

Washington State  
Department of  
Corrections Annual  
PREA Report  
Calendar Year 2019



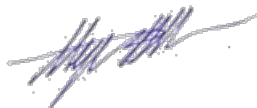




The Prison Rape Elimination Act (PREA) requires that each facility collect and review data "...in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training." (Standard 115.88 a) This review is intended to:

- Identify problem areas and corrective action taken on an ongoing basis for each facility and the agency as a whole;
- Compare the current years data and corrective actions with those from previous years; and
- Assess the agency's progress in addressing sexual abuse (standard 115.88 a and b)

This report is intended to provide information for calendar year 2019.



---

Stephen Sinclair  
Secretary

## BACKGROUND

The Prison Rape Elimination Act of 2003 (PREA) Public Law 108-79) was signed into federal law September 2003 following unanimous support from both parties in Congress. The purpose of the act is to “provide for the analysis of the incidents and effects of prison rape in Federal, State and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape” (Prison Rape Elimination Act, 2003). PREA seeks to establish a zero-tolerance policy regarding sexual abuse, assault and harassment in all correctional systems, including prisons, jails, police lock-ups and other confinement facilities for adults and juveniles.

PREA also mandated the publication of standards to ensure compliance, detailing implementation specifications intended to create a culture of sexual safety within each facility. In addition to these mandatory standards, PREA requires all correctional facilities to conduct sexual abuse incident reviews and collect “accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.” (Standard 115.87 a)

The final rule and standards were published in the federal register on June 20, 2012, and became effective on August 20, 2012. Standards require annual audits of one-third of the facilities under the agency’s jurisdiction as well as Annual Governor Certification of Compliance in all facilities under the operational control of the state’s executive branch, and all private facilities operated on behalf of the executive branch to house incarcerated individuals. Failure to annually certify compliance with standards results in a 5-percent reduction in Department of Justice (DOJ) identified grant funds for the following federal fiscal year.

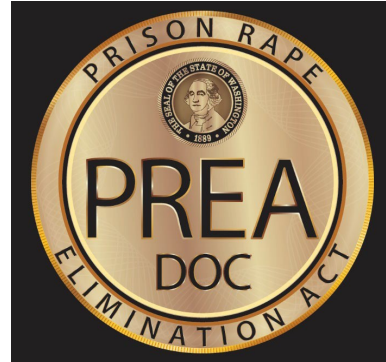
## PROGRESS IN ADDRESSING SEXUAL ABUSE

During 2019, the Washington DOC has accomplished the following with regard to PREA prevention, detection, and response strategies:

- Delivery of an audit preparation workshop to approximately 60 individuals to provide hands on, step-by-step guidance
- Sweeping revisions to the PREA Risk Assessment in the Offender Management Network Information (OMNI) system, addressing stakeholder identified deficiencies and improvements
- Development of regional workgroups within the PREA Advisory Council with the goal of accomplishing prioritized work and providing leadership opportunities for team members; projects are brainstormed by team members in response to deficiencies, ideas for improvement and sustainability, national best practices, and audits.
- Production of business-sized cards containing quick reference information regarding PREA reporting and access to victim advocacy support services to be provided to all incarcerated individuals on intake and/or when sending notifications of investigation closures.
- Creation of an OMNI generated report regarding those individuals who scored “yes” to identified risk assessment questions requiring the opportunity for a follow up meeting with a mental health provider; this permits each facility to generate their own reports, identifying timeframes as needed.
- Development of processes to include identified male and female hygiene products on commissary lists for all incarcerated individuals and provide alternative clothing and makeup for transgender incarcerated individuals, indicative of the agency working to ensure sexual safety and inclusion for all incarcerated individuals.
- Installation of annunciators (doorbells with lights for visually impaired individuals) in all prison facility housing units to standardize and clarify cross-gender announcement processes
- Creation of playing cards, developed in partnership with Just Detention International, containing PREA information on card faces (regarding reporting, advocacy, zero tolerance, etc.). The cards were purchased with grant funds and will be distributed free of charge in all facilities.
- Development of informational presentation materials for use with staff in the areas of LGBTI awareness, electronic incident report writing, evidence management, and PREA response for shift commanders and duty officers.
- Conversion of PREA training for volunteers to a web-based system that eliminates use of the cost prohibitive electronic learning system and meets stakeholder access needs
- Compliance with PREA Risk Assessments have risen and stabilized across the state with the implementation of agency-level quarterly review. Work/Training Release facilities retained 99% compliance on all initial assessments and increased compliance rates for follow up assessments from 92% to 97% for approximately 440 residents transferred into these facilities. Prison facilities retained 99% compliance on all initial assessments and increased compliance rates for follow up assessments from 95% to 99% for more than 7,000 individuals received or transferred between facilities. Staff report being much more aware of requirements and conscious of individual responsibilities.
- Launching of PREA 102, returning annual in-service training to the classroom to focus on interactive learning, facilitation of discussion and impact culture. The in-class training is

more impactful for staff and the participation factor is a good reference for staff when addressing PREA reports and other related processes.

- Ongoing collaboration with law enforcement and other community partners, who continue to work with the Washington DOC staff to investigate allegations, provide direction, answer questions, and discuss issues.
- Development of an internal system whereby incarcerated survivors can obtain information regarding the status of sexual assault kits in a confidential manner
- Publication of a video by Washington Corrections Sexual Assault Programs, (WCSAP) regarding victim advocacy support services for incarcerated survivors



WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Facility name	Compliance rates
Airway Height Corrections Center	100% compliance achieved in 2015 and 2017 audits
Ahtanum View Work/Training Release	100% compliance achieved in 2015 and 2018 audits
Bellingham Work/Training Release	100% compliance achieved in 2015 and 2018 audits
Bishop Lewis Work/Training Release	100% compliance achieved in 2014 and 2017 audits; corrective action in work following 10/2019 audit
Brownstone Work/Training Release	100% compliance achieved in 2015 and 2017 audits
Cedar Creek Corrections Center	100% compliance achieved in 2014 and 2017 audits; corrective action in work following 08/2019 audit
Clallam Bay Corrections Center	100% compliance achieved in 2015 and 2017 audits
Coyote Ridge Corrections Center	100% compliance achieved in 2015 and 2018 audits
Eleanor Chase Work/Training Release	100% compliance achieved in 2015 and 2017 audits
Helen B. Ratcliff Work/Training Release	100% compliance achieved in 2014 and 2017 audits; corrective action in work following 10/2019 audit
Larch Corrections Center	100% compliance achieved in 2015 and 2018 audits
Longview Work Release	100% compliance achieved in 2016 and 2018 audits
Monroe Correctional Complex	100% compliance achieved in 2016 and 2018 audits
Madison Inn Work Release (Facility no longer in operation)	100% compliance achieved in 07/2014 audit
Mission Creek Corrections Center for Women	100% compliance achieved in 2014 and 2017 audits; corrective action in work following 08/2019 audit
Olympia Work/Training Release	100% compliance achieved in 2016 and 2018 audits
Olympic Corrections Center	100% compliance achieved in 2015 and 2017 audits
Peninsula Work/Training Release	100% compliance achieved in 2015 and 2017 audits
Progress House Work/Training Release	100% compliance achieved in 2015 and 2017 audits
Rap House / Lincoln Park Work Release (Facility no longer in operation)	100% compliance achieved in 2015 and 2017 audits
Reynolds Work/Training Release	100% compliance achieved in 2014 and 2017 audits; corrective action in work following 10/2019 audit
Stafford Creek Corrections Center	100% compliance achieved in 2014 and 2017 audits; corrective action in work following 11/2019 audit
Tri-Cities Work/Training Release	100% compliance achieved in 2015 and 2018 audits
Washington Corrections Center	100% compliance achieved in 2015 and 2017 audits
Washington Corrections Center for Women	100% compliance achieved in 2014 and 2017 audits; corrective action in work following 09/2019 audit
Washington State Penitentiary	100% compliance achieved in 2016 and 2018 audits

Green – year one of audit cycle  
 Blue – year two of audit cycle  
 White – year three of audit cycle

## GOVERNOR CERTIFICATION

Each Governor is required to annually certify statewide PREA compliance for all applicable “...facilities in the State under the operational control of the State’s executive branch, including facilities operated by private entities on behalf of the State’s executive branch.” (Standard 115.501) Three options are provided to Governors:

- Certification that the state and all applicable facilities are in full compliance with the National Standards to Prevent, Detect, and Respond to Prison Rape, 28 C.F.R. Part 115;
- Assurance that the state/jurisdiction will use not less than 5 percent of grant funds as identified by the Department of Justice to enable the state/jurisdiction to adopt and achieve full compliance with the National Standards to Prevent, Detect, and Respond to Prison Rape, 28 C.F.R. Part 115; or
- Decisions on the part of the Governor not to certify compliance or provide an assurance that the state/jurisdiction is moving toward compliance.

In October 2019, Washington Governor Jay Inslee provided an assurance that the state of Washington was working toward compliance in all applicable facilities. The penalty grant funds will be reallocated toward a temporary Corrections Specialist position to implementation rolling audit process for all prison facilities to ensure continuous and sustainable compliance; move the Agency toward use of the Department of Justice’s on-line audit system; and assist in the development of transgender, intersex and gender non-conforming awareness training for all agency staff in 2020.



## AGGREGATE DATA

**NOTE: All investigation data included in this report is as of 2/03/2020.**

The following key is applicable for all data presented in this report:

### Inmate-On-Inmate

- IASC = Sexual Abuse
- ISA = Sexual Assault
- ISH = Sexual Harassment
- IR = Retaliation

### Staff-On-Inmate

- SOM = Other Misconduct
- SSH = Sexual Harassment
- SSM = Sexual Misconduct

The Washington DOC has established definitions of misconduct under PREA that are more comprehensive than those published by the Department of Justice (DOJ). These definitions were the result of litigation as well as issues encountered during standard implementation. During 2018, definitions were examined and narrowed, resulting in a shift of allegation information across reporting years. Definitions of misconduct used in data collection are attached to this report.

During calendar 2019, the Washington DOC conducted investigations into 373 inmate-on-inmate allegations and 293 staff-on-inmate allegations, for a total of 666 formal investigations. With an incarcerated population of 19,160 in prison and work release facilities (12/31/2019), this results in a rate of 34.76 formal investigations per 1,000 individuals.

## AGENCY SEXUAL ABUSE DATA

The following is the breakdown of allegations by type and finding for calendar year 2019:

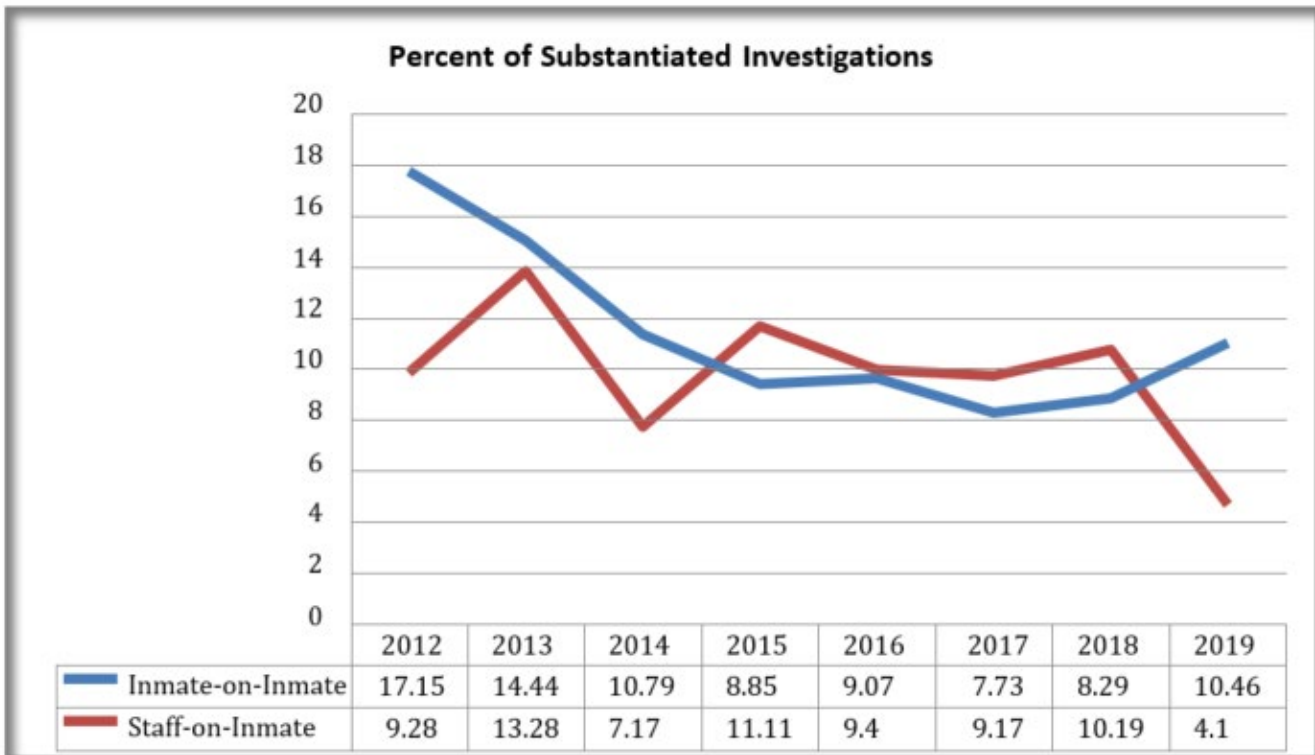
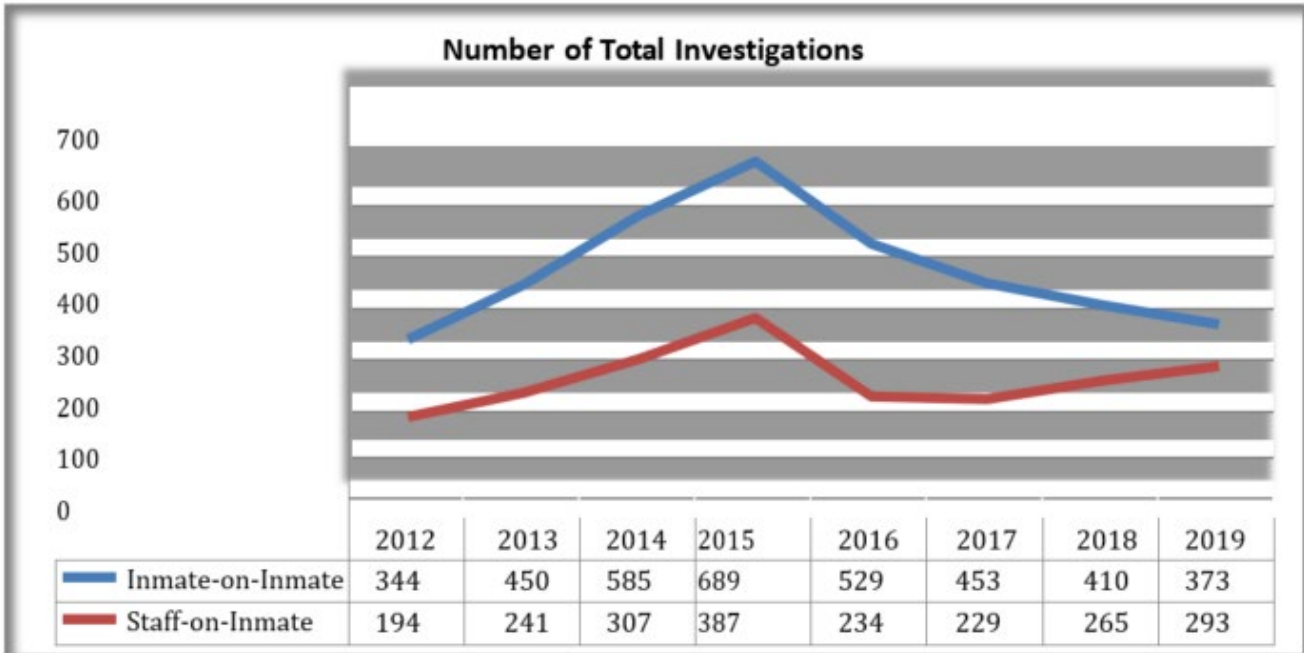
Inmate-on-inmate investigations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	5	38	12	6	61
ISA	4	39	23	16	82
ISH	30	98	69	30	227
IR	0	0	0	3	3
TOTAL	39	175	104	55	373

Staff-on-inmate investigations	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	3	0	0	7	10
SSH	1	13	43	15	72
SSM	8	15	126	62	211
TOTAL	12	28	169	84	293

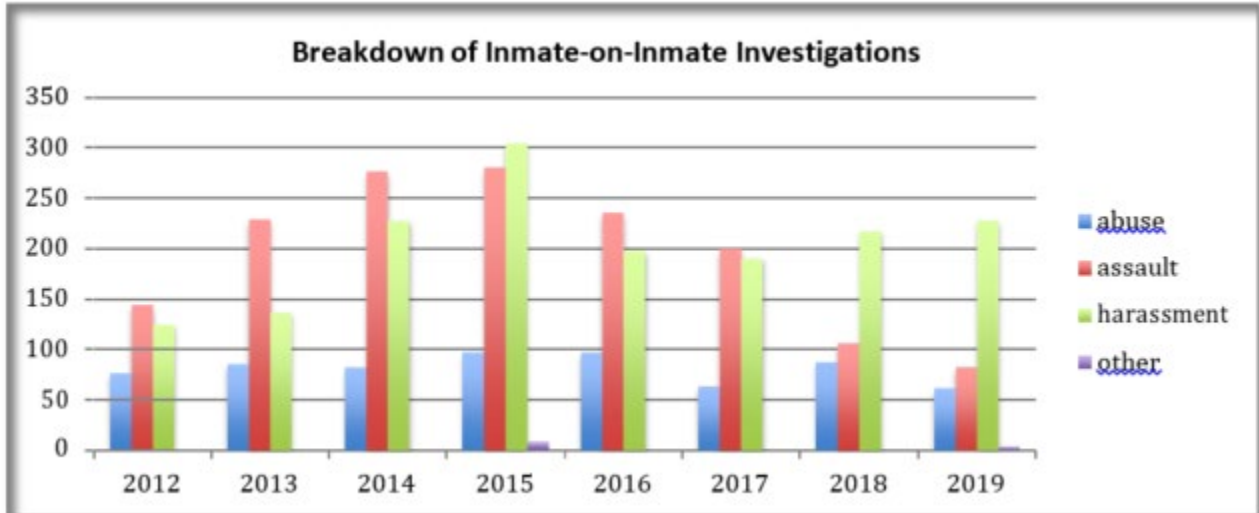
The following represents historical data:

Inmate-on-inmate investigations by year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	59	178	107	0	344
2013	65	199	186	0	450
2014	63	156	366	0	585
2015	61	258	370	0	689
2016	48	250	231	0	529
2017	35	280	137	1	453
2018	34	215	158	3	410
2019	39	175	104	55	373

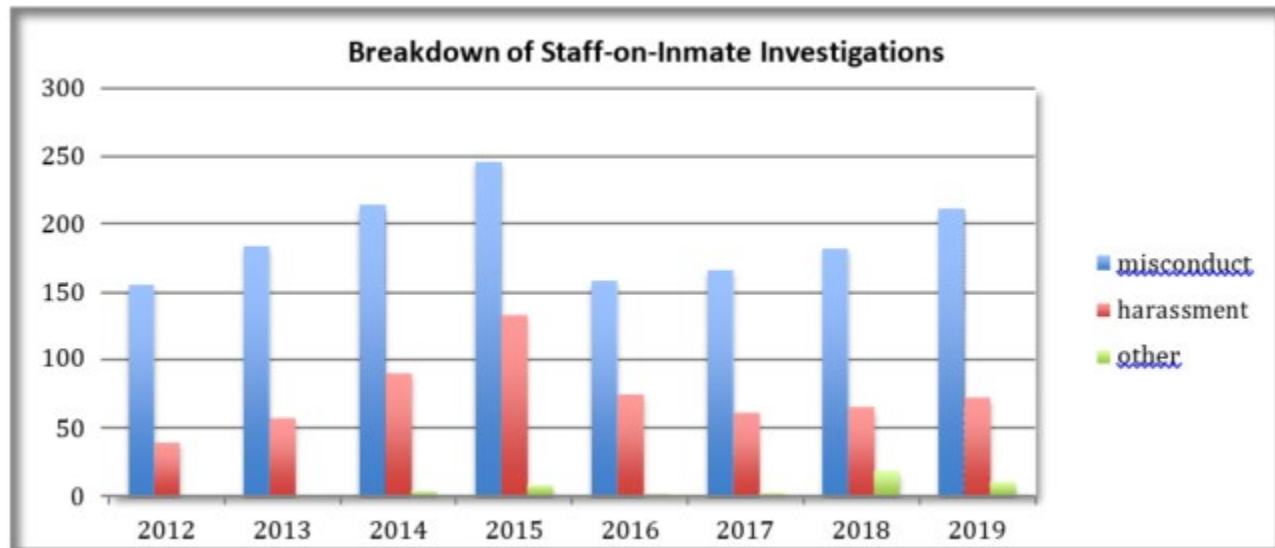
Staff-on-inmate investigations by year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	18	60	116	0	194
2013	32	49	160	0	241
2014	22	40	245	0	307
2015	43	71	273	0	387
2016	22	41	171	0	234
2017	21	67	140	1	229
2018	27	51	175	12	265
2019	12	28	169	84	293



A breakdown of the 3,833 inmate-on-inmate investigations over the eight (8) years by type of allegations illustrates that 648 (17%) were abuse, 1,552 (40%) were assault, 1,622 (42%) were harassment, and 11 (less than 1%) were other forms of related misconduct (e.g., retaliation).



A breakdown of the 2,150 staff-on-inmate investigations over the last eight (8) years by type of allegations illustrates that 1,517 (71%) were sexual misconduct, 591 (27%) were harassment, and 42 (2%) were other forms of related misconduct (e.g., failure to report, retaliation, breach of confidentiality, etc.).



## HOW ALLEGATIONS WERE REPORTED

Incarcerated individuals are provided with multiple venues in which to report PREA allegations. The following is a breakdown of the ways in which allegations were received for the investigations conducted in 2019:

Method by which allegations were received which resulted in administrative PREA investigations	Number
Discovery	33
Email (to public PREA mailbox)	4
External report entity	43
Grievance	61
Hotline	89
Kiosk	7
Kite	25
Letter (to Deputy Director, Disciplinary Program Manager, Grievance Coordinator, Hearings Unit, Plant Manager, PREA Coordinator, and unidentified staff)	13
Staff self-report	1
Telephone call (to Community Corrections Officer, Medical and Mental Health)	3
Verbal report to Staff (detail following)	349
Written statement (to Classification Counselor, Correctional Officer, Correctional Program Manager, Correctional Unit Supervisor, Grievance Coordinator, Lieutenant, Medical, Mental Health, Sergeant, and unidentified staff)	38
<b>TOTAL</b>	<b>666</b>

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

All staff members are mandated to accept and report allegations received, including those made verbally, in writing and by third parties. Verbal reports to staff account for 52% of the total number of allegations received that resulted in an internal administrative investigation. The following table illustrates the position of the staff member receiving these verbal reports:

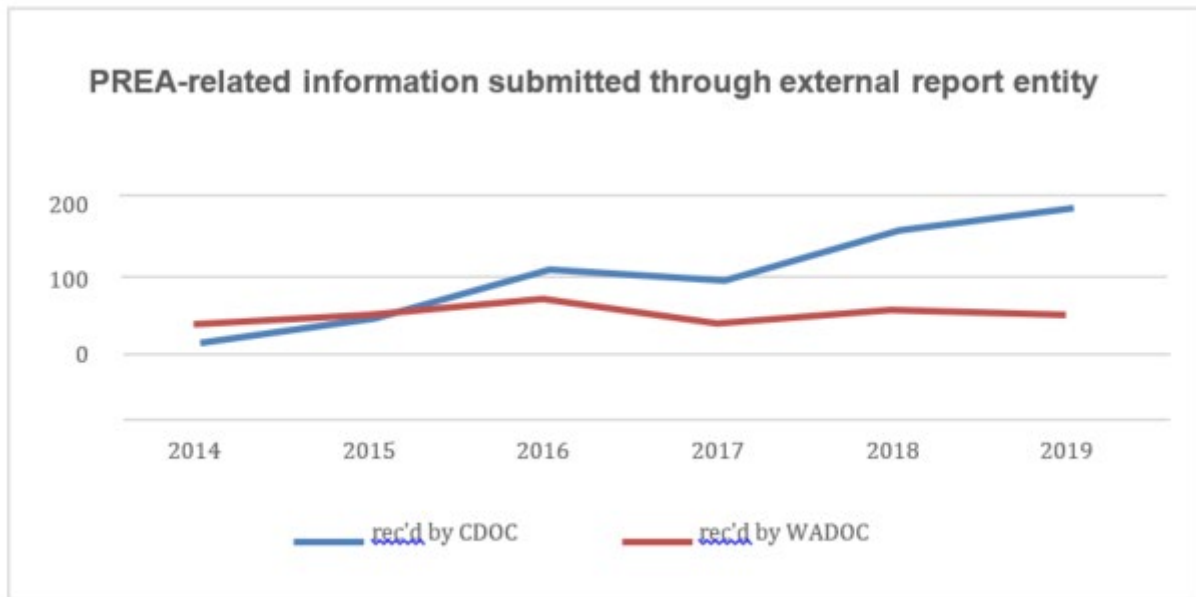
Internal Investigation Allegation Verbally Reported to:	Number
Associate Superintendent	1
Captain	1
Chemical Dependency Counselor	2
Classification Counselor	74
Community Corrections Officer	10
Community Corrections Supervisor	2
Contract Staff	2
Correctional Industries Staff	7
Correctional Officer	51
Correctional Program Manager	3
Correctional Unit Supervisor	28
Corrections Specialist	8
DOJ PREA Auditor	2
Hearing Officer	18
Investigator	3
Jail / Other Correctional Jurisdiction Staff	5
Lieutenant	21
Medical Staff	16
Mental Health Staff	29
Records	1
Sergeant	62
Sex Offender Treatment Specialist	3
<b>TOTAL</b>	<b>349</b>

The largest number of verbal reports has consistently been made to classification counselors, correctional officers and sergeants, which is generally based on the type of interactions supervised individuals have with these staff members.



## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Standard 115.51 / 115.251 requires that inmates have the ability to submit PREA-related information to an entity external to and independent of the Washington DOC. The standard also requires that this information be received and immediately forwarded to the Washington DOC agency officials for review and investigation as applicable. The Washington DOC has partnered with the Colorado Department of Corrections to serve as each other's unaffiliated entity. During 2019, DOC received and forwarded 44 letters from Colorado's incarcerated individuals, while Colorado forwarded 195 letters back to DOC.



Individuals also used available reporting methods to report allegations about jurisdictions outside of the Washington DOC:

Method by which allegations were received regarding other jurisdictions	Number
Discovery	8
Email (PREA Coordinator, PREA mailbox)	8
External Report Entity	4
Hotline / phone to PREA Unit	20
Kite	3
Letter or written statement (to Officer, PREA Coordinator, Sergeant, and Superintendent)	5
Notification from county regarding related charges	1
Verbal report to Staff (Classification Counselor, Community Corrections Officer, Correctional Program Manager, Hearing Officer, Medical, Mental Health, and Sex Offender Treatment Specialist)	124
<b>TOTAL</b>	<b>173</b>

## DEMOGRAPHICS

The following is an overview of the incarcerated population within Washington State Department of Corrections.

Total Prison and Work Release Population as of 12/31/2019	
19,160	

	Gender	%
	Male	92.4%
	Female	7.6%

	Race	%
	American Indian / Alaska Native	5.8%
	Asian / Pacific Islander	4.2%
	Black	17.7%
	White	69.8%
	Other	1.6%
	Unknown	0.9%

Average Age	
39.6 years	

The following is demographic information for substantiated inmate-on-inmate PREA investigations. Please note that a single investigation may involve more than one inmate victim or location.

### Substantiated Inmate-on-Inmate Sexual Abuse, Assault and Harassment

- Total number of substantiated administrative investigations= 39
- Total Number of Victims = 56
- Total Number of Perpetrators = 39

Gender	# of victims	% of victims	# of perpetrators	% of perpetrators
Male	44	79%	30	77%
Female	7	13%	7	18%
Transgender	4	7%	2	5%
Unknown / not documented	0	0%	0	0%

Race	# of victims	% of victims	# of perpetrators	% of perpetrators
American Indian / Alaska Native	4	7%	2	5%
Asian / Pacific Islander	1	2%	1	2%
Black	8	14%	8	21%
White	41	73%	25	64%
Other	0	0%	2	5%
Unknown / not documented	2	4%	1	2%



WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Age	# of victims	% of victims	# of perpetrators	% of perpetrators
< 18	0	0%	0	0%
18 – 24	11	20%	5	13%
25 – 29	10	18%	5	13%
30 – 34	10	18%	3	8%
35 – 39	10	18%	7	18%
40 – 44	2	3%	1	2%
45 – 54	7	12%	9	23%
55 +	5	9%	9	23%
Unknown / not documented	1	2%	0	0%

Substantiated Inmate-on-Inmate Sexual Abuse, Assault and Harassment Location:  
 (NOTE: There may be more than one location per investigation)

Location	#	%
Cell	10	22%
Classroom / education	1	2%
Dayroom	11	24%
Department of Natural Resources wok crew	2	4%
Dining hall	1	2%
Kitchen	1	2%
Laundry room	1	2%
Public area (breezeway, hallway, living unit, outside unit, tier)	6	13%
Recreation area (gym, yard)	2	4%
Restroom (inmate)	3	7%
Shower (inmate)	2	4%
Not documented / unknown	5	11%

Substantiated Inmate-on-Inmate Perpetrator Sanctions  
 (NOTE: More than one sanction may have been applied to a perpetrator)

Sanction applied to perpetrator	#
Confinement to cell / room	7
Custody Classification Review / Reclassification	2
Loss of Good Conduct Time	4
Loss / Restriction of Privileges	9
Reprimand / Warning	1
Segregation	7
Separation from victim	27
None (infraction dismissed, inmate found not guilty)	3
No infraction issued (medical / mental health issues)	3

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

PREA allegations involving staff, contractors and volunteers can involve individuals from any facet of agency operations. The following shows the breakdown of these individuals named as the accused in PREA investigations of staff sexual misconduct and staff sexual harassment during 2019:

Position	Substantiated SSM, SSH, SOM	Unsubstantiated SSM, SSH, SOM	Unfounded SSM, SSH, SOM	Open SSM, SSH, SOM	Total SSM, SSH, SOM
Associate Superintendent	0	0	2	0	2
Chaplain	0	0	1	0	1
Chemical Dependency Treatment Provider	0	0	1	0	1
Classification Counselor	1	1	7	0	9
Clerical	0	1	2	0	3
Community Corrections Officer	0	0	8	6	14
Contract Staff	1	1	1	6	9
Cook	0	2	1	0	3
Correctional Industries Staff	1	2	5	2	10
Correctional Officer	5	16	91	25	137
Correctional Program Manager	0	0	1	0	1
Correctional Unit Supervisor	0	0	9	7	16
Corrections Specialist	0	0	4	1	5
Instructor	0	0	0	1	1
Lieutenant	0	0	4	1	5
LPN / Medical Assistant	0	0	0	3	3
Maintenance	0	0	0	2	2
Mental Health Counselor	0	0	4	2	6
Nurse	0	0	1	9	10
Pharmacy	1	0	0	0	1
Physician	0	0	0	1	1
Psychology Assoc. / Psychologist	0	0	3	3	6
Recreation	0	1	0	0	1
Sergeant	3	1	17	4	25
Sex Offender Treatment Program Specialist	0	0	0	3	3
Superintendent	0	0	1	0	1
Unknown / not documented	0	3	3	3	9
Volunteer	0	0	1	4	5
Warehouse	0	0	2	1	3
<b>TOTAL</b>	<b>12</b>	<b>28</b>	<b>169</b>	<b>84</b>	<b>293</b>

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

The following is demographic information for substantiated staff-on-inmate PREA investigations. The Washington DOC policy defines “staff” as employees, contractors, and volunteers. Please note that a single investigation may involve more than one inmate victim or location.

### Substantiated Staff-on-Inmate Sexual Misconduct, Harassment, and Other Misconduct

- Total number of substantiated administrative investigations = 12
- Number of Victims = 12
- Total Number of Perpetrators = 12

Gender	# of victims	% of victims	# of perpetrators	% of perpetrators
Male	10	83%	4	33%
Female	2	17%	8	67%
Transgender	0	0%	0	0%
Unknown / not documented	0	0%	0	0%

Race	# of victims	% of victims	# of perpetrators	% of perpetrators
American Indian / Alaska Native	0	0%	0	0%
Asian / Pacific Islander	0	0%	0	0%
Black	3	25%	3	25%
White	7	58%	9	75%
Other	0	0%	0	0%
Unknown / not documented	2	17%	0	0%

Age	# of victims	% of victims	# of perpetrators	% of perpetrators
24 and younger	0	0%	1	8%
25 – 29	3	25%	2	17%
30 – 34	1	8%	1	8%
35 – 39	4	33%	1	8%
40 – 44	2	17%	1	8%
45 – 54	1	8%	1	8%
55 +	0	0%	5	42%
Unknown / not documented	1	8%	0	0%

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Substantiated Staff-on-Inmate Sexual Misconduct, Harassment, and Other Misconduct Location  
 (NOTE: There may be more than one location per investigation)

Location	#	%
Cell	2	13%
Community setting	3	19%
Correctional Industries	1	6%
Dayroom / Foyer / Hallway	2	13%
Exchange of Electronic Mail	1	6%
Kitchen	1	6%
Staff Office	2	13%
Storage Room	1	6%
Telephone Communication	1	6%
Work Area	1	6%
Unknown / not documented	1	6%

Substantiated Staff Perpetrator Years at Facility	# of perpetrators	% of perpetrators
Less than 6 months	2	17%
6 months to 1 year	1	8%
1 to 5 years	3	25%
5 to 10 years	1	8%
10 years or more	5	42%
Unknown / not documented	0	0%

Substantiated Staff Perpetrator Job Classification	# of perpetrators	% of perpetrators
Classification Counselor	1	8%
Contract Staff	1	8%
Correctional Industries	1	8%
Correctional Officer	5	42%
Pharmacy	1	8%
Sergeant	3	25%

Substantiated Staff Perpetrator Sanctions (NOTE: More than one sanction may have been applied to a perpetrator)	# of sanctions
Letter of Concern	1
Letter of Reprimand	1
Resignation following Completion of investigation	2
Resignation prior to Completion of Investigation	6
Termination	1
Information not Recorded / Documented	1

## LAW ENFORCEMENT REFERRALS

PREA standards require that whenever an allegation appears to be criminal, a referral is made to the appropriate entity with the authority to conduct a criminal investigation. Within the state of Washington, this is dependent on the location of the facility. If the facility is within city limits, the first referral is made to the local police department. If the facility is not within city limits, the first referral is made to the county sheriff. Facilities may also make referrals to the Washington State Patrol if referrals have been refused or declined at lower identified levels.

During calendar year 2019, a total of 23 allegations were referred to local law enforcement officials for possible criminal investigations. The results of those referrals are as follows:

Results of Referral	Number
Outcome of referral to law enforcement officials still pending	5
Declined by law enforcement officials for criminal investigation	8
Accepted by law enforcement officials for criminal investigation but pending criminal investigation and/or prosecutorial decision / no information regarding prosecutorial decision documented	6
Accepted by law enforcement officials for criminal investigation but declined by Prosecutors	4

## FORENSIC MEDICAL EXAMINATIONS

Agency policy requires that when an incarcerated individual alleges a sexual assault involving penetration or the exchange of body fluids to have occurred within the last 120 hours, the department must transport the incarcerated individual to a partnered community medical center for the completion of a forensic medical examination. These examinations are generally conducted by a specially trained Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). During 2019, eight (8) incarcerated individuals were transported for forensic medical examinations, resulting in the initiation of nine (9) investigations. The results of those examinations are as follows:

Results of forensic medical investigations	#
Exam conducted: Administrative investigation closed as substantiated	0
Exam conducted: Administrative investigation closed as unsubstantiated	4
Exam conducted: Administrative investigation closed as unfounded	3
Exam conducted: Administrative investigation open and ongoing	2
Exam not conducted (e.g., inmate recanted, inmate refused, exam not indicated per SAFE/SANE)	0

## LOCAL REVIEW COMMITTEES

At a minimum, PREA standards require a review of all substantiated and unsubstantiated investigations of inmate-on-inmate abuse and assault and staff sexual misconduct. Appointing authorities responsible for investigations may also conduct this level of review on other investigations on a case-by-case basis. Incident reviews are conducted by a multi-disciplinary team comprised of facility administration with input from supervisors, investigators, and medical or mental health practitioners. The following are some of the factors that are reviewed during this process:

- Motivation for the incident
- Staffing
- Physical barriers and physical plant layouts
- Monitoring technology
- Indication of changes to agency policy and/or local procedures.

During 2019, a total of 108 local review committees were held across the agency. Of these, 14 resulted in some form of action plan. Elements included in action plans include, but are not limited to:

- Add a camera in an identified location to address a potential blind spot
- Lock identified areas within the facility, allowing access by incarcerated individuals only under staff escort
- Modify the cabs of Department of Natural Resources crew vehicles or add cameras to allow supervisors to observe crew members during transport
- Modify procedures to conduct pat searches in areas in view of cameras
- Add a mirror in an identified location to address a potential blind spot
- Implement a formal separation between identified incarcerated individuals.



## CONTRACTED FACILITIES

PREA standard 115.12 / 115.212 requires that all contracts with other agencies or jurisdictions for the housing inmates include the requirement to be compliant with PREA standards and a provision for the monitoring of that compliance by the agency. Additionally, PREA standards require the receipt and review of data from every private facility with which the agency contracts for the confinement of its incarcerated individuals.

Currently Washington DOC contracts with the following public agencies:

- Yakima County Jail – This agency currently holds incarcerated females transferred from the Washington Corrections Center for Women in an overflow bed capacity. Females housed at the Yakima County Jail are able to participate in residential therapeutic community settings for substance abuse treatment.
- The Iowa Department of Corrections and the Minnesota Department of Corrections – Interstate compact agreements have been in place, but were both amended in 2015. An interstate compact agreement allows the Washington DOC to send individuals to or house individuals from the partnered agency on a day-for-day exchange basis. It is noted that the Washington DOC maintains compact agreements with a number of other state correctional agencies, but these have not been amended since the codification of PREA standards and therefore do not fall under the requirements of this provision.

The Washington DOC regularly monitors these organizations to ensure continued compliance with standards and works with the agency to resolve any identified issues or gaps.

The Washington DOC also contracts with American Behavior Health Systems (ABHS) as a private organization for the residential substance abuse treatment of individuals on community supervision. While in treatment, clients participate in multiple treatment-focused activities each day, consisting of didactic education, group and individual therapy, and recovery and living skills. ABHS operates three facilities, all of which have achieved 100% compliance with standards as demonstrated in certified audits. ABHS also provides the Washington DOC with its annual PREA reports and data relative to PREA allegations and investigations. The following is a summary of that data:

Client-Client Sexual Abuse (2017)	Chehalis Facility	Cozza Facility	Mission Facility
Substantiated	0	0	1
Unsubstantiated	0	0	0
Unfounded	0	0	3

Staff-Client Sexual Abuse (2017)	Chehalis Facility	Cozza Facility	Mission Facility
Substantiated	1	2	5
Unsubstantiated	0	0	0
Unfounded	1	0	1

Client-Client Sexual Abuse (2018)	Chehalis Facility	Cozza Facility	Mission Facility
Substantiated	0	2	1
Unsubstantiated	0	2	1
Unfounded	0	0	0

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Staff-Client Sexual Abuse (2018)	Chehalis Facility	Cozza Facility	Mission Facility
Substantiated	1	3	4
Unsubstantiated	1	2	1
Unfounded	0	0	0

Client-Client Sexual Abuse (2019)	Chehalis Facility	Cozza Facility	Mission Facility
Substantiated	0	0	0
Unsubstantiated	2	0	0
Unfounded	1	0	1

Staff-Client Sexual Abuse (2019)	Chehalis Facility	Cozza Facility	Mission Facility
Substantiated	1	3	2
Unsubstantiated	1	0	0
Unfounded	1	1	0



## VICTIM ADVOCACY SERVICES

Through collaboration with the Department of Commerce Office and Crime Victim's Advocacy (OCVA) and the Washington Coalition of Sexual Assault Programs (WCSAP), the Washington DOC has successfully continued to provide support services for incarcerated sexual assault survivors.



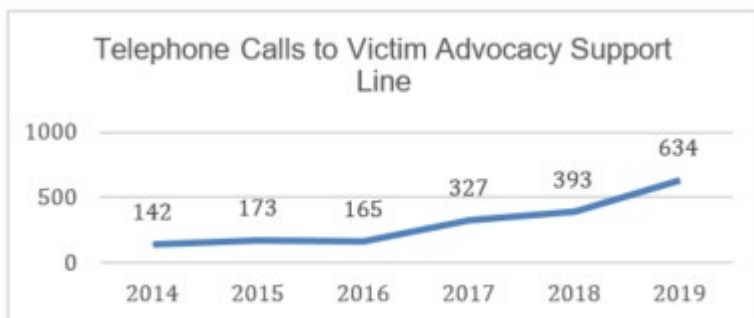
Established in 1990, OCVA serves the state by advocating on behalf of victims seeking services and resources, administering grant funds for community programs working with crime victims, assisting communities in planning and implementing services for crime victims, and advising state and local government agencies of practices, policies and priorities that impact crime victims.



WCSAP is a non-profit organization that strives to unite agencies in the elimination of sexual violence. WCSAP provides information, training, and expertise to program and individual members who support victims, family and friends, the general public, and anyone who has been affected by sexual assault. Its activities include public policy, resources and publications, technical assistance, and trainings.

During the reporting period, the Department of Corrections has continued to partner with the Office of Crime Victim's Advocacy and the Washington Coalition of Sexual Assault Programs to ensure that sexual assault advocacy services are available for incarcerated persons statewide.

Washington has built a robust advocacy response system for incarcerated individuals who are seeking advocacy services. Community-based advocates offer confidential advocacy services through an unrecorded, toll-free telephone call or at scheduled in-person appointments. Advocate services are also available to any incarcerated individual transported to a hospital for a sexual assault forensic examination or those participating in an internal investigatory interview.



## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

There has been a steady rise in usage of advocacy services. Last year the state had a 61% increase in utilization. We anticipate the number of those requesting support services will continue to grow as incarcerated individuals further understand the difference between the agency's PREA reporting line and the external confidential community advocacy hotline.

Support service data for calendar year 2019 is as follows:

Month	Total calls to OCVA	PREA-Related	Not PREA Related	Connections to local Community Sexual Assault Program
January	56	51	5	11
February	44	41	3	6
March	39	37	2	7
April	52	49	3	4
May	64	58	6	12
June	62	59	3	7
July	61	55	6	13
August	57	53	4	10
September	46	45	1	10
October	36	35	1	9
November	54	51	3	11
December	63	59	4	9
<b>TOTAL</b>	<b>634</b>	<b>593</b>	<b>41</b>	<b>109</b>

WCSAP finalized a video, outlining confidential advocacy services, how advocacy services are unique and what inmates can expect if they seek support services. We believe the video will help educate inmates by providing them valuable information to make informed decisions about their healing. WCSAP provided the video to DOC and DOC will show it to incarcerated individuals at intake and during the course of their incarceration.

In communication with advocates, incarcerated survivors of sexual assault have expressed how helpful and supportive these services have been as they attempt to find healing and develop coping skills to manage their experienced trauma.

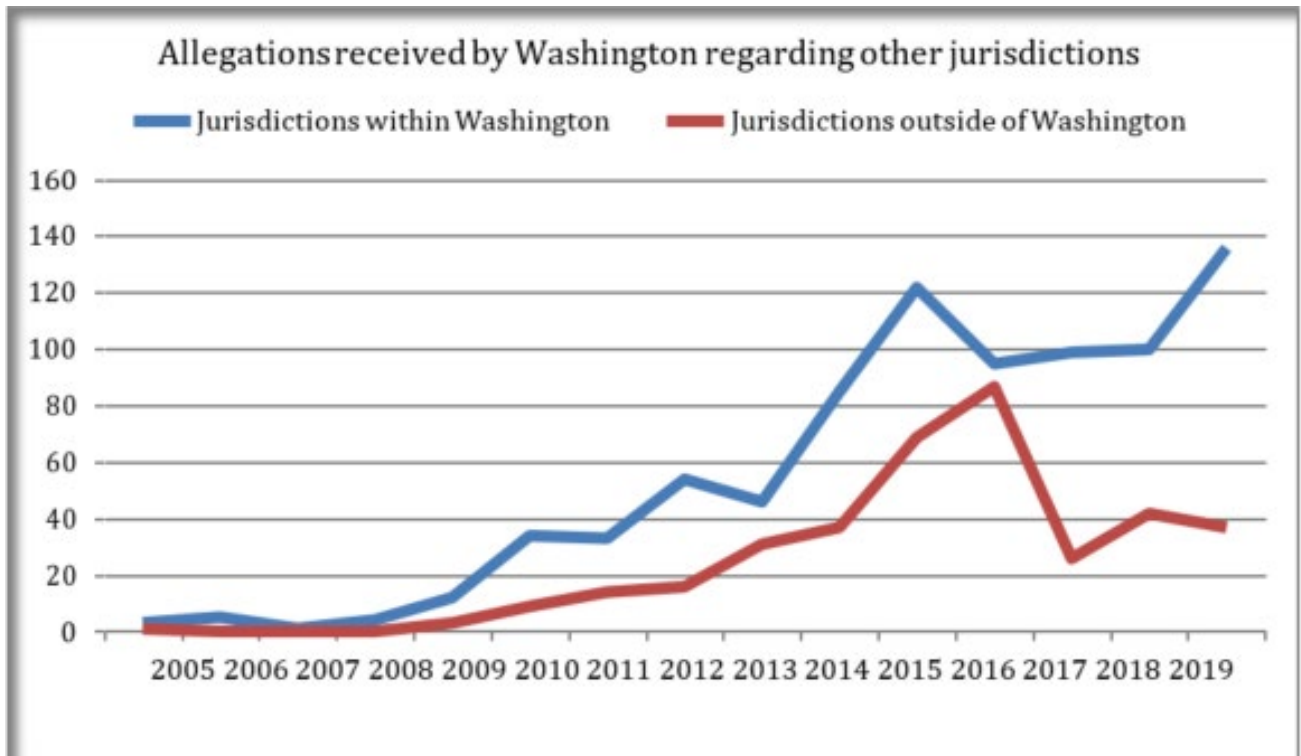
## Spotlight on the Washington Corrections Center:

In 2017, the Washington Corrections Center (WCC) initiated a new process for ensuring PREA Risk Assessments (PRA) were completed for every incarcerated individual entering the facility. With approximately 1,000 incarcerated individuals entering the facility each month, there was a struggle to meet standard and policy requirements. The competing priorities of risk assessments and those of the Offender Needs Assessment (now called Washington One) often put counselors in the position of choosing one over the other to be late or incomplete as both competed for the counselor's time in between their other duties. This resulted in an initial (72-hour) assessment compliance rate of less than 80%. Follow-up assessments were often forgotten due to issues around timeframe and falling opposite the timeframe of the needs assessments, leaving WCC at a less than 70% compliance rate.

In order to address the deficiency, WCC created two classification counselor 1 positions, whose sole responsibility is the completion of all initial (72-hour) risk assessments. This system brought relief to other classification counselors who then could focus on meeting the needs of the incarcerated individual. Coupled with a new process of daily notification for follow-up assessments, this has resulted in both types of assessments being more completed timely and a compliance rate greater than 99% for the last 2-½ years. This system has truly turned the compliance rates around, showing long-term sustainability for related standards and a great deal of pride in a job well done.

## SHARING ALLEGATION INFORMATION WITH OTHER JURISDICTIONS

Standards require that the agency immediately forward any allegations received regarding other applicable jurisdictions. This fosters continued collaboration between these agencies. During calendar year 2019, the Washington DOC received and forwarded a total of 173 allegations about other jurisdictions, 136 of those regarding agencies within the state of Washington, including city, county, regional and tribal correctional entities. An additional 37 allegations were received regarding agencies outside Washington.



## STRATEGIC PLANS / AGENCY ACTION PLANNING



Based on a review of incident data and audits completed, the following strategic plan is developed for 2020 to further incorporate PREA principles and standards into agency culture:

Specific information / direction regarding the management of transgender, intersex and gender non-conforming individuals under the jurisdiction of the agency has been identified as a need by staff and external stakeholders.

- A specific policy is in final development stages and will provide direction regarding terminology, responsibilities, screenings, preferred pronouns, searches, etc. This is to be accompanied by general transgender awareness training for all staff and training specific to searches for applicable individuals.

Sustainable, documentable PREA-related practices coupled with the ability to demonstrate audit readiness at all times / continued compliance between formal Department of Justice audits has been identified as an agency-wide concern.

- A rolling audit system will be launched in 2020, comprised of quarterly audits of identified key elements in all prison facilities. This will be an element of quarterly PREA Compliance Manager (PCM) meetings where participants will work as a team to address issues, identify and/or develop best practices, and train newly identified PCM's. The PREA Advisory Council will also work on the development of a mentoring program or field training manual for newly appointed PCM's and PREA compliance specialists.

The thoroughness and completeness of investigations has been identified as a deficiency in multiple audits during the 2019/2020 audit cycle.

- Applicable forms will be reviewed and updated as needed to better document analysis prior to investigation findings. Information and identified gaps will be discussed with stakeholders in statewide meetings (e.g., Superintendents, PREA Advisory Council, etc.). Refresher training for current investigators and/or additional training for new investigators will be explored, possibly making available applicable training through the National Institute of Corrections.

Additional goals / initiatives:

- Migration to the On-Line Audit System (OAS) maintained by the Department of Justice to streamline the audit process and ensure more secure maintenance of related documentation; to include development of identified tools and training.
- Continued review regarding evidence collection, retention, and documentation.
- Continued collaboration with the Washington Coalition of Sexual Assault Programs to identify processes that may be beneficial for incarcerated survivors of sexual assault, abuse and harassment.
- Implementation of a system to ensure complete investigation files are submitted to Headquarters for electronic storage.
- Updates to PREA curricula to include general PREA training and development of training specific to Community Corrections.



## AIRWAY HEIGHTS CORRECTIONS CENTER

Airway Heights Corrections Center (AHCC) is a correctional facility that houses approximately 2,100 male incarcerated individuals that are Medium and Minimum custody. It is located 10 miles west of Spokane and has been open since 1992 employing over 700 employees.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	10	21	7	0	38
2013	15	26	14	0	55
2014	12	27	30	0	69
2015	10	40	40	0	90
2016	1	39	10	0	50
2017	3	43	8	0	54
2018	2	37	8	0	47
2019	4	20	7	14	45

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	2	8	0	10
2013	1	3	9	0	13
2014	0	2	17	0	19
2015	4	7	12	0	23
2016	1	4	4	0	9
2017	3	9	2	0	14
2018	0	4	8	0	12
2019	0	2	11	4	17

#### Accomplishments for 2019 / Assessment of Facility Progress

- AHCC defined processes for maintaining effective open lines of communication with stakeholders
- Designed and executed a full-scale PREA response exercise that included local police, advocates, and hospitals.

Sustainability Plan: Providing the staff at AHCC with the knowledge and skills to maintain the

culture of PREA awareness with safety being a major focus. We have put together an action plan in tandem to the *PREA Prisons Facility Document Tracker* showing what needs to be completed on a daily, weekly, monthly, annual and bi-annual timeline. For example: retaliation monitoring, PRA, staff training and NCIC tracking.

**LGBTI Population:** We are currently housing 22 transgender/intersex/gender non-conforming individuals. All have had their housing protocols and preference request forms updated. A multidisciplinary team met with each individual, explaining the new policy and allowing them to ask questions. As the culture of AHCC changes, communication between staff and incarcerated individuals becomes more important than ever.

**Training:** PREA has moved from online training to an in-person instructor-led course. This has allowed employees to ask questions that arise during training and further strengthen the knowledge and culture of the facility.

**Partnerships:** AHCC partners with the Airway Heights Police Department and Lutheran Community Services North West for any cases that require outside response. Federal PREA standards require annual meetings with the PREA response team and the above listed agencies. On December 3, 2019, AHCC held a full-scale PREA response exercise to assess the process of responding to an aggravated sexual assault. Members from the facility, Airway Heights Police Department and Lutheran Services responded and participated in the exercise. Advocate Mark Kloehn played the role of the victim in the assault and was able to assess the process at the facility as well as the response that occurred once they arrived at the hospital. It gave great insight in areas that need more discussion and areas that staff excelled.

Things that are working:

- The facility is completing PREA risk assessments in a timely manner--both the initial and the follow-up.
- The facility is completing mental health referrals within timeframes.
- Staff communication regarding PREA related topics has improved and continues to increase.
- Shift commanders' engagement and understanding of PREA compliance has improved, specifically relating to their ability to screen allegations utilizing the PREA tab in OMNI.
- Consistency on unit procedures and the decrease in staff resistance.

Identified Gaps and Associated Action Plans:

- Transfer of transgender individuals between facilities.
- Failure to complete PREA investigations in a timely manner at times due to a variety of reasons, including law enforcement involvement, inability to contact incarcerated individuals once they leave the institution, staff-involved allegations and workload issues.
- Receiving investigation packets from appointing authorities that are not at the facilities.
- Obtaining information from human resources for investigation packets

Critical Objectives for 2020:

- Sustain and maintain processes to ensure compliance with DOC Federal PREA standards to include a PREA action plan that identifies the standards and practices supporting a culture of compliance.
- Identify ways to measure the culture change.
- Remain in compliance with Federal standards for the audit occurring in October 2020.





## CEDAR CREEK CORRECTIONS CENTER

Cedar Creek Corrections Center (CCCC) is a minimum custody prison comprised of 480 incarcerated males who have four years or less to serve on their prison sentence. The facility employs approximately 139 full-time staff. Cedar Creek provides an exceptional “work camp” environment that offers all incarcerated individuals the opportunity to fulfill their required work responsibilities in preparation for community reentry. Cedar Creek consists of two units. Cascade is a one-story, 238-bed living unit with 58 beds in A Tier; 124 beds in B tier; 56 beds in C Tier and eight beds in the Secured Housing Unit. It also has three dayrooms, one multipurpose room, one officer control/work area and a recreation yard. Olympic is a two-story, 242-bed living unit that consists of 48 two-person rooms and four dorms containing 148 beds. It also has four dayrooms, two officer stations and a recreation yard.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	1	1	1	0	3
2014	1	1	2	0	4
2015	1	0	9	0	10
2016	0	0	4	0	4
2017	0	0	1	0	1
2018	0	1	8	0	9
2019	2	3	0	2	7

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	2	0	2	0	4
2013	0	1	0	0	1
2014	0	0	1	0	1
2015	1	1	1	0	3
2016	0	1	0	0	1
2017	1	0	1	0	2
2018	1	3	4	7	15
2019	2	0	7	2	11

Accomplishments for 2019 / Assessment of Facility Progress

1. CCCC implemented a PREA risk assessment database to streamline processes and identify gaps.
2. We added mirrors and windows to vulnerable areas of the facility.
3. Doors without windows were replaced with doors with windows or removed completely.
4. Added PREA signage throughout facility, checked by area managers monthly.
- a. PREA in-service training year ending June 30, 2019, is now a classroom-setting course at all DOC facilities. These classes are being facilitated by current DOC staff that were trained in the curriculum by DOC Training Development Unit personnel.
5. Ensuring that PREA Risk Assessments are done on time both initials and follow-ups.
6. All CCCC shift commanders and the PREA compliance manager, have access to the PREA database in OMNI. Allowing access to shift commanders will eliminate duplicate IMRS's.
7. The units' classification counselors now track their own incarcerated individuals on the designated PRA spreadsheet. This was done to assist with completing initials and follow-ups within allotted timeframes. We are now at 100% on initials and 99% on follow-ups.
8. The fire trailers are now equipped with fire response kits.

Identified Gaps and Associated Action Plans:

- Continuation of staff training and knowledge regarding PREA processes and policy with the intent of informing new strategies to increase awareness.
- CCCC needs to hire a full-time PREA compliance specialist
- CCCC had their PREA audit in 2019. The corrective action items identified were:
  - ✓ Completion of investigations was not always conducted in a timely fashion.
  - ✓ There is an excessive number of investigations resulting in an unfounded finding with no rationale provided for the finding.
  - ✓ The facility did not appear to demonstrate a thorough review of prior reports and complaints related to sexual abuse involving the suspected perpetrator and include this in the investigatory documentation

Critical Objectives for 2020:

- Complete the action items identified from audit.
- Ensure the audit folders are maintained and updated as required throughout the year to maintaining a sustainable process going into future audits.
- Continuation of staff training and knowledge regarding PREA processes and policy with the intent of informing new strategies to increase awareness.
- Hire PREA specialist or identify another resource to assist with PREA documentation.



## CLALLAM BAY CORRECTIONS CENTER

Department Of Corrections mission is to improve public safety by positively changing lives. Our commitment is to operate a safe and humane corrections system and partner with others to transform lives for a better Washington. The vision is to work together for safer communities. Specifically Clallam Bay Corrections Center is a 900-bed facility located on the point of the Olympic Peninsula. CBCC is 50 miles west of Port Angeles and looks out over the Strait of Juan de Fuca at Vancouver Island. CBCC facility houses medium-and close-custody inmates. CBCC operates an Intensive Management Unit with a step-down program to help inmates successfully return to general population. Most recently, CBCC is working on a limited-privilege pod for IMU.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	1	7	11	0	19
2013	5	9	9	0	23
2014	9	1	28	0	38
2015	5	34	27	0	66
2016	0	14	6	0	20
2017	1	11	4	0	16
2018	2	4	17	0	23
2019	0	2	7	4	13

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	1	1	13	0	15
2013	0	3	13	0	16
2014	0	0	9	0	9
2015	2	0	25	0	27
2016	0	0	7	0	7
2017	0	4	5	1	10
2018	1	0	17	0	18
2019	0	0	2	1	3

### Accomplishments for 2019 / Assessment of Facility Progress

Continuation of the CBCC PREA Sustainability Committee and utilizing the knowledge of these individuals to conduct PRE audits of our facility. CBCC's PREA Sustainability Committee is able to conquer these tasks through trainings and practices put into place, whereas everyone on this

committee has been properly acclimated to changing policies and procedures. This team gets firsthand knowledge of standards and information brought forth via the PCM and PCS.

Many new projects were put in to place upgrading structures of the facility and proudly bringing PREA into numerous meeting and planning sections prior to implementation of the upgrading. These practices are addressed in policy and the vulnerability assessments.

Improvement in culture with staff presenting ideas on refining safety through the PREA office, voicing concerns prior to anything occurring.

CBCC continues to hold annual law enforcement meetings and this year included SAFE/SANE nurses along with the Clallam County Sherriff and victims' advocates to close any gaps from previous years and to allow everyone a voice represented at the table.

### Identified Gaps and Associated Action Plans:

- CBCC identified some gaps in areas such as housing chronos, which were being missed or forgotten prior to the incarcerated individual changing cells/bunks. Constant auditing by the PCS on a weekly basis identified this gap and the correctional program manager immediately addressed. After some thought and education, the issue was remedied.
- 13-509 mental health referral forms were not being completed in a timely manner which was also very quickly identified and addressed by holding a meeting with all identified areas as a new year/new employee training and reminder. Since this time, CBCC has been back to 100% compliance in this area.
- Identifying the least restrictive housing options while still taking into account the thoughts of the LGBTI population here at CBCC has continued to be a challenge, specifically with transgender inmates. CBCC has addressed this by immediately having conversations with these individuals as they arrive on chain. We currently have had the most success when placing them in our D Unit Safe Harbor Unit.



## COYOTE RIDGE CORRECTIONS CENTER

Coyote Ridge Corrections Center (CRCC) is located in Connell. The original minimum-security units (MSU) opened in 1992. In 2008, CRCC expanded and opened a 2000-bed medium security complex. CRCC now houses between 2,500 and 2,600 adult male individuals. Housing units include four (4) medium security units, four (4) long-term minimum living units, and two (2) minimum custody living units. CRCC also has one (1) segregation unit with 100 beds, 70 short-term segregation beds and 30 Intensive Management Unit (IMU) beds scheduled to open in March 2020. Additionally the CRCC-MSU Sage unit houses ambulatory individuals (assisted living/nursing). The facility employs over 700 staff and 450 contract staff and volunteers who support and mentor the facility population.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	2	24	3	0	29
2013	0	17	5	0	22
2014	0	25	30	0	55
2015	2	20	32	0	54
2016	1	12	40	0	53
2017	0	12	25	0	37
2018	4	18	19	0	41
2019	1	23	7	2	33

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	6	1	0	7
2013	1	2	4	0	7
2014	0	0	19	0	19
2015	2	1	14	0	17
2016	0	0	15	0	15
2017	1	3	7	0	11
2018	3	0	8	0	11
2019	0	2	7	0	9

A review of substantiated/unsubstantiated inmate sexual abuse cases found that the facility's problematic areas are primarily within the cells, as this is where many of the allegations originate and continue to be an area of concern. There is little to no camera coverage in the cells and most sexual predation occurs in these areas.

In 2019, there was a slight drop in inmate-on-inmate cases (33) compared to 2018 (41). Staff-on-inmate cases dropped slightly from 2018 and there has been a continued downward trend since 2014. During 2019, there were no substantiated staff-on-inmate sexual misconduct allegations, compared to 2018 in which we had three (3). Additionally, there was only one (1) unsubstantiated staff-on-inmate allegation compared to four (4) in 2018.

Accomplishments for 2019 / Assessment of Facility Progress

In September 2018, CRCC participated in the Department of Justice PREA Audit. As a result of this audit, CRCC developed a corrective action plan outlining 17 standards in corrective action. Of those standards, the most significant areas that CRCC worked on included documenting unannounced rounds by intermediate and high-level supervisors, cross-gender announcements, searching of transgender inmates, strip-search logs, evidence collection and NCIC's background checks. CRCC developed new processes to continue to work toward supporting the goal of indoctrinating PREA into our culture.

CRCC was able to overcome this corrective action and in June 2019, we satisfactorily met the auditor's requirements. On June 20, 2019, the final audit report was completed.

Since completion of the 2018 audit and corrective action plan, CRCC has continued to make progress in the areas of creating sustainable practices around PREA and continues to work hard at indoctrinating PREA into the culture at CRCC. We have completed all CAP items and continually follow up to ensure that those processes that were changed remain consistent today.

The 2019/2020 training year, PREA training is in a classroom and CRCC has identified members of the executive management team, the PREA compliance manager and the PREA compliance specialist to teach this class. This allows those facility staff that are more directly involved with PREA to help engage our staff knowledge and understanding. Additionally, during the 2019 training we established to address pat search requirements and crime scene prevention for all custody staff.

During 2019, CRCC installed doorbells at the entryway of each pod and/or tier to assist with cross-gender announcements.

Identified Gaps and Associated Action Plans:

CRCC continues to work toward establishing a culture of understanding, awareness, and commitment.

We continue to monitor areas of the facility regularly by frequenting areas and looking for blind spots, propped opened doors, blinds/coverings in windows, etc. When identified, the area supervisor immediately addresses it and/or submits work orders to have the situation corrected.

Additionally, because of this audit and CAP items, CRCC continues to review established processes to ensure we continue to meet compliance standards.

Creating a long-term sustainable process to assist in ensuring all staff understand their role in PREA, documentation collection and tracking is at the forefront of the objectives for CRCC in 2020.

Critical Objectives for 2020 include:

- Continuing to sustain and maintain established processes to ensure compliance with the Department of Justice PREA standard.
- Continuing to work toward the development of a long-term, sustainable tracking and distribution process for documentation so CRCC is “audit ready” at all times.
  - Ensure that all departments understand their role in PREA and contribute to documentation requests.
  - Prepare for upcoming documentation period expected to begin this year for our upcoming 2021 Audit.
- Education of staff through annual in-service training, incorporation of PREA related topics in Monthly Place Safety Musters and conduct drills (full scale and tabletop).
- Continued education and awareness of PREA standards with the incarcerated population.



## LARCH CORRECTIONS CENTER

Opened in 1956 as an honor camp, Larch Corrections Center originally housed 108 incarcerated individuals from the Washington State Penitentiary with a primary mission of forestry-related work. Over the years, Larch Corrections Center continued to grow and by 1997 the facility’s population had reached its current level of 480 incarcerated individuals. Forestry is still the facility’s primary assignment, however, as the culture has changed, so has the facility and its staff. Programs have expanded to include education, sustainability initiatives and evidence-based rehabilitative programming opportunities. Incarcerated individuals from Larch Corrections Center play a major role in the local community. On a daily basis, LCC crews clean parks, plant trees and respond to fires. Working hand in hand with the Department of Natural Resources, this work saves Washington taxpayers millions of dollars each year and teaches positive work habits to incarcerated individuals.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	7	1	0	8
2013	0	2	1	0	3
2014	0	4	1	0	5
2015	1	0	3	0	4
2016	0	0	3	0	3
2017	0	7	4	0	11
2018	0	2	5	0	7
2019	0	0	1	5	6

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	2	1	0	3
2013	0	0	4	0	4
2014	1	1	2	0	4
2015	1	0	5	0	6
2016	3	0	3	0	6
2017	2	1	3	0	6
2018	0	2	6	0	8
2019	0	0	2	2	4



No real trends were identified in the cases that occurred at Larch Corrections Center.

Accomplishments for 2019 / Assessment of Facility Progress:

- Continuity of PREA orientation briefing for new incarcerated individuals.
- Monthly PREA phone reporting checks.
- Timely PREA investigations followed by suggested corrective actions.
- Addressing vulnerabilities through video coverage, staff presence, and/or mirrors.
- Continued efficiency in tracking PREA housing chronos upon arrival and with bunk moves ensuring safe placements for residents.
- Documentation of meeting minutes when discussing new construction or remodels to include our PREA prevention conversations.
- Installation of additional cameras pending fiscal approval for FY 2020-- most of which have been installed. However, cameras in areas like the recreation yard are still a need.
- "Management by Walking Around" to include unannounced PREA checks on all shifts by administrators and managers.
- Continued increase in functional PREA drills on different shifts on quarterly basis.
- Consistent training for conducting PREA pat searches to match academy standards and improve how all staff conduct pat searches. We plan to add this to annual control tactics training.

Identified Gaps and Associated Action Plans:

Review of substantiated/unsubstantiated sexual abuse cases – review any corrective action recommendations and track completion. Larch Corrections Center did not have any substantiated cases. However, Larch did have a several unsubstantiated cases. They all were alleged inmate-on-inmate harassment cases. The basis of each case were verbalized harassment.

Critical Objectives for 2020:

- Improve staff turning in strip-search logs in a timely matter.
- Continue to improve training to address concerns for offsite PREA incidents, i.e., improve deterrence strategies, video capabilities, increase unannounced offsite supervisor visits, etc.
- Provide additional PREA training with control tactics annually.
- Continue to utilize emergency tabletop drills and quality of quarterly functional drills on all shifts.



## MISSION CREEK CORRECTIONS CENTER for WOMEN

Mission Creek Corrections Center for Women (MCCCW) is located in a remote area south of Bremerton, and, four miles outside of Belfair city limits. It has been open since 2005. MCCCW is a minimum-security reentry facility that houses women classified as minimum custody. MCCCW maintains an average daily population of 242. MCCCW employs approximately 135 state employees and contractors and has approximately 168 active volunteers.

Incarcerated individuals participate in academic programming, and when qualified, in the Therapeutic Community program. Most individuals receive job assignments after arriving, including community service crews and Trades Related Apprenticeship Coaching (TRAC). MCCCW is dedicated to easing the transition for women from higher custody settings to either a work release program or direct release to the community.

MCCCW continues to align to have effective practices and training per department policies by:

- Annual in-service training completion rate of 100%
- Training staff for reporting procedures and Shift Commanders for writing proper IRMS
- Renewing partnerships with outside stakeholders (Kitsap Assault Center)
- Updated memorandum of understanding with Mason County Sheriff's office on reporting procedures
- Compliance manager and specialists continue to stay updated with policy to keep facility in compliance.
- Timely investigations with more detailed findings.
- Meeting with Mason County sheriffs to clarify the reporting process and update the memorandum of understanding
- Isolated areas were identified, processes are now in place for staff entering to report/radio info
- Retaliation monitoring documentation process to be more detailed for checks and balances

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	2	4	1	0	7
2013	3	3	1	0	7
2014	2	0	5	0	7

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2015	3	8	2	0	13
2016	2	4	4	0	10
2017	3	2	1	0	6
2018	2	6	2	0	10
2019	3	6	1	0	10

Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	1	1	1	0	3
2013	0	0	4	0	4
2014	1	2	7	0	10
2015	2	2	7	0	11
2016	1	2	3	0	6
2017	0	0	7	0	7
2018	0	0	0	0	0
2019	1	0	6	0	7

Accomplishments for 2019 / Assessment of Facility Progress:

The items listed below were identified as critical objectives for 2019 and the response:

- Review current process for 13-509 mental health referrals and define process to make more understandable
  - Process now in place for submitting and action on the 13-509s
- Work on vulnerability assessment items
  - Ongoing progress contingent on funding and new construction
- Educate all staff on PREA
  - Roland Lanoue from the PREA team came to the facility to do more training with the shift commanders on writing IMRSs
- Developed a process in identifying outside work assignments for PVs and PPs
- Identified and corrected blind spot in kitchen
- MCCW continues to work on sustainability in the document process
- Completed the DOJ audit with few action items
- Implemented the OCVA video in the intake process for incoming

Identified Gaps and Associated Action Plans:

Some of the major identified gaps and plans are:

- No permanent position for the PREA specialist
  - Appointing authority is working on securing a position for this role
- Camera system outdated
  - Replacing the system has been placed on the ReadyList for budget
- Mission unit does not have doorbells for all entrance/exit doors
  - Additional doorbells have been ordered
- Not meeting requirement for timely PRA completion
- Classification staff have worked out procedures with one another when one is out



## MONROE CORRECTIONAL COMPLEX

The Monroe Correctional Complex (MCC) is comprised of five facilities, with a population of nearly 2,500 incarcerated individuals and approximately 1,300 staff. The complex provides three major services for Washington’s correctional system: housing and treatment for acutely mentally ill incarcerated individuals; housing and treatment for sex offenders; and primary referral and treatment center for complex health-related issues.

Services provided at MCC include custody and security, classification, education, incarcerated individual work programs, health care (both inpatient and outpatient), mental health care, sex offender treatment and assessment, food service, maintenance, personnel, recreation, volunteer services, religious services, library services, inmate records, visiting and extended family visiting. The number of our volunteers fluctuates, but is generally around 700.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	13	58	16	0	87
2013	17	72	37	0	126
2014	15	32	89	0	136
2015	14	63	81	0	158
2016	17	78	34	0	129
2017	9	75	29	0	113
2018	9	43	40	0	92
2019	9	31	37	6	83

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	3	9	16	0	28
2013	11	1	31	0	43
2014	1	5	41	0	47
2015	7	6	56	0	69
2016	1	3	25	0	29
2017	2	2	20	0	24

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2018	1	1	31	0	33
2019	0	3	47	17	67

### Accomplishments for 2019 / Assessment of Facility Progress:

MCC had no corrective action plan from our 2018 DOJ Audit that took place in November 2018. However, MCC will continue to improve the number of PREA Risk Assessments it completes on time.

- MCC has a 99 % compliant rate for initial (completed within 72 hours) PRA.
- MCC has a 98 % compliant rate for follow-up (completed between 21-30 days after arrival at facility) PRAs.

At MCC, progress to upgrade and expand the existing Camera system facility wide in areas identified by the PREA vulnerability assessment as being vulnerable areas.

- Currently MCC's camera project is in the final stages of completion and will modify or replace many of the existing cameras within MCC. Existing analog cameras will be attached to an encoder that allows the footage to be stored digitally on the server. If the existing camera does not have the acuity or range needed for the area it covers, or if that camera is obsolete, we will replace it with a new digital camera.
- The project will also install additional cameras in the Twin Rivers Unit, Minimum Security Unit, and Washington State Reformatory (in order of priority). Funding will not permit installation of additional cameras in the Special Offender Unit or in Intensive Management Unit/SEG.
- Decrease areas of limited visibility through deployment of mirrors and cameras through areas of population housing and programming.

MCC received 100% compliance on our DOJ audit held in November 2018. Our goal was to provide PREA knowledge throughout MCC ensuring the culture elements of PREA is everyone's responsibility. Doing this has maintained a safe and healthy work environment for staff and incarcerated individuals. The number of PREA allegations has dropped within the last few years, this includes inmate-on-inmate as well as staff-on-inmate allegations. Staff are more aware of treating incarcerated individuals with respect and listening to their concerns about PREA issues they might have.

With the transition of the PREA compliance manager to the CPMs at each unit, the focus is now ensuring the compliance managers know and understand their roles, with the goal of them becoming the subject-matter experts locally. We will also focus on updating the operations manuals ensuring facility staff are aware of this change and becomes familiar with the new processes.

The facility has installed doorbells for each living unit as the designated knock-and-announce option for opposite genders coming into areas where incarcerated individuals live. The doorbells are in full use at MCC.

The culture at MCC regarding PREA has risen significantly this year. During MCC's Pre- PREA audits and most recent DOJ audit, staff and incarcerated individuals were interviewed regarding PREA standards and their knowledge was outstanding. After a successful completion of our second DOJ PREA audit, staff at MCC continue to ensure that PREA remains part of the facility culture.

### Identified Gaps and Associated Action Plans:

- MCC will be preparing for our upcoming documentation period, which will begin August 2020 for MCC's DOJ audit, which will be taking place late 2021.

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

- MCC will strive to remain 100% compliant on all DOJ PREA standards. Our goal is to provide PREA knowledge throughout MCC ensuring the culture elements of PREA is everyone's responsibility. Doing this will maintain a safe and healthy work environment for staff and incarcerated individuals.
- Ensuring sustainability of compliance with PREA Risk Assessment (PRA) Completion within timelines. This was accomplished by assigning a staff member to track all incoming incarcerated individuals and send out daily emails to counselors and units noting due dates for all PRAs.
- Complete the installation of cameras throughout MCC.

MCC had no identified areas of improvement during previous PREA DOJ audits added to a corrective action plan. However, the Monroe Correctional Complex did have a few physical plant issues that were out of compliance during our DOJ Audit. These items were corrected while the auditors were still on site at MCC.

MCC will continue to ensure the below will continue be a priority to ensure compliance with PREA standard and procedures:

- MCC will continue with self-audits to improve our compliance with PREA risk assessments to the point of 100% ensuring that all incarcerated individuals at MCC are assessed upon arrival and follow-ups are completed within 30 days of arrival. Staff awareness has also improved due to self-audit.
- Ensuring sustainability of mental health referrals. MCC has assigned a staff member to utilize the report sent form by headquarters every week to ensure all mental health referrals that were required have been submitted. This individual will track down any that are missing by contacting the counselor who completed the PRA.



## OLYMPIC CORRECTIONS CENTER

Established in 1968, the Olympic Corrections Center is a minimum-custody facility located in the Hoh Rain Forest, supporting the reentry needs of its population. Each of OCC's three separate living units provides a pathway to reentry through areas of specialized focuses. The Hoh Unit is the transition unit for populations, providing a beginning point for orientation. Individuals assigned to Hoh Unit typically have in-camp programs that support facility needs and education. The Clearwater unit primarily supports the Department of Natural Resources, where the population helps with silviculture programs, planting trees and protecting communities through wildland firefighting. The Ozette unit addresses chemical dependency needs and is the Therapeutic Community unit, along with a 28-bed Secured Housing unit. The facility's mantra is "Full Productive Day," and each individual is expected to work, go to school if needed and program in areas that will provide better chances of success addressing their vocational, education and chemical dependency needs.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	2	1	0	3
2013	1	5	0	0	6
2014	3	2	10	0	15
2015	2	2	9	0	13
2016	1	2	2	0	5
2017	0	1	0	0	1
2018	2	1	2	0	5
2019	0	0	2	0	2

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	3	0	0	3
2013	1	1	4	0	6
2014	1	2	3	0	6
2015	1	0	8	0	9

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2016	0	0	3	0	3
2017	1	0	1	0	2
2018	1	1	2	0	4
2019	2	0	0	1	3

### Accomplishments for 2019 / Assessment of Facility Progress:

- We continue to successfully maintain a comprehensive tracking mechanism to ensure timeliness of 72 hour and Follow-up PREA risk assessments.
- We continued delivery of PREA training for staff in a facilitated setting, to increase staff awareness and population safety. Aggravated sexual assault training as well as procedures and protocols for evidence collection were included as specific components during in-service trainings for all staff.
- OCC conducted drills to ensure readiness and responsiveness in the event of a sexual assault. Functional exercises as well as table top drills were presented to staff for practice.
- We increased visibility and eliminated blind spots in Correctional Industries laundry areas by removing a wall and reconfiguring the laundry machines.

### Identified Gaps and Associated Action Plans:

02/03/2020 data reflects that Olympic Corrections Center had two substantiated cases of staff / inmate sexual abuse. While the investigations determined there were no physical relationships between the involved staff and inmates in these two cases, it was determined that staff used their positions, gained access to the inmates and developed inappropriate relationships as confirmed by review of phone and JPay records.

### Critical objectives for 2020:

- OCVA outside confidential support services information to be incorporated and presented on OCC Camp Channel
- OCVA site visit tour.
- Continue with additional efforts to Increase population awareness of the availability of third party reporting (115.54) by utilizing the OCC Camp Channel.
- Acquisition of funding and planning are underway to update all shower stalls to increase inmate privacy and mitigate safety concerns.





## STAFFORD CREEK CORRECTIONS CENTER

Stafford Creek Corrections Center (SCCC) is an all-male adult medium-custody facility located on 210 acres in Aberdeen. It has been continuously operated since 2000. The current operating capacity is 1,936 incarcerated individuals, which also includes maximum-custody beds at SCCC's Intensive Management Unit (IMU) with 72 beds, with a total facility average daily population of 1,962.

The majority of the inmate-on-inmate cases occurred in the individual's cell where they are not viewable by video or due to lack of evidence/corroborated information, most are unsubstantiated. There have been no substantiated staff or volunteer cases in 2019.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	4	11	12	0	27
2013	4	10	23	0	37
2014	3	1	41	0	45
2015	2	4	38	0	44
2016	3	12	32	0	47
2017	6	39	16	1	62
2018	1	36	12	0	49
2019	9	26	6	1	42

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	1	1	6	0	8
2013	0	1	13	0	14
2014	3	0	32	0	35
2015	4	2	17	0	23

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2016	2	2	20	0	24
2017	1	8	9	0	18
2018	3	6	6	0	15
2019	1	5	19	2	27

### Accomplishments for 2019 / Assessment of Facility Progress

- A review of processes was implemented in 2019 with some of the areas focused on including:
  - a. Redefinition of the approach to investigations adding more information as well as scheduling in 2020 a refresher training for all training investigators;
  - b. Redesign of spreadsheets for tracking purposes to collect more information for audits;
  - c. Updating PREA signage throughout facility quarterly as needed;
- 9. Reviewing all facility processes to create a smooth effective program utilized by all staff; and
- 10. Addition of a form for classification staff when completing PREA Risk Assessments (PRAs) to ensure documentation of participation by the incarcerated individual being assessed.

### Assessment of facility progress:

11. The PREA compliance manager and PREA compliance specialist continue to provide informational meetings and trainings for each department. Electronic folders are being updated to ensure ongoing sustainability between audits.
12. PREA in-service training year ending June 30, 2020 in a classroom-setting course at all DOC facilities. These classes are being facilitated by current DOC staff that were trained in the curriculum by DOC Training Development Unit personnel.
13. The PREA compliance specialist attends the facility management meeting every Thursday to provide updates on how the facility is doing in compliance with PREA standards, documentation, and to ensure the executive team is aware of all ongoing projects to improve the PREA department.
14. The PREA Response Team will be having quarterly meetings to ensure preparedness.
15. In 2018, we created folders for each unit and placed PRA spreadsheets to track their own incarcerated individuals to try to assist with completing initials and follow-ups within allotted timeframes. This has increased the percentage of complete and on time PRAs significantly
16. The facility has made physical plant changes in unit restrooms to better accommodate transgender showering in each unit.

### Identified Gaps and Associated Action Plans:

- Ensuring that PREA risk assessments are done on time both initials and follow-ups.
- Continuing staff training and knowledge regarding PREA processes and policy with the intent of informing new strategies to increase awareness.
- Continuing work with classification counselors to ensure the facility tracks and meets 13-509 requirements within timeframes.
- We will also be looking to coordinate with medical staff in 2020 on a tracking process for all incarcerated individuals seen by mental health staff.

### Critical Objectives for 2020:

- SCCC is working on ensuring audit folders are updated as required throughout the year to maintain sustainability going forward. This will set up a sustainable process going into future audits.
- Continuation of staff training and knowledge regarding PREA processes and policy with the intent of informing new strategies to increase awareness.



## WASHINGTON CORRECTIONS CENTER

WCC is comprised of the Reception and Diagnostic Center (RDC), the General Population (GP) and the Intensive Management Unit (IMU). The Reception and Diagnostic Center is the receiving unit for all male inmates sentenced to prison in Washington state, except for those sentenced to the death penalty. The RDC is comprised of six living units and currently houses 1,736 incarcerated individuals. It is a close-custody facility with the primary responsibility to process, test, and classify all adult male inmates. Once classified, incarcerated individuals are placed in one of 12 prisons that best meets their needs. This may include placement in the WCC Training Center, which is comprised of two general population living units. The IMU has 104 maximum custody beds designed to be used for incarcerated individuals who adjust poorly to institution rules and policies and 20 less restrictive beds for specific identified individuals awaiting transfer to another facility.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	7	14	14	0	35
2013	0	5	27	0	32
2014	2	1	50	0	53
2015	7	9	69	0	85
2016	3	12	56	0	71
2017	1	21	26	0	48
2018	3	13	28	0	44
2019	1	12	12	7	32

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	3	15	0	18
2013	0	0	15	0	15
2014	1	1	27	0	29

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2015	0	0	24	0	24
2016	1	0	17	0	18
2017	2	4	18	0	24
2018	2	2	21	0	25
2019	1	1	14	9	25

This last year we noted there was a significant number of separate allegations that originated in three units (R4, R5, and R6). These units are the transitory units at the reception center and incarcerated individuals are housed in these areas for an average of four to six weeks. These are the units that individuals are placed in before a baseline behavior can be determined and they have often transferred to another facility before the completion of the investigation. Outcomes are hard to address while they are at another facility. Due to the logistical issues with these units and to work to prevent sexual abuse and harassment at WCC, more emphasis is being placed on ensuring that incarcerated individuals understand the definition of sexual abuse and harassment.

There were five cases of staff sexual harassment allegations originating in the IMU. Each of these allegations were reported by the same incarcerated individual (two of the cases are still open due to new allegations being made during the investigatory process). Three of the allegations were determined unfounded with evidence to support determination.

Multiple allegations were determined unsubstantiated due to originating in cells that do not allow for any monitoring technology. Staff continue to conduct hourly tier checks during their shifts in hopes of being a deterrent against incidents of sexual abuse and harassment.

### Accomplishments for 2019 / Assessment of Facility Progress:

- WCC started determining which processes are sustainable and which ones need improvement to ensure that information is not missed/documented. One area needed a new process to maintain sustainability. We were not seeing incarcerated individuals within 14 days after a mental health referral. This is now under currently identified areas for improvement going into 2020 listed in the next section.
- WCC is adding an element of PREA to one Place Safety Muster a quarter to reinforce basic elements for all staff in 2020.
- WCC has been able to maintain a 99% compliance rate with all PREA risk assessments required to be completed within 72 hours and a follow-up within 30 days. This has been impressive as WCC receives at minimum 1,000 incarcerated individuals a month, often more, and the process has proven to be sustainable.
- WCC continues to have a strong working relationship with our SafePlace victim advocate partners. These individuals provide services to those incarcerated individuals who have been a victim of sexual assault.
- WCC is the initial starting point for all incarcerated individuals entering the state system including transgender/intersex/gender non-conforming individuals. A classification counselor developed a format and process for completing transgender/intersex/gender non-conforming housing protocol. This process has kept WCC on track for all new incoming incarcerated individuals that require a housing protocol. The classification counselor created a PowerPoint presentation to be utilized during the multi-disciplinary team review committee meeting. This process allows for everyone to present information about the incarcerated individual with the mindset of finding the best placement to meet their needs.

### Identified Gaps and Associated Action Plans:

- WCC had a 100% compliance rate for mental health referrals being completed within the 14-

day timeframe requirement, but in 2019, started experiencing issues with the incarcerated individual being seen within 14 days. This reduced compliance to 80% or less. We have tried several process improvements and another is now in works. We are evaluating compliance on a bi-monthly schedule until we find a sustainable process.

- WCC found an issue with housing chronological entries not being entered into the Offender Management Network Information (OMNI) before an incarcerated individual entered a cell. We are currently testing a new process to correct this gap and to create a sustainable process. We are reviewing this process monthly for compliance.
- WCC implemented a new process for all incoming (initial/readmission) transgender/intersex/gender non-conforming incarcerated individuals. Previously, we designated one classification counselor 3 to handle all of these individuals along with high profile and medically fragile incarcerated individuals. The numbers that are entering the facility have grown beyond the ability of one individual to handle. This year, all classification counselors have been trained how to complete a DOC Transgender/Intersex Housing Protocol form and individuals entering the facility will now be assigned based on the unit in which they are housed. This allows for a greater understanding from staff on working with these individuals to improve our culture in ensuring sexual safety for all incarcerated individuals housed at WCC.



## WASHINGTON CORRECTIONS CENTER for WOMEN

### WCCW Mission:

- To engage incarcerated women in opportunities for growth and success to lead lawabiding and useful lives. We provide a continuum of services in a safe and healthy environment.

### WCCW Values:

- Dedication to humanity and the success of every employee, incarcerated woman and stakeholder.
- Innovation that matters for our facility and our community
- Trust and personal responsibility in all interactions

### WCCW Motto:

- Employees: Devoted to Excellence. United in purpose.
- Incarcerated Individuals: Hope lives here.

Since its inception in 1971, the Washington Corrections Center for Women (WCCW) has served as both the women's Reception Diagnostic Center and housing facility for Maximum, Close, Medium and Minimum custody individuals. The average daily population is 960 on-site ranging in age from 18 to 93.

WCCW is Washington's only multi-custody correctional facility for adult women and has a fundamental responsibility to protect the public by separating individuals from the community. We enhance public safety by providing individuals with programs that are proven to reduce the likelihood of committing new crimes and promote self-efficacy after release from confinement. Such programs include education, job skills training, and chemical dependency as well as mental health treatment. Providing these programs is important in the overall effort to reduce crime because only about three percent of incarcerated individuals will never be released to the community.

Cases involving inmate-on-inmate sexual assault/abuse generally occurred in incarcerated individual's cell areas, not viewed by cameras. These cases have happened while staff were completing their duties and completing cell checks regularly. One case was found substantiated that was criminal in nature, and all steps were followed to ensure WCCW was in compliance with policy and aligned with DOJ PREA standards.

Cases involving staff-on-inmate that were substantiated decreased by 3 in 2019 (2018 [4] vs 2019 [1]). In 2018 the substantiated cases of staff-on-incarcerated individual sexual misconduct involved three correctional officers (separated / transferred / terminated), and one licensed practical nurse (LPN) (administrative separated). In 2019, the substantiated case of staff-on-incarcerated individual sexual misconduct involved one contractor staff (terminated). No corrective action was taken in the unsubstantiated cases.

WCCW implemented PREA policies, protocols, and practices in a thoughtfully manner. This would allow WCCW to create long-lasting impacts and continuous improvements to safety. Educating staff and incarcerated individuals has made real progress towards compliance with PREA standards. WCCW has overcome significant hurdles as the approach to PREA has changed, but still faces many more obstacles to achieve permanent sustainability. However, our leadership team has been committed to strong sexual abuse prevention and response policies and procedures, and communicates that message effectively through the ranks.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	9	8	25	0	42
2013	12	8	45	0	65
2014	5	12	44	0	61
2015	2	9	25	0	36
2016	3	22	10	0	35
2017	0	12	12	0	24
2018	3	19	4	0	26
2019	3	28	16	5	52

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	3	15	0	18
2013	0	0	15	0	15
2014	1	1	27	0	29
2015	0	0	24	0	24
2016	1	0	17	0	18
2017	2	4	18	0	24
2018	2	2	21	0	25
2019	1	1	14	9	25

#### Accomplishments for 2019 / Assessment of Facility Progress:

- Cameras and mirrors were successfully installed.
- Continuous contract with Yakima County Jail due to population growth.
- Continuing to update vulnerability assessment to ensure it reflects physical plant modifications.
- WCCW funded a full-time PREA specialist.
- Staff assimilated everyday talk to include “What’s new with PREA today”.
- Incarcerated individual PREA orientation video made available continuously through television channel.
- Installed window doors in vulnerable areas throughout WCCW to allow visibility into the area.

- Zip tied all blinds to prevent visibility obstructions.
- Installed new shower curtains in minimum custody units.
- Installed door bells in all living units to identify non-female employee presence.
- Body scanner utilization to reduce strip searches.

### Identified Gaps and Associated Action Plans:

- Complete PREA Training for WCCW employees and contract staff, to include familiarity with PREA definitions.
- Complete PREA Training for WCCW volunteers, to include familiarity with PREA definitions.
- Streamline PREA orientation for all incoming incarcerated individuals to include low functioning, disabled or non-English speaking individuals.
- Maintain retaliation monitoring and follow up as needed per policy.
- Streamline investigations for completion in a timely manner.
- Refer cases to law enforcement according to policy and DOJ standards.
- Streamline process for follow up PREA risk assessments (PRA) and PREA mental health screenings within 14 days.
- Seek additional funding for structural enhancement for incarcerated individuals' privacy and safety, including updating shower stalls in medium custody units.
- Seek additional funding for camera upgrade and repair cameras throughout WCCW.
- Plan for future Department of Justice (DOJ) compliance audit, targeted for 2022
- Continue establishing sustainable practices and documentation standards to enhance the culture of understanding, awareness, and commitment.
- Continue to impart PREA knowledge throughout WCCW by reinforcing that PREA is EVERYONE'S responsibility, thereby ensuring staff comfort with PREA practices.
- Maintain compliance with PREA standards in all areas.





## WASHINGTON STATE PENITENTIARY

The Washington State Penitentiary is located on 540 acres of farmland near the City of Walla Walla and has been in continuous operation since 1886. Four (4) separate facilities exist within the institution – each which houses a different custody level of incarcerated individual: **East Complex** – Minimum Custody – Units 6, 8 and 10; **South Complex** – Medium Custody – Adams, Victor and Williams Units; Baker and Rainier Units (BAR Units); **West Complex** – Close Custody – Delta, Echo, Fox and Golf Units; and, IMU North and South – Maximum Custody. The facility employs approximately 1,100 staff and houses an average of 2,500 incarcerated males.

There was a small decrease in inmate-on-inmate PREA cases during 2019 (42) compared to 2018 (55). The number of sexual harassment cases increased due to the physical plant layout of the Health Services Building (incarcerated individuals talk cell to cell), specifically in the Mental Health Tier. The number of sexual abuse and sexual assault cases dropped by 10 (2019 – 15 vs 2018 – 25). Typically, some type of separation between inmates is put in place for substantiated and unsubstantiated cases and the perpetrator is infraacted when a case is substantiated (unless mitigating circumstances exist).

Staff-on-inmate PREA cases decreased significantly by 30 during 2019 (21) compared to 2018 (51). The majority of cases were staff-on-inmate sexual misconduct but 10 of those cases were determined to be unfounded. Currently, two remain open. In the substantiated case of staff-on-inmate sexual misconduct, the correctional officer previously separated from the department. We assigned the corrective action to the correctional unit supervisor in an effort to prevent any future incidents.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	7	16	14	0	37
2013	5	37	14	0	56
2014	6	36	27	0	69
2015	8	61	25	0	94
2016	13	51	27	0	91
2017	9	55	9	0	73
2018	5	35	12	3	55
2019	5	20	8	9	42

## Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	2	10	11	0	23
2013	0	8	13	0	21
2014	4	9	31	0	44
2015	4	19	36	0	59
2016	2	9	26	0	37
2017	1	14	26	0	41
2018	2	12	33	4	51
2019	1	4	14	2	21

### Accomplishments for 2019 / Assessment of Facility Progress:

In 2019, the facility completed the following:

- Conducted management reviews of the PREA risk assessment completion at least twice a month
- Obtained access to the PREA database for shift lieutenants and other select staff and provided appropriate training.
- Labeled restrooms in program areas, auto shop, janitor closet in Correctional Industries warehouse, general stores warehouse and movement control (East Clinic).
- Added hex keys to Delta, Echo, Fox and Golf Unit sergeant’s key rings and P & A officer’s rings.
- Replaced locks in South Complex inmate restroom and West Complex Shift.
- Blocked off blind spot in motor pool area.
- Installed window in office door in the East Complex administration building.
- Removed slide locks in program areas, EC admin bldg. and HR hallway.
- Installed mirror to janitor closet in Unit 8 eliminating identified blind spot.
- Submitted request for camera installation for Sustainable Practice Lab chowhall.
- Converted lactation room to PREA evidence room.
- Installed partition for first toilet in the Correctional Industries laundry area to allow for privacy.

### Identified Gaps and Associated Action Plans:

The following are identified as critical objectives for 2020:

- Continue management reviews of PREA risk assessments to ensure timely completion
- Enhance staff awareness and understanding of issues related to the LGBTI population
- Identify additional staff to complete administrative investigations training
- Provide refresher training for PREA investigators focusing on completing a comprehensive report
- Audit facility processes (e.g., strip searches, risk assessments, orientation, mental health referrals, housing and program assignments, chronos, monitoring plans, physical plant modifications, volunteer program, training, etc.) to ensure compliance with policy and PREA standards

### **Associated Action Plans for 2020:**

The following corrective action items have been identified for completion in 2020:

- Install mirrors the following South Complex program areas:
  - ✓ State Library (room 144) far right corner behind and to eliminate blind spot
  - ✓ Staff conference area (room 154) upper right corner

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

- Add Out of Bounds sign to South Complex program areas:
  - ✓ Janitor closet (room 137)
  - ✓ Electrical closet (room 105)
  - ✓ Storage/staging (room 106)
  - ✓ Staff conference area (room 154)
- Remove deadbolts on staff restrooms South Complex program area



## AHTANUM VIEW WORK/TRAINING RELEASE

Ahtanum View Work/Training Release (AVWTR) facility is co-ed and currently houses up to 101 minimum-custody incarcerated individuals. Residents may be in the program for up to 12 months. All participants work in the Yakima area and pay room and board, restitution, legal fees, and family support when applicable.

AVWTR program capacity was approved to increase from 60 to 101 in the 2017-2019 budget. Capital planning and project staff coordinated with Field Administrator Lewis on locations of additional bunks. The facility brought three additional living units online and remodeled shower areas with new stalls meeting PREA needs. The facility also placed decorative film on windows in living unit doors to reduce possible PREA concerns.

Additional staff have been added to accommodate the increased resident population and have received PREA training as required. Increased staff presence has been implemented to assist in monitoring resident activity in the facility as well as making staff accessible to residents for reporting any concerns. Sergeant offices are located on the second floor where the men's living units are located and we have an additional duty desk there that is staffed throughout the day.

The facility updated its camera system and added several new cameras to increase visibility. The facility also increased its case management staff community corrections officers to four, conducted PREA risk assessments as required and confirmed residents are aware of their options for reporting any concerns or issues.

We offer a comprehensive program that focuses on managing the transition of incarcerated individuals from prison to the community. Through most of 2019, the Department of Corrections worked in partnership with The Transition House Incorporated (TTHI) to provide services to those individuals in the program. As of December 1, 2019, AVWTR was an all-state DOC staffed facility, providing resident accountability, a safe and secure environment and quality programming to support and encourage positive change.

There were no cases involving inmate-on-inmate sexual abuse, assault or harassment. There were no cases involving staff 'other' misconduct. There was one substantiated case of staff-on-inmate sexual harassment. There were no cases of staff-on-inmate sexual misconduct.

The case involving staff-on-inmate sexual harassment involved comments and behavior made by a contract staff member toward a resident. The staff member is no longer an employee.

**Inmate-on-inmate investigations**

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	0	0	0	0
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

**Staff-on-inmate investigations**

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	1	0	0	1
2013	0	1	1	0	2
2014	0	2	0	0	2
2015	0	0	0	0	0
2016	0	0	1	0	1
2017	1	2	0	0	3
2018	1	1	0	0	2
2019	1	0	0	0	1

Accomplishments for 2019 / Assessment of Facility Progress:

AVWTR had several items requiring correction from our Audit in 2018. All issues noted were completed as required. These were:

- Ensuring that staff are aware of the requirement to utilize the language line for communication with residents.
- Implementing a “Rule of Three” in the kitchen storage area to address blind spots. This will require two staff with one resident or two residents with one staff. Signage to be posted and the directive/requirements signed off by all staff.
- Utilizing the DOC staffing pattern template specific to work/training release will be done for the 2019 staffing plan.
- Ensuring that staff are aware how to privately report PREA information to the appointing authority or duty officer.

Staff are aware of how to utilize the language line for assistance in communicating with residents. The Rule of Three is the ongoing expectation in kitchen storage blind spots. The 2019 staffing plan was completed as required. Staff are aware of how to privately report any PREA information to the appointing authority or duty officer.

Identified Gaps and Associated Action Plans:

Complete annual PREA training for staff as required when training sessions resume.

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

AVWTR continues to utilize the PREA tracker to assure compliance with timeframes for completion. AVWTR continues to reinforce expectations about PREA awareness and culture with staff, residents and the community.



## BELLINGHAM WORK/TRAINING RELEASE

Bellingham Work/Training Release (BWTR) is a 50-bed co-ed facility operating in two side-by-side buildings in a downtown college area of Bellingham. BWTR is a partnership with the Department of Corrections (DOC) and Community Work Training Association (CWTA). BWTR has operated since 1976 and has been in its current location since 1981. The resident population consists of eight women, 41 men and one ADA (American with Disabilities Act) resident of either gender. Residents at BWTR attend work, training and treatment in the community. Our 1127 building is a 114-year-old Victorian home with a basement and three stories consisting of four offices, kitchen, dining and living room, weight/laundry room and dormitory style rooms. BWTRs 1125 building is a four-year old facility with a basement and 3 floors consisting of an administrative wing with 3 offices, an ADA room and 3 floors of dormitory style rooms. Each resident floor has a living area and some recreational equipment. Both buildings are equipped with numerous digital cameras strategically placed to increase vigilance of resident activity while on facility grounds.

BWTR had no substantiated inmate-on-inmate PREA allegations in 2019. Given there have been so few substantiated allegations in BWTR's history, a trend has not been noted. However in order to prevent future PREA allegations, both facilities had a significant number of digital cameras installed within the past four years. During the 2018 remodel of our 1127 building, 5 additional cameras were added. These provided camera coverage on all three stairwells, expanded coverage in the living room and a view of the sidewalks between the two buildings. An assessment for additional cameras to expand some exterior views and the payphone area in our 1127 building was done in the fall of 2019. A bid is forthcoming and funding is anticipated. Lighting in the rear parking lot was also improved in 2019 in order to improve visibility after dusk.

In addition to monitoring, PREA education for staff remains a priority. BWTR is committed to ensure that staff model appropriate behavior and ensure the same of residents toward each other and with staff. Prevention has been key. Staff are encouraged to report any and all inappropriate, suspicious or questionable behavior through the approved reporting channels. BWTR's audit in November 2018 also reinforced to staff the need to be vigilant in our facility processes and procedures. This provided an opportunity to learn what worked well and where improvements could be made. During the audit process, three convex mirrors were installed in areas of vulnerability as indicated by the PREA Audit Team.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	0	0	0	0
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	1	0	0	0	1
2018	0	0	0	0	0
2019	0	0	0	0	0

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	1	1	0	2
2015	0	0	0	0	0
2016	0	1	0	0	1
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

Accomplishments for 2019 / Assessment of Facility Progress:

BWTR has not received a formal corrective action plan. However, as noted above and in order to mitigate blind spots, three convex mirrors were installed in November 2018, two in the kitchen area and one in the community corrections officer 3's office.

BWTR's 2018 vulnerability assessment for buildings 1125 and 1127 did not contain corrective or continuing action.

Identified Gaps and Associated Action Plans:

There were no substantiated sexual abuse allegations in 2019.

BWTRs second Department Of Justice PREA audit took place on 11/5/18. 39 PREA standards were met and two were exceeded. The audit team noted that the facility appeared very well maintained and that posters and audit notifications were prominently displayed in high traffic areas. Three blind spots in the kitchen and a staff office were corrected with the installation of convex mirrors during the 45-day interim/final report date.

Although currently there aren't any formal identified areas for improvement, BWTR remains vigilant in adhering to PREA standards, continuing to educate staff and utilizing new tools to increase PREA compliance. Statewide all work releases are submitting a quarterly PREA tracking document to ensure work releases are meeting PREA expectations and deadlines. Locally, some of the tools utilized to increase PREA compliance include the quarterly PREA tracking sheet submitted to DOC's PREA coordinator, PREA training roster, PREA checklists and case audits.



In 2019, DOC upgraded our primary database, OMNI, so that community corrections officers receive notification when a PREA follow-up is due. Although BWTR community corrections officers did very well with their individual tracking systems prior to this update, this computer-generated follow-up notification produced 100% compliance in 2019 with PREA follow-ups.

Having expanded BWTR from 25 to 50 residents in September 2018, our goal is to continue to maintain a safe environment and assess our needs as they present themselves. With a much improved camera system and additional staffing, BWTRs goals are to utilize our new technology to reduce risk to the residents. It is noted that in past years, PREA training was offered online. 2020 will be the second year where this annual training will be offered in a classroom setting. It is anticipated this will increase engagement, learning opportunities and provide a forum to answer questions from staff.

BWTR's goals for 2020 include increased communication at monthly staff meetings about PREA and staffing and facility issues. BWTR's PREA compliance manager (PCM), along with prison and work release PCMs, attended the first all-day in-class PREA training session in January 2019.

This training helped to ensure PREA compliance 365 days a year, learn systems to mitigate risk and adopt tracking systems that improve documentation between audit periods. BWTR's PREA compliance manager will also attend the 2020 training in order to gain additional skills to ensure daily compliance with PREA expectations and safety for BWTR residents.



## BISHOP LEWIS HOUSE WORK/TRAINING RELEASE

Bishop Lewis House Work/Training Release (BLHWTR) is located at 703 8<sup>th</sup> Ave in Seattle. Pioneer Human Services (PHS) owns the building and the Department of Corrections and contract staff operate the facility. BLHWTR houses 69 adult males: 47 state residents and 22 county boarders. The facility was built in 1910 and became a work release in 1968.

Bishop Lewis House is a three-story facility along with a full basement that includes a laundry/weight room for the resident population. In addition to the regular visiting and socials program, we offer family-friendly events during specific times of year in support of family unity. Reentry programming such as what is offered in work release are crucial in assisting individuals in their transition back to society, i.e. employment, housing, treatment programming, reunification with family and loved ones as well as assisting these individuals in gaining a level of stability as they return to society.

No apparent trends were identified in data for the year. Matters such as noted in the staff-on-inmate stats noted below were addressed either administratively or additional training was imposed.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	0	1	0	1
2015	0	0	0	0	0
2016	0	1	0	0	1
2017	0	0	1	0	1
2018	0	0	0	0	0
2019	0	0	0	0	0

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	1	1	0	2
2015	0	0	0	0	0
2016	0	1	0	0	1
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

Accomplishments for 2019 / Assessment of Facility Progress

Bishop Lewis House Work/Training Release has addressed previous corrective/continuing action plans from prior years by adding additional security mirrors in some blind spots. It administratively addressed and/or imposed additional training for staff issues with substantiated findings.

Additionally, Bishop Lewis House continues to request for additional surveillance cameras in previously identified blind spots. The facility has submitted purchase requests with the most recent outcome remaining undetermined. Previous years identified downed cameras have since been replaced/repared. The most recent meeting took place in February 2019 with Aronson Security and those in charge of video equipment within DOC and an updated proposal for the additional equipment and additional cameras were requested. A decision has yet to be confirmed.

Bishop Lewis House Work/Training Release continues to strive to improve our processes for safety and security of the facility, for all residents, staff and visitors. Those attempts include the requests for additional surveillance cameras and upgraded circuit for staff work computers and the software upgrades to accommodate this enhancements. Wa Tech will hopefully make a decision within the next six months. Staff understand and accept the responsibility that they should always be aware of their surroundings, carry with them at all times when walking through the facility their assigned Motorola Radio and report any questionable behavior using appropriate radio call signs. Staff are trained to use caution, report and document incidents and use good judgment.

Identified Gaps and Associated Action Plans:

Areas that are considered blind spots or in need of improvements have continually been areas where additional cameras have been requested. Those additional cameras and purchase requests were submitted in 2019 via the approved vendor and decisions to proceed remain in consideration. Additional walkthroughs take place whenever the surveillance system has question or not in operation as expected. Prior audit information needs were addressed by adding additional mirrors in areas to assist in visibility.

The Bishop Lewis House Work/Training Release community corrections supervisor has requested additional funding for cameras that remain in the pending stage. The last meeting with the DOC electronics security system administrator and identified vendor was held in 2019 and a proposal was written up and submitted. The facility awaits a final decision. The work/training release administrator was fully aware of the situation at the time and the need remains.



## BROWNSTONE WORK/TRAINING RELEASE

Brownstone Work Training Release is a partial-confinement reentry facility housing up to 84 adult males serving the last six to 12 months of their prison sentences. The facility is a three-story building built in 1910 and located in downtown Spokane next to Interstate 90. Brownstone’s second and third floors are resident housing units, while the main floor is designated for offices, a kitchen, dining area, resident resource room and visiting room. The basement area is designated recreation and television rooms along with a laundry facility and maintenance office. Security cameras are located throughout the inside and outside of the facility, strategically placed to assist in monitoring resident activities.

Brownstone is operated by staff employed by the Department of Corrections and contract staff employed by Transition House Incorporated (TTHI). Brownstone employs seven Department of Corrections staff and 12 TTHI staff. TTHI staff perform safety and security work, food service and maintenance help within the facility. Community corrections officers cover case management of the residents by completing classifications, orientations, risk assessments, release and transition planning. Community corrections officers refer residents to WorkSource employment classes, employers, treatment and counseling services.

While at work release, residents are expected to secure employment or attend training/educational programs to increase their success at transitioning into the community. Residents are encouraged to establish positive support networks with family, friends, and the community. Upon arrival at Brownstone Work Training Release each resident is assigned a DOC community corrections officer who assists them with the transition from prison to the community. Our goal is to decrease risk factors, increase protective factors and encourage residents to positively contribute and be productive members of our communities.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2014	0	0	0	0	0
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	1	0	0	1

Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	1	0	1
2014	0	0	0	0	0
2015	0	1	0	0	1
2016	2	0	0	0	2
2017	0	0	0	0	0
2018	1	0	0	0	1
2019	0	0	0	0	0

Accomplishments for 2019 / Assessment of Facility Progress:

- Brownstone improved PREA safety and security by installing/adding a camera-monitoring device inside the laundry room in addition to other strategic locations.
- PREA information and hotline numbers were installed above resident phones on the second and third floors
- PREA information and hotline numbers were installed at the main BrownstoneWork Training Release entrance. PREA information is posted and available for review prior to entering the secured area of Brownstone.
- Additional PREA posting have been established in the resource room as well as the recreation area in the basement
- Brownstone Work Training Release revamped the key control process. The key control manager made modifications to address issues to ensure a safe and secure living environment for the residents and work environment for staff.
- Maintenance staff installed shower curtains (with clear fabric only at head/feet area) which improve visibility of residents.
- Windows were installed in the kitchen storage room and janitor closet doors

Identified Gaps and Associated Action Plans:

- A review of the PREA training for contract staff found that not all contract staff had completed required PREA training prior to assignment. Due to the level of contact and job requirements for these contract staff, the auditor expressed concerns about the timeframe between dates of hire and the time contract staff received comprehensive training.
  - Corrective action plan: Brownstone Work/Training Release CCS and TTHI director developed a plan to monitor hiring and training records and made immediate revisions to the hiring process to ensure training requirements are met.
- In January 2020, the newly appointed BSWTR community corrections supervisor discovered

the contractor was not initiating and submitting PREA checklists. An audit discovered that the contractor had not submitted the forms to DOC since August 2019.

- Corrective action plan involved reviewing every resident who arrived from August 2019 through January 2020 to ensure all PREA screenings were completed in a timely manner. This audit provided that all incoming screenings and follow-up screenings had been completed on time. This plan is still under review to ensure housing chronos were completed and monitoring plans established and properly managed.
- Contractor immediately corrected the oversight of the PREA checklist and has been in compliance since January 2020.
  - BSWTR CCS completes a weekly audit and if she is out of office, she assigned this audit to her community corrections officer 3.
- Brownstone Work Training Release had no substantiated sexual abuse allegations in 2019
- Brownstone Work Training Release staff will continue to discuss/review PREA requirements that will address but not limited to, zero tolerance for sexual misconduct, sexual abuse, sexual assault, sexual harassment and related retaliation.
- Brownstone Work training Release will continue to ensure hourly checks on residents and not be reliant on technology alone to enhance safety protocols.
- BSWTR CCS/PREA compliance manager is scheduled to attend PREA investigator training at the next available course offering.
- Staff will continue to be educated on the LGBTI residents' needs and our responsibility to address allegations respectfully and professionally.
- Contract director has created some fun educational crosswords, fill in the blank and word search tasks for staff. This is a great manner to educate the staff and measure their learning.
- All staff must continue to work on applying the guiding principles of reentry to ensure that they are approachable so residents feel safe and supported during their reentry transition.



## ELEANOR CHASE WORK/TRAINING RELEASE

Eleanor Chase House Work Training Release is a 55-bed female facility operated by staff employed by the Department of Corrections (DOC) and contract staff employed by The Transition House Incorporated. Residents can spend the last six to 12 months of their prison sentence at work release prior to release to the Graduated Reentry Program or release from confinement. During their stay at work release, residents are expected to secure employment, engage in education and/or training programs while establishing positive support networks with family, friends, and the community. Each resident is assigned a DOC community corrections officer who assists them through an individual case plan for the transition from prison to the community. Eleanor Chase offers in-house evidence-based programming and has established relationships with community partners that provide medical, mental health, dental, chemical dependency treatment and education programming.

Eleanor Chase had one report of staff-on-inmate sexual harassment that was found to be unsubstantiated.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	2	0	1	0	3
2013	0	0	0	0	0
2014	0	0	0	0	0
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	1	0	0	0	1
2018	0	0	0	0	0
2019	0	0	0	0	0

## Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	0	0	0	0
2015	0	0	0	0	0
2016	0	1	1	0	2
2017	0	1	0	0	1
2018	0	1	0	0	1
2019	0	1	0	0	1

### Accomplishments for 2019 / Assessment of Facility Progress:

- The current camera system was replaced in June of 2019. With the installation of new cameras it has ensured pat searches are performed in view of the camera system. This has enhanced the security operations for both residents and staff.
- Eleanor Chase House Work Training Release made substantial security modifications for key control. The key control manager accounts for staff keys and access with an electronic key code access device. This supports where staff and residents can go within the facility and removes some areas from access by line staff without supervisory authorization. These changes have ensured a safe and secure living environment for the residents and work environment for staff.
- Windows were placed in all staff office doors and various other doors within the work release.
- Areas blind to a camera in the gym were blocked by installing shelves. The Room 243 closet blind spot was eliminated by installing a cabinet inside the closet to eliminate the space.
- The facility removed a wall of shrubs on the east side of the facility making resident and staff access to the facility safer and more visible.
- The facility also improved exterior lighting to support visibility in hours of darkness.
- Tool control has been implemented and a full, accurate inventory of tools has been created. Tools are checked in and out using DOC 21-515, allowing the accurate tracking of individual tools and tool users.

### Identified Gaps and Associated Action Plans:

- Successfully pass the PREA DOJ audit.
- Bi-annual custody staff meetings will include information and education on LGBTI.
- Custody staff will practice tabletop drills quarterly, including a PREA allegation/incident.
- All staff will receive information pertaining managing and supervising female residents.
- All staff will receive information regarding trauma-informed management and supervision of residents.





## LONGVIEW WORK/TRAINING RELEASE

Longview Work Training Release is a partial-confinement facility housing up to 55 adult male and seven adult female residents serving the last six to 12 months of their sentence. The facility is on one floor with separate wings for male and female residents as well as separate recreation rooms for male and female residents. We are a regional facility that serves residents from Cowlitz, Clark, Lewis, Pacific and Wahkiakum counties. We work with several employment agencies that can employ our residents throughout southwest Washington. We offer a comprehensive program that focuses on managing incarcerated individuals' transition from prison to the community. Our goal is to effectively intervene in the risk an individual may pose to the community while assisting that individual to become a more positive and productive member in the community. Our outlook is to focus on positive reentry and transitioning into the community by providing positive role modeling while the residents stay here. Showing residents how to achieve a positive release and become productive in the community while reducing recidivism. On November 1, 2016, we switched over to a fully run Department of Corrections facility which employs one supervisor, two clerical staff, two sergeants, 14 corrections officers, two community corrections officers, one maintenance employee and four food service employees. We have increased our family-friendly activities and encouraged the residents to stay in positive connection with their families and children.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	2	0	0	2
2013	1	0	0	0	1
2014	0	1	1	0	2
2015	0	0	0	0	0
2016	0	1	0	0	1
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	1	0	1
2014	0	0	0	0	0
2015	0	0	0	0	0
2016	0	1	1	0	2
2017	0	1	0	0	1
2018	0	0	0	0	0
2019	0	0	0	1	1

Accomplishments for 2019 / Assessment of Facility Progress:

Longview has the following goals for 2020:

- Community corrections officers will complete a minimum of one field, one office and one collateral contact for each incarcerated individual each month. Longview will target a 95% achievement rate.
- Biannual custody staff meetings will include information and education on LGBTI.
- Custody staff will practice table top drills quarterly which include a PREA allegation/incident.

Identified Gaps and Associated Action Plans:

- Longview found that community corrections officers are still only meeting about 70% of their required contacts as set as a critical objective for 2019. As of January 2020, Longview has three community corrections officers and an anticipated increase in population from 62 to 90 individuals. Until DOC establishes the contact requirements in DOC policy, Longview will continue to target one field, one office and one collateral contact per resident per month.
- Longview staff did gain an increase in behavior observation entries for the first half of 2019. Due to a change in agency policy, Longview decided to not focus on the entries at this time.
- A change in supervisor at Longview put a hold on quarterly custody staff meetings. LGBTII was a topic of discussion at the one meeting held in 2019.
- At this time, Longview needs to continue to educate staff on LGBTI incarcerated individuals and our obligations when allegations arise. Longview also needs to focus on daily interventions with incarcerated individuals who are mentally ill or have special needs.



## OLYMPIA WORK/TRAINING RELEASE

The Olympia Work/Training Releasing (OWTR) is a minimum-security facility, which opened in 1979 under the Department of Social and Health Services (DSHS) and became a part of the Department of Corrections (DOC) in 1981. The facility works in conjunction with A Beginning Alliance (ABA), which is a non-profit organization governed by the Policies and Procedures of DOC as well the laws of the State of Washington. ABA is contracted with the Washington State Department of Corrections. Residents are able to work, attend college courses, complete training programs, participate in substance abuse treatment, attend parenting classes and other self-improvement programs or offense specific programs to assist them successfully transition to the community.

OWTR is a co-ed facility serving a maximum resident population of 26—which includes 19 males and seven females. The facility serves incarcerated individuals sentenced from Thurston, Mason, Grays Harbor, Lewis and Pacific counties. In addition, there are exceptions when the facility may accept incarcerated individuals outside from these counties due to unique circumstances. The facility has an outside recreation/fitness area, inside laundry facilities, large industrial kitchen and a large dining area. The facility has separate male and female living quarters and is ADA-accessible. There is an outside smoking area, well-landscaped grounds and a basketball playing area.

The facility is committed to assist residents' successful transition to the community. Transition begins on their day of arrival and continues until their release. Each resident receives a thorough orientation and meets with their assigned community corrections officer (CCO) within 24 hours of arrival. These reentry processes include reviewing facility rules and expectations, visitor/sponsor information, Judgement and Sentence (J&S) documentation and conditions of supervision; determining attainable goals; discussing treatment and programming needs/expectations; and participating in a PREA assessment.

Residents meet with their CCO weekly and the weekly classification team process monitors for compliance with programming expectations, employment work hours and several other areas of responsibility.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	1	1	1	0	3
2013	0	0	0	0	0
2014	0	1	0	0	1
2015	3	0	0	0	3
2016	4	0	0	0	4
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	1	0	0	1

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	1	0	1
2013	0	0	1	0	1
2014	0	0	1	0	1
2015	0	0	0	0	0
2016	0	1	0	0	1
2017	0	1	0	0	1
2018	0	0	0	0	0
2019	0	0	0	0	0

#### Accomplishments for 2019 / Assessment of Facility Progress

Although there was no correction action plan from the previous year, the facility continues to strive to improve and enhance our protocols including a recent DOC Headquarters (HQ) info structure assessment to add several more security cameras and additional security and video enhancements. The community corrections supervisor (CCS) approved the proposed cost on March 9, 2020, and forwarded the request to the assistant secretary for review and approval. Staff are continually reminded to be aware of their whereabouts in relations to the residents, camera locations and any potential blind spots. Staff should never place themselves in situations where they are alone with residents without a sight of a camera or other staff/residents present unless there are extenuating circumstances.

#### Identified Gaps and Associated Action Plans:

There are several blind spots on the outside of the facility and especially towards the back of the facility--Thus, the request for some increased security and video enhancements for this area. The facility has alarms on all of the doors, which are activated (armed) at certain times of the day in order to notify staff if residents attempt to exit the facility.

In the coming year, facility administration will continue to work with HQ representatives in regards to video enhancements and with the facility director to ensure custody staff maintain and practice an increased security mindset and awareness for the noted blind spots. The community corrections supervisor and community corrections officer have been approved to attend PREA investigation training in July 2020. In addition, all staff have successfully completed their mandated Learning Management System (LMS) PREA-related on-line training. All staff successfully completed their mandated facilitator led courses on March 3 2020, which included PREA. The facility is 100% compliant with all mandatory resident PREA interviews/assessments.



## PENINSULA WORK/TRAINING RELEASE

Peninsula Work/Training Release (PWTR) is a 63-bed facility that houses 55 male and eight female minimum-custody level residents in Port Orchard. PWTR is operated as a partnership with the Department of Corrections (DOC) and Progress House Association (PHA). The facility transitions felony-level incarcerated individuals from prison to the community. 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.

There is currently one open investigation regarding a staff-on-inmate allegation and zero allegations of inmate-on-inmate.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	1	0	0	1
2014	0	0	0	0	0
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	1	0	0	0	1
2013	1	1	0	0	2
2014	0	2	0	0	2
2015	0	2	0	0	2
2016	1	0	0	0	1

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2017	0	0	0	0	0
2018	0	1	0	0	1
2019	0	0	0	1	1

Accomplishments for 2019 / Assessment of Facility Progress

There are no corrective action plans ongoing.

Identified Gaps and Associated Action Plans

As a result of a PREA allegation in October 2019, PWTR management became aware of some blind spots that the facility camera system was not monitoring. PWTR made a request to add five additional cameras in the following areas: (1) foyer; (2) kitchen/ice machine area; (3) pat-down area recording the pat down with a rear view (in addition to the current front view camera); (4) training room; and (5) administrative area. In December 2019, the request for additional cameras was approved. It is anticipated they will be added in the spring of 2020.

Peninsula Work/Training Release is continuing to work on improving PREA staff training prior to PHA staff working any shifts at the facility. Staff receive PREA 101 and pat-down training with a certificate as acknowledgement once they complete this training Staff will also receive a more enhanced version of the training within one-year when they can be scheduled to attend the contractor work release academy.

Peninsula Work/ Training Release plans to review current processes for the yearly staffing plan and will modify to address any issues found. Get the additional five cameras installed by June 2020. Prepare for and Complete the DOJ PREA scheduled for August 2020.



## PROGRESS HOUSE WORK/TRAINING RELEASE

Progress House Work Training Release (PHWTR) is located in the northern area of Tacoma, surrounded by well-established local businesses and a nearby residential community. Progress House Work Training Release has served the community since 1976 and previously earned accreditation from the American Correctional Association. DOC staff and contractors of the Progress House Association work together to supervise the residents at Progress House Work Training Release. It is a co-ed, 90-bed facility for adult residents. The facility houses up to 76 males and 14 females, ranging in age from 18-65. The goal is to improve public safety by providing the residents with the knowledge and skills necessary for success in the community.

PHWRTR has had one (1) substantiated staff misconduct allegation, and one (1) open staff-on-inmate sexual misconduct. There are no indications of trends noted with the two allegations. Continuous inspection of the facility for areas of concern have been previously noted. The facility has recently moved the camera control system to the community corrections supervisor's office for security purposes. In addition, random reviews of the camera system occur at least weekly. The camera system has the ability to expand, and there is a budget request to place cameras externally, especially on the back loading dock area.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	0	0	0	0
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	1	0	0	0	1

## Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	1	0	1
2013	0	0	0	0	0
2014	0	0	0	0	0
2015	0	1	0	0	1
2016	0	1	0	0	1
2017	1	0	0	0	1
2018	1	1	0	0	2
2019	1	0	0	2	3

### Accomplishments for 2019 / Assessment of Facility Progress

PHWTR found 16 areas of corrections that pertained to camera placement and/or additional cameras. PHWTR was granted additional cameras and convex mirrors in existing areas or identified areas. The new camera system has eliminated the need for 15 additional cameras as the system was upgraded and all camera areas are functional. One additional camera location was identified and an additional camera was placed in the area in question.

PHWTR found that safety and security checks were not done or done in a timely manner as to the overall safety and security of the facility. It was noted that staff at the control access area had multiple tasks and that the additional duties are a distraction. To implement and improve the safety and security of the facility, the facility with the assistance and funding of the Progress House Association implemented a bar code scanning system. The bar codes are generated by PHWTR affixed to an area of the facility and staff are required to randomly walk around the entire facility with a cell phone scanner. The staff scan the area and annotate safety, security, and maintenance concerns. The information is then downloaded into a standalone computer and checked for areas that are vulnerable. With the required number of walkthroughs being completed, staff presence throughout the building is much more frequent and it is believed this has reduced the potential for sexual abuse.

PHWTR has been granted an upgraded radio system for staff use. The system allows for greater coverage and notification of potential concerns in the facility. Staff have been trained in the system and an additional code safety phrase has been implemented for quick response.

### Identified Gaps and Associated Action Plans

PHWTR has identified an area in the kitchen where potential staff-on-inmate misconduct occurred. An additional convex mirror was installed in the area in question. This has eliminated the need for an additional camera as the mirror is in direct observation by staff members.

PHWTR has identified an area just outside the control booth which will require an additional convex mirror placement. This will allow staff to observe incarcerated individual movement down the second hallway to the community corrections officer offices and eliminate the blind spot area.

During the past year, there were a couple of pat searches conducted that resulted in an allegation of PREA being brought forward. The pat searches are conducted on camera; however, there were times when the pat search, based on where the resident was standing, lacked full view. The staff worked together to identify the best placement of the camera and marked the floor to identify where the resident should stand when a pat search is conducted. Since that time, there have



been no additional allegations raised.

Critical Objectives for 2020:

PHWTR plans to review current process for camera placement, mirror, safety and security areas, and training. PHWTR will modify to address any issues found.



## HELEN B. RATCLIFF WORK/TRAINING RELEASE

Helen B. Ratcliff Work/Training Release (HBRWTR) is comprised of 53 female beds housing 45 state and eight county boarder residents. Ratcliff is under the Department’s reentry division operating as partial confinement for those serving up to their last 12 months of incarceration.

Upon arrival, residents are required to complete the intake and orientation process. This includes PREA screening, reviewing and signing a personalized case plan identifying risks, needs, and reviewing the work/training release requirements. Each resident is required to program at least 32 hours a week. This may include education, job readiness or employment programming. In addition to the mandatory requirements, the program encourages reconnecting with family and positive support.

Ratcliff has a child visitation program that allows residents to spend quality time with their children including overnight visits, if eligible. There is also a “Step-advancement” program offered to all residents. Residents start out at Step 1 and have the ability to move up to Step 2 or 3. Requirements are programming over 32 hours each week and being free from serious infractions.

Residents may earn the privilege to go on social outings with approved sponsors, up to 10 hours each time, two to three times per week depending on the step level. The goal of the Work/Training Release program is gradual reentry into the community. Individuals have an opportunity to learn life skills through responsibility and gradual community contact with support and access to resources.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	0	0	0	0
2015	0	0	0	0	0

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREAREPORT

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	1	0	0	0	1
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

Accomplishments for 2019 / Assessment of Facility Progress

Helen B. Ratcliff WTR has over the past year, continued to focus on training staff and identifying systems and processes for audit readiness. The 2019 budget allowed for updating the security camera system. This project has been completed and now provides enhanced coverage and much needed camera coverage in areas of the facility, which didn't have cameras. These updates included installing seven new cameras, updating the system and moving the workstation to a private viewing room for confidentiality purposes. The facility contractors no longer utilize the QR code, walk-through verification process for reasons unknown. In place of this process, staff have continued to actively survey the premises and interact with residents on a consistent basis, providing additional safety and security.

Identified Gaps and Associated Action Plans

Helen B. Ratcliff WTR continues to strive to improve processes for safety and security of the residents at the facility. In 2019, there were no reports of PREA or opened investigations. All staff completed their annual required PREA training on time. Ratcliff continues to hold monthly in-house resident meetings, increasing communication and to address issues. The department has also provided a means for staff and residents to have direct electronic communication. The residents report feeling safe at the facility due to continued vigilance for sexual safety. As we move forward, the increased modes of communication allow residents' concerns and comments to be heard in a timely manner and staff continue to follow department processes requiring frequent security and walkthrough checks of the facility.



## REYNOLDS WORK/TRAINING RELEASE

Reynolds Work Training Release (RWTR) is located at 410- 4<sup>th</sup> Ave in Seattle near the downtown corridor and the famous Pioneer Square district. It is also within walking distance of many attractions including the Pike Place Market. The facility is a six-story brick building, constructed in the early 1900s as a hotel and converted to a work release program in 1978. It holds up to 92 residents returning from prison to the community and serves males ranging from 18 to over 60 years of age.

The facility includes a full basement, recreation room, dining room, kitchen, file room, staff offices and laundry room. RWTR provides security, food service, maintenance and sanitation with a comprehensive series of programming, placing special emphasis on schooling, family reintegration, positive social skills and post release planning. RWTR also works with community support groups such as the Washington Literacy Program and Alcoholics Anonymous and is designated as an ADA (Americans with Disabilities Act) facility. Many of the residents complete their GED, college courses, tutoring and vocational training during their stay.

RWTR had no substantiated inmate-on-inmate or staff-on-inmate allegations in 2019. Given that, a trend has not been noted. However, in order to prevent future PREA allegations, RWTR continually seeks to improve visibility in all areas and conducts semi-annual sexual safety/vulnerability assessments to ensure ongoing reviews occur.

These reviews include ensuring all information is properly posted and updated for the resident population and staff. The last change, made due to a finding in the walk through was in October 2018 when a convex mirror was added to improve visibility on the first floor between the pool table and microwave.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	1	0	1
2014	0	2	0	0	2
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	2	0	0	2
2013	1	2	0	0	3
2014	0	0	1	0	1
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	1	0	1
2019	0	0	0	1	1

Accomplishments for 2019 / Assessment of Facility Progress:

RWTR was audited by federal PREA auditor, Maren Arbach of North Dakota in October 2019. A corrective action plan was identified for the following:

- 115.211 –The Washington State Department of Corrections did not have current definitions of prohibited acts. The corrective action plan included: Posting current definitions of prohibited acts and training of staff.
- 115.217 - The email notification regarding any participant who responds with “false” to the sexual misconduct disclosure questions in the Learning Management System (LMS) was deactivated and no follow up was conducted since the deactivation. The corrective action plan included a change to the LMS system and a review of a report of “false” responses from 07/2017 through 12/12/2019 (when new process implemented) along with documentation of follow up with the staff that responded incorrectly.

The facility has since completed its corrective action plan and a final report was issued. The facility remains compliant with PREA Standards and actively ensures the sexual safety of all residents.

Identified Gaps and Associated Action Plans:

Although there were no current areas within the facility identified for improvement, RWTR continues to be vigilant in adhering to PREA standards, and continually looks for areas of improvement to ensure the safety of the residents, staff, and visitors. Staff are aware that they are to adhere to proper processes and protocol in their daily duties to include ensuring they have the required communication device, i.e. their Motorola radios and are to immediately report any

questionable behavior. There is ongoing communication with staff regarding expectations surrounding sexual and general safety, reporting requirements, being aware of their surroundings, and using caution and good judgment in handling situations. We also listen to and take seriously all staff input and concerns so it is a full-facility effort to maintain sexual safety.

Critical Objectives for 2020:

RWTR plans to review the cameras (number and placement) to ensure they are being utilized in the most effective manner, and will take steps to add additional cameras if found to be beneficial and/or necessary as funding is available. The focus on sexual safety, for the facility, includes ongoing table top exercises to ensure staff are properly trained in the reporting and response process. We will also continue to be mindful and vigilant about resident orientation to PREA, safe housing, and timely risk assessments staff.



## TRI-CITIES WORK/TRAINING RELEASE

Tri-Cities Work Training Releasing is a minimum-security facility, which opened in June of 1999. One of three state-operated work release facilities solely staffed by the Department of Corrections employees, the facility is housed in a single-level, 12,500-square-foot building on 1.37 acres, located one block south of the Columbia River in east downtown Kennewick. Currently, this work release population is comprised of up to 34 male and six female residents for a total of 40 residents. Each wing is ADA-accessible with ADA-accessible living quarters. The facility includes a recreation room, laundry room, separate male and female television rooms, fitness center, large industrial kitchen with dining room and a visitation room for family and friends. The back of facility, has a large, landscaped yard with a half court allowing residents to play basketball, volleyball and bocce games and have barbeques for residents, family and friends during our family-friendly events held year-round. There are also three picnic tables for residents, family and friends to sit and enjoy the festivities.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	1	0	0	1
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	1	0	0	0	1
2019	1	0	0	0	1

## Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	1	0	0	1
2013	0	0	1	0	1
2014	0	0	0	0	0
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	1	0	0	1
2018	0	0	0	0	0
2019	0	0	0	0	0

### Accomplishments for 2019 / Assessment of Facility Progress

Although there was no corrective action plan, we continue to strive to improve our protocols and request additional video enhancements. On October 15, 2019, we conducted a facility tour to identify PREA vulnerable locations where we could mitigate high-risk areas with additional video cameras. The facility will request funding at the end of fiscal year to address needs identified in the report from this visit.

In the past year, the community corrections supervisor continued to remind staff to always be aware of their whereabouts in relations to the residents and camera locations. They should never place themselves in situations where they are alone with residents without a sight of a camera or other staff or residents present unless there are extenuating circumstances.

### Identified Gaps and Associated Action Plans:

Currently, there are two locations where video cameras would assist in monitoring the resident population. The high-risk locations are the conference room and the dining room.

In the coming year, additional cameras will be requested for the facility due to the expansion in our bed capacity. In addition, the number of cameras along with the locations will be based on the report from genetic video, which we identified during our walk-through last year.



## COMMUNITY CORRECTIONS DIVISION

The Community Corrections Division (CCD) supervises individuals who have either been confined in a county jail, placed in prison (for felony convictions of more than one year) and were sentenced to direct supervision in the community. The CCD supervises an active caseload of approximately 20,000 individuals in communities across Washington. CCD employees promote reintegration and public safety by providing guidance, support and program opportunities for all individuals returning to the community. CCD employees hold individuals accountable to their conditions of supervision as they resume life within the community. CCD employees collaborate with and support community stakeholders and parties with a vested interest in the successful transition of individuals into the community. The goal of the CCD is to increase successful reentry of individuals to communities utilizing a variety of supervision tools, services, strategies, evidence based programs and meaningful incentives and sanctions to hold individuals accountable and maintain public safety.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	1	0	0	1
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	5	10	0	15
2013	1	7	14	0	22
2014	0	3	8	0	11
2015	1	3	14	0	18
2016	0	1	15	0	16
2017	0	0	9	0	9
2018	0	0	11	0	11
2019	0	0	8	4	12

#### Accomplishments for 2019 / Assessment of Facility Progress:

- Continuing to ensure staff are compliant with annual in-service PREA training requirements.
- Staff contribute to PREA policy development by providing input to the policy author.
- Maintaining a designated PREA coordinator for each region within the division.
- Continuing to encourage community corrections staff to hold individuals under DOC jurisdiction accountable for false reporting through the violation/hearing process.

Identified Gaps and Associated Action Plans:

Current data reveals that there have been 12 PREA allegations made in the CCD during this reporting period. Of the 12, eight were unfounded and four are presently under review, which is consistent with the last three reporting periods. Mechanisms to hold individuals on supervision accountable for making false allegations against staff have been instituted. The conditions, requirements and instructions form, which is reviewed and signed at intake, contains specific language that informs individuals on supervision that submitting a PREA allegation that provides false or misleading information during the course of a PREA investigation may result in sanctions through the violation process. Present challenges are relative to the PREA policies and associated forms and processes as they are primarily designed for Prison/Work Release. A recommendation/action plan for this reporting cycle will be for the PREA unit/coordinator to create a separate policy for the CCD.

## CORRECTIONAL INDUSTRIES

Aligned under the Department of Corrections’ Reentry Division, Correctional Industries (CI) is a voluntary training and workforce development program, employing approximately 430 staff supervising over 2,400 incarcerated individuals at 12 facilities statewide. CI work programs are modeled after private sector operations and provide opportunities for individuals to develop technical and social skills. By linking basic skills, vocational skills, and on-the-job training, individuals are better prepared for employment upon their release.

The total number of staff-on-inmate allegations increased from eight (8) in 2018 to ten (10) in 2019. The number of substantiated allegations in 2019 was one (1), an increase from 2018. The number of unsubstantiated allegations decreased from six (6) in 2018 to one (1) in 2019. The number of unfounded allegations increased from two (2) in 2018 to five (5) in 2019. As of February 3, 2020, there were three (3) open allegations.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	0	0	0	0
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	1	0	1
2013	3	0	1	0	4
2014	0	3	0	0	3
2015	2	5	0	0	7
2016	1	6	4	0	11
2017	2	7	1	0	10
2018	0	6	2	0	8
2019	1	1	5	3	10

#### Accomplishments for 2019 / Assessment of Facility Progress

CI’s human resources team completed staff supplement PREA training at CRCC, McNeil Island, MCC and CI Headquarters. In 2019, 50% of allegations involving CI staff were determined to be unfounded.

#### Identified Gaps and Associated Action Plans

In 2019, there was one (1) substantiated and one (1) unsubstantiated allegation involving CI staff members. Upon completion of PREA investigations, local review meetings were held in accordance with DOC policy to proactively plan for mitigating future concerns.

Based on the successful reduction of unsubstantiated allegations in 2019 and with the goal of zero substantiated allegations in 2020, the objective for 2020 is to continue providing supplemental PREA training to CI staff on the specific risks, signs of compromise and best practices related to CI operations.

## HEALTH SERVICES DIVISION

The Health Services Division is comprised of over 1,009 healthcare professionals, 80 Substance Abuse Recovery Unit staff, and 63 Sex Offender Treatment and Assessment Program (SOTAP) staff. Health Services includes medical, mental health, dental and pharmacy services. Health Services staff provide health services in accordance with all applicable department policies, the health, environmental and safety standards established under RCW 43.70.130(8) and clinical guidance in the DOC health plan.

Health Services noted only one substantiated case involving health service staff, but several at this time are pending completion.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	1	3	0	0	4
2014	4	3	0	0	7
2015	0	0	0	0	0
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	3	11	8	0	22
2013	9	11	14	0	34
2014	6	3	20	0	29
2015	3	10	10	0	23
2016	1	3	6	0	10
2017	3	3	17	0	23
2018	4	1	15	1	21
2019	1	0	9	23	33

#### Accomplishments for 2019 / Assessment of Facility Progress

Health Services managers worked closely with the facility superintendents, supervisors, maintenance team, and others to complete corrective action plans for identified areas of improvement. The Health Services, SARU, and SOTAP administrators/managers also reviewed current processes and policies for gaps and improvement opportunities.

Health services recommends staff training during on-the-job orientation to clarify any misunderstandings or misconceptions regarding relationships with those incarcerated, under community supervision, or the families of such individuals.

The following are facility-specific adjustments put into place to further reinforce PREA standards and enhance both patient and staff safety.

## WCCW

- installed door bells, adjusted widow views in all areas as needed, installed tape
- “do not lower window blinds below this point per PREA standard” to every window in the clinic
- Enhancement to the showers in the Close Observation Area (COA) to increase privacy
- Currently, the site is having more cameras installed to the pat search area in the Outpatient Clinic (OPU).
- Health Services leadership conduct periodic internal audits to ensure that flyers are out & PREA standards are being met.
- The IPU is the “safe spot” for WCCW.

## MCCCW

- Installed door bells in clinic space
- Ensured all the bathrooms are locked and only opened as needed,
- Removed the door behind the providers desk to increase space visibility
- Installed a window into the medication room’s door and increased visibility.

## WCC

- This year, all classification counselors have been trained how to complete a DOC Transgender/Intersex Housing Protocol form and individuals entering the facility will now be assigned based on the unit in which they are housed. This allows for a greater understanding from staff on working with these individuals to improve our culture in ensuring sexual safety for all incarcerated individuals housed at WCC.
- We are in contact with community SANE nurses and receive their schedule quarterly so we know who to reach out to when the need arises.
- We have PSM’s with PREA as a topic at least quarterly.

## CBCC

- Two inside door locks were removed on two staff bathrooms

## MCC

- Installed doorbells everywhere on units and tiers for notification of female staff being in the area.
- Our COA cells that were full length open windows now have covers half way up so that you cannot see more than a person’s shoulders and up so that the patients have more privacy.
- They also just extended the height of the shower walls in many of the living units for further privacy as well
- Installed windows to view the medical records and the mental health treatment room to meet the PREA requirements.

## SCCC

- Adjustments made to cameras in the infirmary’s negative pressure room and close observation room for when urinal is in use.
- The elevator is now locked at all times and the key was added to nurse’s key rings.
- Staff bathroom locks were changed to be a key way instead of slide bar for staff safety.

- Set the tone and volume of the doorbell in upper medical.
- Mental Health developed a tracking process to ensure 13-509s are followed up on.

## CRCC

- Frosting applied on appropriate windows
- Added a window to the porter closet
- Removed non-essential blinds
- Addressed procedures for using the blinds in the exam rooms

## AHCC

- Health services continued to participate in transgender housing, PREA investigation, and Policy OM reviews.
- Safety improvements in our Inpatient Unit (IPU), introducing new safety mattresses and smocks and making some safety modifications to the room directly across from our nursing station.
- Health Services management participated in a multi-disciplinary team meeting with community partners, culminating in a joint exercise that included local police and advocacy reps.
- Received PREA investigation update training

## WSP

- WSP Health Services has posted the most recent posters and communications regarding PREA in all waiting rooms and day rooms. These are also available to those in inpatient rooms.

As noted above, most of the health service clinics across the WDOC system have worked closely with facility leadership to include facility maintenance and have made significant gains in the area of physical plant improvements, policy review, and ongoing staff training.

## Identified Gaps and Associated Action Plans:

Health Services continues to evaluate policy, procedures, and physical plant concerns to enhance compliance with PREA standards while enhancing patient and staff safety. The division is focused on the following areas:

- Enhanced on-boarding activities to clearly train and demonstrate expectations for all staff
- Continuing to identify practices and physical plant spaces that can present challenges
- Awareness of long-term staff to ensure complacency does not take hold.

## Critical Objectives for 2020:

The Health Services Division will continue to foster a culture of understanding, awareness and commitment. We support ongoing education/training and awareness of PREA standards, policy and processes with our staff. The Health Services leadership team has taken an active role in reviewing current processes and will modify to address any gaps in managing such cases. Health service leadership is working closely with facility maintenance to identify and address all identified gaps and immediately addressing as appropriate.

## RE-ENTRY DIVISION

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	0	0	0	0
2015	1	4	4	0	9
2016	0	0	0	0	0
2017	0	0	0	0	0
2018	0	0	0	0	0
2019	0	0	0	0	0

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	0	0	0	0	0
2013	0	0	0	0	0
2014	0	0	1	0	1
2015	3	3	3	0	9
2016	3	1	6	0	10
2017	0	2	2	0	4
2018	0	0	0	0	0
2019	0	0	1	2	3

#### Accomplishments for 2019 / Assessment of Facility Progress

There were three total cases reported for this area of the Reentry Division for 2019; two closed as unfounded and one remains open. The low prevalence and broad distribution of the cases indicates that there are no trends or patterns of concern, and that the system of policies and cultural expectations continues to take hold. All concerned are aware that reporting and thorough investigation of allegations is the expectation.

#### Identified Gaps and Associated Action Plans

Mitigation efforts which include continuing communication and education of staff and the population under our jurisdiction and surveillance have been successful in raising awareness. These efforts will continue for 2020, continuing to ensure that everyone understands a zero tolerance culture is the goal.



## OTHER FACILITIES / OPERATIONAL AREAS

This section details data from facilities no longer in operation, which includes the McNeil Island Corrections Center, Madison Inn Work Release, Pine Lodge Corrections Center for Women, Rap House / Lincoln Park Work Release, and Tacoma Pre-Release. Also included are investigations related to an out-of-state facility, the Indeterminate Sentence Review Board, and staff assigned to agency Headquarters. Current accomplishments and corrective action plans are not associated with these areas.

### Inmate-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	1	3	0	0	4
2013	0	0	8	0	8
2014	1	5	7	0	13
2015	0	4	6	0	10
2016	0	2	3	0	5
2017	1	2	1	0	4
2018	0	0	1	0	1
2019	0	2	0	0	2

### Staff-on-inmate investigations

Year	Substantiated	Unsubstantiated	Unfounded	Open	Total
2012	3	1	1	0	5
2013	0	1	0	0	1
2014	0	1	0	0	1
2015	3	1	3	0	7
2016	1	0	0	0	1
2017	0	2	0	0	2
2018	0	0	0	0	0
2019	0	1	1	2	4

## DEFINITIONS as updated 12/2019

**Sexual Misconduct** includes aggravated sexual assault, inmate-on-inmate sexual assault, sexual abuse, and sexual harassment. It also includes staff-on-inmate sexual harassment and staff sexual misconduct.

**Staff** include department employees, contract staff, volunteers, and any other person providing services in department facilities or offices.

Consensual, non-coerced sexual activity between incarcerated individuals is prohibited by department rule, but is not defined as a violation of PREA policies.

The following definitions are applicable to department policies relating to sexual misconduct:

- A. **Aggravated Sexual Assault** includes sexual acts perpetrated by either staff or an inmate that occurred within the previous 120 hours and involve penetration or exchange of body fluids.
- B. **Inmate-on-Inmate Sexual Assault** is an incident in which one or more of the following acts occurs between two or more inmates if the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse:
  1. Contact between genitalia (i.e., penis, vulva, vagina) or between genitalia and the anus involving penetration, however slight. This does not include kicking, grabbing, or punching genitals when the intent is to harm or debilitate rather than sexually exploit.
  2. Contact between the mouth and the penis, vagina, vulva, or anus.
  3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, or other instrument.
  4. Coerced sexual activity in response to pressuring, offer of protection, payment of debt, etc.
- C. **Inmate-on-Inmate Sexual Abuse** includes sexual contact between two or more inmates if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
  1. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttock of another person excluding contact incidental to a physical altercation.
  2. Excluding kicking, grabbing or punching when the intent is to harm or debilitate rather than sexually exploit.
- D. **Staff Sexual Misconduct** includes the following acts when performed by staff:
  1. Engaging in sexual intercourse with an inmate.
    - a. Sexual intercourse includes vaginal, anal, and oral intercourse, as well as the penetration of an incarcerated individual's anal or genital opening, however slight, by a hand, finger, object, or other instrument. Penetration with an object is not considered sexual intercourse when it is done for the purpose of a legitimate medical procedure.
  2. Allowing an incarcerated individual to engage in sexual intercourse as defined above with another staff.

3. Intentional contact either directly or through clothing, of or with the genitalia, anus, groin, breast, inner thigh, or buttock of an incarcerated individual that is unrelated to official duties or where the staff has the intent to abuse, arouse, or gratify sexual desire.
4. Compelling or allowing an inmate to touch the genitalia, anus, groin, thigh, breast, or buttock of any staff or another incarcerated individual, either directly or through clothing, that is unrelated to official duties or where the staff has the intent to abuse, arouse, or gratify sexual desire.
5. Kissing an inmate or allowing oneself to be kissed by an inmate.
6. Any display by a staff of his/her uncovered genitalia, breast, or buttock in the presence of an inmate.
7. Voyeurism - An invasion of privacy of an inmate by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in their cell to perform bodily functions, requiring an incarcerated individual to expose their buttocks, genitals, or breasts, or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.
8. Engaging in any of the following acts for the purpose of gratifying the sexual desire(s) of any person or getting an inmate to engage in staff sexual misconduct, or when the act has sexual undertones (i.e., can reasonably be inferred to be sexual in nature, judged according to a reasonable person's reaction to a similar act under similar circumstances):
  - a. Writing letters, showing pictures or offering gifts or special privileges to an incarcerated individual.
  - b. Engaging in a personal relationship with an individual known to be under Department jurisdiction, without legitimate penological purpose unless expressly authorized by the Secretary/designee.
  - c. Pat or strip searches conducted in violation of DOC 420.310 Searches of Offenders, DOC 420.325 Searches and Contraband for Work Release, DOC 420.390 Arrest and Search, and/or operational memorandums.
9. Threatening, bribing, or coercing an incarcerated individual to engage in staff sexual misconduct.
10. Any attempt or request to engage in sexual misconduct.
11. Purposefully helping another person engage in staff sexual misconduct.
12. Discouraging or preventing inmates and/or staff from making good faith reports of staff sexual misconduct in a timely manner.

E. **Sexual Harassment** includes:

1. Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one incarcerated individual directed toward another, or
2. Deliberate and repeated verbal comments or gestures of a sexual nature to an incarcerated individual by staff, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures, to include:
  - a. Comments made by staff about an inmate's body intended to abuse, humiliate, harass, degrade, or arouse any person.
  - b. Demeaning or sexually oriented statements/gestures made by staff in the presence of an inmate.

Department of Justice PREA Resource Center, (FAQ 06/02/2015) states, "Repeated, in the context of this provision, means more than one incident. Please note that the seriousness of the conduct should be taken into account in determining the appropriate

commensurate response by the agency or facility. Serious misconduct along these lines, even if committed once, should still be addressed by the agency or facility.”