary treatment and any identified mental health treatment.

Policy requires that pregnancy tests be offered as follow-up to a sexual assault. If the victim is becomes pregnant, information and access to all lawful pregnancy-related medical services are provided.

For offenders identified as perpetrator in a substantiated sexual misconduct, staff will submit a referral for community mental health evaluation.

There were no PREA allegations at PWTR during this audit period.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

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Policy DOC 490.860, PREA Investigation, states that for each substantiated or unsubstantiated finding of offender-on-offender sexual assault and staff sexual misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case. The committee will meet every 30 days or as needed. The committee will consist of facility managers, supervisors, investigators and medical/mental health practitioners. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.

The form DOC 02-383 includes the questions: As a result of the investigation, is a change in policy or local procedure indicated; Was the incident motivated by race, sexual orientation, transgender or intersex status, gang affiliation or other group dynamic; Did physical barriers or other physical plant layout enable the abuse; Did the incident take place in an area subject to video monitoring; Were the Department approved staffing models followed and; Was monitoring technology available/adequate?

The Facility Supervisor states that he chairs these committees when they are held. PWTR did not have any PREA allegations that required the PREA Review Committee to meet during this audit period.

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

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

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

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WADOC policies set standard definitions utilized in PREA reports, investigations and documentation. The policies also include an Investigation Report Template that is a standardized instrument for investigations utilized throughout WADOC.

WADOC has established a PREA allegation and case database within the Offender Management Network Information (OMNI) system. This system allows for a standardized collection of data. The data collected in OMNI is sufficient to complete the SSV-IV forms.

The PREA Coordinator collects the data annually from all WADOC facilities and contracted facilities and compile an annual report. The collected data is analyzed to identify factors contributing to sexual misconduct in Department Facilities and offices. The Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans, is accessible at <http://www.wa.gov/corrections/prea/resources.htm#reports>. Reports beginning with calendar year 2013 are also available. These reports contain both agency level and facility-specific accurate and uniform data for every allegation of sexual misconduct for each calendar year. In 2019, DOJ requested the 2018 PREA report information from WADOC. This information was provided to the DOJ as requested.

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

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Policy DOC 490.860, PREA Investigations, requires the PREA Coordinator to generate an annual report of findings. This report includes an analysis of PREA prevention and response for the Department and each facility, including high-level summary information and detained facility data analysis. The report also includes findings and corrective action at the facility and Departmental levels.

The PREA Coordinator completes an assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective action from previous years. The Secretary of Corrections approves the report.

This auditor reviewed the WADOC website and was able to easily find the annual PREA report at www.doc.wa.gov/orrections/prea/resources/reports. The report contains a thorough analysis of the PREA data collected during the previous year. It contains comparisons for each year since 2013. The report addresses what the actions the Department is currently doing to reduce

sexual assault/harassment in their penal system. There is a report of findings and corrective actions for each facility under the jurisdiction of WADOC. The report does not contain any personal identifiers or confidential information.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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WADOC maintains the PREA reporting data in the OMNI system. The access to the data in this system is limited to staff who have a need to know. Access to the system is reviewed by the Emergency Operations Administrator to insure the integrity of the system. The PREA report is completed annually in accordance to PREA standard 115.88.

This report is posted on the WADOC website and can be found at www.doc.wa.gov/corrections/prea/resources/reports. This site contains all of the Annual PREA Reports since 2013. A review of the report posted on the website confirms that all personal identifiers were removed prior to posting.

Office of the Secretary of State for the State Washington Record Retention Schedule requires that all PREA investigations be retained for 50 years.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

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The WADOC website contains the results of all of the PREA audits conducted since 2014. A review of these audits appears to show that all of the facilities operated by WADOC are audited every three years. A list of facilities and when the PREA audits were conducted was provided to the auditors by WADOC. The list includes 24 facilities that are currently open. Seven of the facilities are audited the first year, eight on the second year and nine on the third year of a three year cycle.

During this audit, the auditor had access to, and toured, the entire facility. This auditor had access to every inmate, staff member, volunteer and contractor that this auditor requested to interview. The interviews were all conducted in the privacy of a staff office either in person or telephonically. Each document that was requested was received, including sensitive documents, such as investigation reports, personnel information and inmate files. Inmates were allowed to send confidential correspondence to this auditor, if they wished. There were no letters received from inmates prior to the audit.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

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.

The WADOC website contains a copy of the previous audit conducted at PWTR. The audit was completed on October 12, 2017, and was subsequently posted on the website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

John Katavich

July 28, 2021

Auditor Signature

Date

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

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