

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: May 6, 2016

Auditor Information			
Auditor name: Dave Cotten			
Address: 11363 Lockhart Road, Delta Colorado 81416			
Email: dave.cotten@state.co.us			
Telephone number: 970-874-7614			
Date of facility visit: April 21, 2016			
Facility Information			
Facility name: Bellingham Work Release			
Facility physical address: 1127 No. Garden Street, Bellingham WA 98225			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 360-725-8800			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Vicky Neufeld			
Number of staff assigned to the facility in the last 12 months: 18			
Designed facility capacity: 25			
Current population of facility: 25			
Facility security levels/inmate custody levels: Work Release/Minimum			
Age range of the population: 18-65			
Name of PREA Compliance Manager: Vicky Neufeld		Title: Work Release Over-site Administrator	
Email address: vneufeld@DOC1.WA.GOV		Telephone number: 253-377-7636	
Agency Information			
Name of agency: Washington Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 7345 Linderson Way SW, Tumwater, WA 98504			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 360-725-8800			
Agency Chief Executive Officer			
Name: Richard Morgan		Title: Secretary	
Email address: rlmorgan@doc1.wa.gov		Telephone number: 360-725-8810	
Agency-Wide PREA Coordinator			
Name: Beth Schubach		Title: PREA Coordinator	
Email address: bschubach@doc1.wa.gov		Telephone number: 360-725-8789	

AUDIT FINDINGS

NARRATIVE

A PREA audit was coordinated by the Colorado Department of Corrections and the Washington Department of Corrections for the Bellingham Work Release Center.

The Prison Rape Elimination Act (PREA) on-site audit of the Bellingham Work Release was conducted on April 21th, 2016 by Dave Cotten, from Colorado, a U.S. Department of Justice Certified PREA Auditor for adult prisons and jails & Community Corrections. Assisting the auditor in a support role was Doug Wilson, also a certified PREA auditor.

Six weeks in advance of the audit several posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided residents and staff with the auditor's contact information. Audit posting was viewed while on-site, residents stated they saw the posting. Within one month of the on-site review, the WDOC PREA Coordinator submitted the Pre-Audit tool and supporting documents to the auditor. Prior to the on-site visit, the auditor conducted a comprehensive evaluation of agency policies, facility procedures, program documents, and other relevant materials. The review prompted questions for the agency PREA Coordinator and the on-site facility PREA Compliance Manager; all questions were answered on site.

The auditor conducted a complete tour of the entire facility. PREA signs and informational posters for services related to PREA were posted throughout the facility.

As part of the facility audit, the auditor interviewed key agency and facility staff utilizing DOJ questionnaires. Interviews were conducted, prior to the on site visit, with the agency head Richard Morgan, Secretary Washington Department of Corrections and the agency PREA Coordinator, Beth Schubach.

There were a total of 6 random resident interviews conducted as part of the on-site tour which included a sampling of both males and females. There were no residents that had disclosed sexual victimization during risk screening, transgender resident's, disabled or limited English proficient, and/or residents who had reported sexual abuse to interview. Review of documents and interviews with executive and facility staff also indicate there have been no reports of sexual abuse at this facility within the last 12 months.

Staff interviews were conducted, which included 5 random staff from a sampling from all shifts (day, swing and graveyard). Specialized staff interviews conducted included the Facility Supervisor, Facility PREA Coordinator, intermediate or higher level facility staff, staff that perform screening for risk of victimization and abusiveness, intake staff, contract staff, staff assigned to the incident review team, designated staff member charged with monitoring for retaliation and investigative staff. The facility reported there were no cross-gender pat, strip or visual searches and no staff who supervise youthful residents. There were 10 staff interviews conducted either in-person or over the telephone in a private office and several additional informal interviews conducted while on the facility tour and while on-site for the duration of the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Bellingham Work Release is a 25 bed facility housing 21 male and 4 female offenders. The facility is a three story older building with offices, kitchen, dining room and living room as well as dormitory style resident rooms. The facility also has a laundry room and weight room for residents. Cameras are strategically placed to increase vigilance of resident activity while on facility grounds. The facility is managed by Community Work Training Association under contract with the Washington Department of Corrections who maintain oversight. Programming opportunities include chemical dependency and offenders may attend programs in the community, such as Alcoholics Anonymous and Narcotics Anonymous meetings, parenting classes, anger management, and drug/alcohol counseling.



SUMMARY OF AUDIT FINDINGS

The PREA audit team was very impressed with the culture of Bellingham Work Release. It was apparent the facility had done a great deal of work implementing PREA standards and creating a culture that enforces its zero tolerance policy for sexual abuse and sexual harassment. The resident interviews all revealed that staff adhered to a zero tolerance and indicated staff took PREA very seriously. The culture displayed by all staff and residents is healthy and does not accept sexual assault, abuse, or harassment of any kind.

An explanation of the findings related to each standard is provided in this report. It is important to note the intention of this report is to provide the reader with a summary of audit findings and highlight some examples of evidence supporting these findings. The narrative in the report is not an "all inclusive" list of the supportive evidence needed to meet each PREA standard. However, for each standard that was successfully met, interviews, observations, and review of additional documents during the on-site visit verified that practices employed at Bellingham Work Release are consistent with agency policies and facility protocols.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.211 (a) WADOC Policy 490.800, Prison Rape Elimination Act (PREA) outlines the Washington Department of Corrections (WADOC) Agency's policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct.

115.211 (b) WADOC has an upper level, Agency Statewide PREA Coordinator who states she has sufficient time, and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities in the WADOC. An organization chart has the position identified as a Correctional Manager/PREA, and the PREA Coordinator reports to the Assistant Secretary of Prisons Division. The Bellingham facility has an identified a PREA Compliance Manager with sufficient time and authority to coordinate, develop, implement, and oversee the agency's efforts to comply with the PREA standards at the Facility level. During interviews of staff and residents, all were aware of the agency's zero tolerance policy. During the tour of the facility, the audit team observed an ample posting of information throughout the facility regarding the agency's zero tolerance policy regarding sexual abuse, sexual harassment and retaliation.

Standard 115.212 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.212 (a) All contract language provided by WADOC indicated that all contracts with agencies or other entities included language of the entity's obligation to adopt and comply with the PREA standards. WADOC states they monitor to ensure that the contractor is complying with the PREA standards. An interview with the Contract Administrator demonstrated they were aware of this requirement and it is in practice.

115.212 (b) WADOC 490.800 PREA policy, states that any new or renewed contracts for the confinement of residents will include the requirement that the contracted facility comply with federal PREA standards and allow WADOC to monitor for PREA compliance. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

115.212 (c) WADOC 490.800 PREA policy, states that the Department will not enter into contracts with facilities that fail to

comply with PREA standards, except in emergent situations. The audit team found no emergent situations that met these criteria.

Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.213 (a) WADOC 490.800 PREA policy did not contain language indicating that each facility and the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors. During the audit, the team reviewed the facility's staffing plan and found the plan to be very comprehensive and it included all components of the standard.

115.213 (b) Documents provided to the auditing team did include information that this facility had not had a deviation from the staffing plan within the last 12 months. Each facility completes a vulnerability assessment annually that identifies deficiencies related to the staffing plan, what actions are being pursued to comply with the staffing plan and a priority is given to these identified deficiencies by executive staff for funding purposes.

115.213 (c) Documents provided to the auditing team did include a meeting where the facility assessed and documented whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels. This review did include a request of additional video monitoring systems that is prioritized by the agency.

Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.215 (a) The facility does not conduct any strip searches; any time a strip search is needed the resident will be transported to a jail or prison for the search to be conducted.

115.215 (b) The facility does not permit cross-gender pat-down searches of any residents except during an emergency. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

115.215 (c) WADOC 420.310 and 420.312 Policies comply with this standard. Bellingham Work Release demonstrated compliance with all elements of this standard and documentation provided indicates that there were no cross gender searches in the past 12 months.

115.215 (d) All staff are required to announcing themselves prior to entering a housing area. A review of policies and procedures, as well as interviews with staff and residents, demonstrated all residents are able to shower, perform body functions and change clothes without non-medical staff of the opposite gender being able to view their genitalia, breasts, or buttocks, including during routine cell checks.

115.215 (e) WADOC policy 490.820 complies with this standard. Interviews with staff indicate compliance.

115.215 (f) The facility trains staff who will be required to perform searches how to conduct cross-gender pat down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Random staff interviews indicate staff have not performed any cross gender pat searches within the last 12 months. Random offender interviews indicate they have not been searched by cross gender staff while at this facility.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.216 (a) The agency takes appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Examples of these steps included effective communications with residents who are deaf or hard of hearing as needed, access to interpreters who can interpret effectively is provided by a contracted language line via telephone that accurately and impartially interprets receptively and expressively, using any necessary specialized vocabulary needed. This system was tested while on site. In addition, the agency ensures that written materials are provided in formats and through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, and who are blind or have low vision.

115.216 (b) The agency takes steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively through the use of language line and or sign language interpreters to accurately, and impartially, both receptively and expressively, use any necessary specialized vocabulary needed. The sampled language

line has more than 500 languages and dialects available instantly.

115.216 (c) The agency does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. This is referred to in policy and was evident during staff and resident interviews.

Standard 115.217 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.217 (a) The agency does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

115.217 (b) The agency does consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

115.217 (c) Before hiring new employees who may have contact with residents, the agency performs a criminal background records check; and makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Policy 810.800, Recruitment, Selection and Promotion outlines that a criminal background check will be completed for all promotional candidates and external candidates in the hiring process. DOC Policy 810.800 further states that for promotional candidates and former department employees, Human Resources will review the Offender Management Network Information (OMNI) and the PREA database for information regarding substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct and provide the review results to the Appointing Authority.

115.217 (d) The agency performs a criminal background records check before enlisting the services of any contractor who may have contact with residents.

Documentation was provided demonstrating that contractors and volunteers received a background check prior to having contact with residents. Interviews conducted with Human Resources determined that they are conducting background checks for new hires, promotional employees, contractors, and volunteers.

115.217 (e) The agency conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents.

115.217 (f) The agency does ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section during the application process used for hiring or promotions and in written self-evaluations conducted as part of reviews of current employees. The agency does impose upon employees a continuing affirmative duty to disclose any such misconduct.

All new employees, contract staff and volunteers are required to complete a sexual misconduct disclosure form that asks about prior sexual misconduct/harassment. Copies of these forms were provided as documentation to the auditor. To the extent possible for initial appointments previous institution employers are contacted. For promotional candidates, WADOC will review the Offender Management Network Information (OMNI) system and the PREA database for information on all PREA allegations.

115.217 (g) The agency does claim in policy that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

115.217 (h) The agency does provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Per the Personnel Files policy 810.005, it requires that WADOC provides information on substantiated allegations of sexual abuse or sexual harassment involving current or former employees, upon receiving a request from an institutional employer conducting a background check on the employee.

Standard 115.218 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.218 (a) The agency does consider the effect of the design, acquisition, expansion, and modification when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, concerning the agency's ability to protect residents from sexual abuse. The agency is under negotiations to expand this facility to include a newly constructed building next door. The facility head, agency PREA Coordinator and facility PREA Manager are involved in the conversations to consider safety of offenders including sexual misconduct or abuse.

115.218 (b) The agency does consider how such technology may enhance the agency's ability to protect residents from sexual abuse when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology. These meetings were documented and verbalized during interviews with the agency head.

There had been no substantial expansions or modifications to the facility.

Standard 115.221 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.221 (a) The agency utilizes local law jurisdiction for all criminal investigations. The agency does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings.

115.221 (b) The protocol is adapted from the Second Edition, April 2013 U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.

115.221 (c) The facility has not been involved in any allegations that would require a forensic medical exam. Should an allegation occur, a forensic medical exam would be conducted at the local hospital, which has a SAFE or SANE available to conduct the exam. This service would be provided free of charge.

115.221 (d) The facility has postings throughout the facility providing information for services provided by the Department of Commerce Office of Crime Victims Advocacy. The contract between the State of Washington Department of Corrections and the Department of Commerce Office of Crime Victims Advocacy was reviewed and interviews with residents confirmed that this information is available and the residents are familiar with the services provided.

115.221 (e) WADOC also has an agreement with the Office of Crime Victims Advocacy (OCVA) to field calls from residents for advocacy services. OCVA staff will screen the call and transfer the caller to a geographically appropriate victim advocacy organization. A contract with OCVA and WADOC indicates that OCVA will provide services to survivors of sexual abuse by ensuring response to the hospital during a SANE exam, presence during all investigatory interviews and legal proceedings and will provide emotional support, crises intervention, information and referrals.

115.221 (f)(g)(h) The agency itself is not responsible for criminal investigating allegations of sexual abuse, the agency does expect/request that the investigating agency follow all requirements of this standard.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.222 (a)(b)(c)(d) WADOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation outlines the agency requirement to investigate all allegations of sexual abuse and sexual harassment; that all allegations that appear to be criminal will be referred for local law enforcement investigation. All allegations are referred for investigation to the

appropriate authority. Law enforcement agencies that would investigate criminal allegations have the authority to do so. As part of the referral process, it requires that information be shared at least every 30 days and upon completion of the investigation. 490.860 PREA Investigation and 490.850 PREA Response was provided as documentation that all allegations of sexual abuse and sexual harassment must be investigated and the PREA Coordinator will review all allegations and determine which allegations fall within the definition of sexual misconduct, and will forward that allegation to the appropriate appointing authority for investigation. This policy requires that allegations of sexual abuse and sexual harassment are referred for an administrative or criminal investigation. An allegation of sexual harassment is only referred for a criminal investigation if it meets a criminal standard. Administrative investigations are requested and assigned by the appointing authority. The agency PREA Coordinator provided a memo which states WADOC is responsible for administrative PREA investigations and that all felonies will be reported to law enforcement authorities. The PREA Coordinator also states that the sheriff's office or local police department if the facility is located within city limits are primary investigators for crimes committed in facilities. Interviews with staff indicated they knew that all allegations must be reported and referred for investigation. Interviews with staff responsible for administrative investigations indicate extensive training and understanding of the process.

Standard 115.231 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.231 (a)(b)(c)(d) The agency requires all staff, contractors, and volunteers to complete an online PREA 101 curriculum that outlines the agency's zero tolerance policy towards sexual abuse and sexual harassment, including; how to prevent, detect, and report incidents of sexual abuse and harassment; resident rights to be free from sexual abuse and sexual harassment; rights of staff and residents to be free from retaliation for reporting incidents of sexual abuse and harassment; dynamics of sexual abuse and sexual harassment in a confinement setting; common reaction of sexual abuse and sexual harassment victims; how to avoid inappropriate relationships with residents, how to communicate effectively with LGBTI residents, and pat search procedures. The training is designed to address issues related to both genders and is provided to all staff, contractors and volunteers prior to them being allowed contact with residents. All training is documented and provided annually. Training records were provided and reviewed by the auditor.

Standard 115.232 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.232 (a)(b)(c) As part of the contract, all staff are required to complete the agency's PREA 101 training. Additionally, all contractors and volunteers who have contact with residents have been trained regarding their responsibilities under the agency's sexual abuse, sexual harassment prevention, detection, and response policies and procedures. Interviews with contractors and volunteers demonstrated their knowledge of their responsibilities and the agency's zero tolerance policy regarding sexual abuse and harassment. Training records were provided and reviewed by the auditor. Interviews with random staff indicate a knowledge base appropriate to the training provided.

Standard 115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.233 (a)(b)(c)(d)(e) Every resident receives PREA training within 72 hours of receipt to the facility as part of an orientation, most within 24 hours. Posters and resident materials are provided and posted throughout the facility. Each office or area where residents could congregate has a PREA bulletin board with PREA related materials and information. During interviews with residents, they acknowledged the information being provided upon arrival. They knew the agency's zero tolerance policy, the difference between sexual abuse and sexual harassment, and how to contact an outside victim services agency as well as their rights to be free from retaliation for reporting such incidents. PREA Policy 490.800 and the Orientation for Residents Policy 310.000 outlines residents will be provided PREA information at intake and facility transfer. All residents also receive an orientation handbook at intake. The facility ensures that every resident regardless of limitation or disability has the same access to PREA education resources. Educational materials were reviewed, and they include information explaining WADOC's zero tolerance policy, right to be free from retaliation, and how to report incidents or suspicions of sexual abuse and sexual harassment. It is documented that residents participated in these education sessions, as required by the PREA policy. Documentation was provided to show compliance. Spanish and English PREA posters were also visible throughout the facility when conducting the tour.

Standard 115.234 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.234 (a)(b)(c)(d) In addition to the general training provided to all employees pursuant to 115.231, Carrie Trogdon-Oster Work Release program Administrator and Vicky Neufeld, facility supervisor completed the on line PREA 101 training as well as the specialized PREA Investigations training and updated booster training for PREA. The auditor checked training records to verify completion of the training. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collections in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Standard 115.235 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.235 (a)(b)(c)(d) The facility does not have medical or mental health services available on site. Each offender assumes personal liability for their own medical care as part of participating in the work release program. Any needed medical or mental health services are provided by community providers at the offenders expense unless services are required due to sexual abuse at which time the agency would assume the liability.

Standard 115.241 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.241 (a)(b)(c)(d)(e)(f)(g)(h)(i) The facility ensures that all offenders are assessed during an initial intake screening and upon transfer from another facility. During an interview with the facility Community Corrections Officer, they acknowledged that this screening is generally conducted within 72 hours after arrival, but most often within 24 hours. The agency has developed an objective screening tool that considers whether the offender has a mental, physical or developmental disability; age; prior incarceration; criminal history; prior convictions for sex offenses; whether the offender is identified as LGBTI or is other gender non-conforming; prior victimization; and the offenders own perception of vulnerability. Section (f) of this standard requires that the offender be reassessed within a time period not to exceed 30 days from the time they

arrived at the facility for their risk of victimization or abusiveness based upon any additional information received since the intake screening. On site checks and interviews revealed that this second assessment is taking place within 21 days after arrival. WADOC incorporated into their PREA Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments, language that requires the facility to ensure an additional screening occurs within 30 days and the initial assessment is completed within the prescribed 72 hours.

Standard 115.242 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.242 (a) The facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Interviews with staff making housing and program assignments indicate this is occurring.

115.242 (b) The facility makes individualized determinations about how to ensure the safety of each resident.

115.242 (c) The agency by policy does consider in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments is considered on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

115.242 (d) A transgender or intersex resident's own views with respect to his or her own safety is given serious consideration. This was determined through a review of the assessment tool and interviews with staff performing assessments.

115.242 (e) All residents are given the opportunity to shower separately.

115.242 (f) The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status.

Standard 115.251 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

115.251 (a)(b)(c)(d) The Washington State Department of Corrections and Bellingham Work Release have made every effort to ensure multiple ways for offenders to report concerns related to sexual abuse, sexual harassment, retaliation, staff neglect or violation of responsibilities. PREA Policy 490.800 and Mail for Prison Offenders policy 450.100 detail how inmates can report. WADOC has a MOU with Colorado Department of Corrections that details a joint agreement to serve as each other's external reporting entity, to include a Reporting Form; this allows the resident to report anonymously to a party outside the agency. The MOU met the requirements that an resident may request to remain anonymous, and that reports will be immediately forwarded to agency officials. A memo was provided from the Correctional Records Program Administrator that states WADOC does not detain persons solely for civil immigration purposes; therefore this portion of the standard is not applicable to WADOC. Every offender interviewed was aware of at several ways to report, stated that they felt safe reporting to staff at the facility and had never experienced any reason to make a report. Staff interviewed knew and understood that regardless of how a report of sexual abuse, sexual harassment, retaliation, staff neglect or violation of responsibilities is received, it must be reported and investigated. Staff have been directed to either directly contact the appointing authority or the on shift duty officer unless immediate action is needed.

Standard 115.252 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

A memo from previous Secretary Pacholke, dated November 12, 2015, states that WADOC does not process PREA related allegations through the internal offender grievance program. Instead grievances regarding PREA will be immediately forwarded to the appointing authority and investigated the same as any PREA allegation. He indicates an internal process has been established whereby any investigation that has been open for a period of 90 days or more is reviewed for status and issues that need to be resolved by the agency PREA Coordinator and responsible appointing authority. This allows for oversight of the investigation without restricting the investigation. WADOC's process makes this standard not applicable. At the time of the onsite audit Richard Morgan had been appointed Secretary however through interview with Mr. Morgan he indicated that this process had not changed.

Standard 115.253 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

115.253 (a)(b)(c) Bellingham Work Release is operated by the Washington Department of Corrections and contracted with Community Work Training Association. The facility has bulletin boards dedicated to PREA information including information on how to contact local victim advocates and rape crisis organizations. In addition there are brochures available for residents and information is in the resident handbook. During random resident interviews it was evident that the residents were aware of this information and services.

An interagency agreement between the State of Washington Department of Corrections and the Department of Commerce Office of Crime Victims Advocacy was reviewed.

The facility does not utilize audio recording devices in the facility or in conjunction with resident telephones and all outgoing mail from residents is not monitored.

Standard 115.254 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.254 (a) The agency has an external website available to the general public that provides instructions for reporting and throughout the facility there are family posters and brochures available with instructions on third-party reports of sexual abuse and sexual harassment including on how to report sexual abuse and sexual harassment on behalf of a resident.

Standard 115.261 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.261 (a) The WADOC requires all staff to report immediately, to the assigned appointing authority, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or

not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This is presented to staff in the staff brochure and on staff poster posted in staff work areas. Staff interviewed on this subject indicate they have good knowledge and understanding of this requirement.

Policy:
490.850--requires compliance with the standard using the terminology directly from the standard. Chart attached to the policy titled "PREA Reporting Process" is excellent and again details the standard.

115.261 (b) Staff report only to the facility administrator or duty officer as specified in agency policy 490.850. Staff interviews revealed staff were very well aware of this through training they had received and were adamant they would not discuss with anyone unless directed to do so by the facility administrator.

Policy:
490.850-- staff report to the facility administrator or duty officer only. Chart attached to the policy titled "PREA Reporting Process" is excellent and again details the standard.

115.261 (c) Memo dated 2/1/16 defines the expectations of the facility/agency however this facility's residents are responsible to obtain their own health/mental health care while assigned to work release. The residents are informed of the requirement to report via posters throughout the facility.

Policy:
490.850--discusses the required reporting for medical and mental health practitioners within WADOC.

115.261 (d) Memo dated 2/1/16 states there have been no residents under the age of 18 nor vulnerable adults assigned to this facility in the last 12 months. There have also been no incidents of sexual misconduct reported.

Policy:
490.850--Attachment 1 "Aggravated Sexual Assault" and attachment 3 "PREA Response and Containment" checklists defines reporting to either child protective services or vulnerable adult protective services.

115.261 (e) Memo dated 2/1/16 states there have been no incidents of sexual abuse or harassment reported during this review period including anonymous or 3rd party reports. Memo dated 11/15/15 states WADOC's process is that staff report to the on facility administrator or duty officer, who files the report with the PREA coordinator who passes on to the appointing authority who then assigns the case to an investigator. File contains a log of complaints filed which reflect this process is in place and being used.

Policy:
490.850--addresses this in several areas as well as three attachments to the policy which are required checklists addressing reporting process.

Standard 115.262 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.262 (a) Memo dated 2/1/16 states there have been no residents identified as being at substantial risk of imminent sexual abuse. Residents could be housed in a single person room or with another resident having no risk identified. Interviews with staff indicate they are knowledgeable of this requirement and would report immediately any suspect threat of risk.

Policy:
490.820--defines "Facility Risk Management Team" which reviews potential at risk victims and develops/monitors a monitoring plan. Policy includes requirement for addressing imminent risk residents immediately.

Standard 115.263 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.263 (a) Facility is compliant as it has received no allegation that a resident was sexually abused while confined at another facility during this review period. During the interview, the facility administrator was knowledgeable of the process.

Policy:
490.850--Addresses this standard with terminology from the standard.

115.263 (b) Facility is compliant as it has received no allegation that a resident was sexually abused while confined at another facility during this review period. During the interview, the facility administrator was knowledgeable of the process and the required time frames.

Policy:
490.850--Addresses this standard with terminology from the standard.

115.263 (c) Facility is compliant as it has received no allegation that a resident was sexually abused while confined at another facility during this review period.

Policy:
490.850--Addresses this standard with terminology from the standard.

115.263 (d) Facility is compliant as it has received no allegation that a resident was sexually abused while confined at another facility during this review period. During the interview, the facility administrator was knowledgeable of the process.

490.860--Addresses this standard with investigating processes.

Standard 115.264 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.264 (a) This facility is compliant with this standard as there have been no reports of sexual abuse, assault or harassment during the audit period per memo to file dated 2/1/16. All staff interviewed, State employed or contract, had good knowledge of the first responder policy and procedure, should it be needed. Checklists are available and staff knew where to access the checklist. Emergent response local law enforcement (911) will be called for emergent issues. The reported victim, perpetrator and crime scene would be turned over to them and/or further direction would be given by the appointing authority or duty officer.

Policy:

420.365--describes evidence handling procedures

490.850--outlines response to allegations of sexual assault/misconduct to include the use of either a checklist for "PREA Response and Containment" or a checklist for "Aggravated Sexual Assault, and the use of the assigned PREA Response Team.

115.264 (b) The facility is compliant since they train all staff in security/emergency response procedures to include isolation and containment of emergency situations, they follow directions of Community Corrections Division Program Administrator or the on call work release duty officer.

Policy:

420.365--describes evidence handling procedures

490.850--outlines response to allegations of sexual assault/misconduct to include the use of either a checklist for "PREA Response and Containment" or a checklist for "Aggravated Sexual Assault, and the use of the assigned PREA Response Team.

Standard 115.265 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

115.265 (a) The facility is compliant as there is a facility specific institutional plan (as required by PREA) to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Emergency plan is provided in the file.

Policy:
490.850--requires each work release to develop a PREA Response Plan to be maintained with the Emergency Management Plan and has checklists for sexual abuse incidents.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.266 (a) (b) A memo from former Secretary Dan Pacholke dated November 12, 2015 states that this memo serves as notice that interest only arbitration has no impact on the agency's ability to remove an alleged staff abuser from contact with any offender's during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted.

Standard 115.267 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.267 (a) WADOC does have an established policy developed to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation. Each work release's Community Corrections Supervisor, as assigned by the appointing authority, is responsible for monitoring retaliation should it be needed.

Policy:

490.860--requires the appointing authority of the facility to address any issues of retaliation or report retaliation using terminology from the standard.

115.267 (b) WADOC policy provides for multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. This work release facility has had no incidents reported during the review period, therefore no protective measures have been implemented and there were no residents to interview who reported abuse. Interviews with the Secretary of the State of Washington's Department of Corrections and the appointing authority support the policy and both knew the subject well.

Policy:
490.860--requires the appointing authority of the facility to address any issues of retaliation or report retaliation using terminology from the standard.

115.267 (c) Per memo to file dated 2/1/16 and WADOC policy, for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. This work release facility has had no incidents reported during the review period, therefore no monitoring has occurred. Through interview, the facility director was knowledgeable of this process.

Policy:
490.860--requires the appointing authority of the facility to address any issues of retaliation or report retaliation using terminology from the standard to ensure monitoring for 90 days or longer if so determined by the appointing authority.

115.267 (d) This work release facility has had no incidents reported during the review period, therefore no monitoring has occurred. Through interview, the facility director was knowledgeable of this process.

Policy:
490.860 requires the Work Release Community Corrections Supervisor or PREA Liaison to monitor and meet at least monthly with those who reported retaliation.

115.267 (e) Per WADOC policy, if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. This facility has had no incidents reported during the review period, therefore no monitoring has occurred. Both the Secretary and the facility director were knowledgeable of the requirements.

Policy:
490.860--requires the appointing authority of the facility to address any issues of retaliation to include taking appropriate measures to protect the individual(s).

115.267 (f) Per memo to file dated 2/1/16 and WADOC policy, WADOC's obligation to monitor shall terminate if it determines that the allegation is unfounded.

Policy:
490.860--states monitoring activities may be discontinued if the allegation is determined to be unfounded.

Standard 115.271 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.271 (a) Per memo dated 2/1/16 in file; this facility has had no allegations of sexual abuse or harassment during this reviews period. Agency is compliant with policy stating the department investigates allegations of sexual abuse and sexual harassment, thoroughly, promptly, and objectively for all allegations, including third-party and anonymous reports.

Policy:
490.860--as stated above

115.271 (b) The agency is in compliance as it maintains a list of investigators who have received special training in sexual abuse administrative investigations, and policy requires specialized training. Interviews with identified staff on the list confirm their training and knowledge.

Policy:
490.800 requires investigators to receive specialized training in sexual abuse investigations.
490.860 requires investigators be assigned by the appointing authority and receive the specialized training.

115.271 (c) The agency is compliant with the standard related to administrative investigations. Memo dated 11/12/15 outlines the process of PREA investigations and refers to the Workplace Investigator Training which covers the above topics. Power Point of the training is in file 115.34. Policy requires investigators receive the specific training. The agency is compliant with the criminal investigations as all cases are referred to local law enforcement or WA State Police for investigation.

Policy:
490.860 requires investigators be assigned by appointing authority and receive specific sexual abuse training and requires investigators to gather evidence as defined in the standard.
420.365 requires specific evidence collection and control for work release facilities.

115.271 (d) The agency is compliant as all PREA allegation that appear criminal are referred to local law enforcement or the WA State Police for investigation as outlined in policy. This is also covered in the Investigator specific training.

Policy:
490.860 requires all allegations are referred as noted using for DOC 03-505.

115.271 (e) Per policy and checklist attached to the policy, appointing authority assesses the credibility of an alleged victim, suspect, or witness and does so on an individual basis and does not determine the person's creditability solely by his/her status as resident or staff. WADOC does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Policy:
400.360 addresses that no residents who are alleged victims, reporters or witnesses of PREA investigation will be required to submit to polygraph.

115.271 (f) Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act

contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Agency policy requires investigators to submit investigative reports to the appointing authority and for the reviews committee to review policy compliance, causal factors and systemic issues.

Policy:

490.860 requires written reports be submitted and duties of review committee.

115.271 (g) The agency does not conduct criminal investigations which are referred to local law or State law enforcement agencies. Statewide, only one work release incident (unsubstantiated internally) was referred for prosecution. That prosecution was declined. This facility had no cases requiring criminal investigation. The facility is compliant as policy does require investigative reports received for law enforcement will be submitted to the PREA Coordinator.

Policy:

490.860 requires completed criminal investigations be submitted to the PREA Coordinator.

115.271 (h) Per policy the appointing authority refers all substantiated allegations of conduct that appears to be criminal for prosecution. This facility had no cases requiring criminal investigation.

Policy:

490.860 states the appointing authority will refer all substantiated allegations that appear to criminal.

115.271 (i) The agency is compliant as it retains all PREA investigative records for fifty years after the close of the investigation as defined in the DOC records retention schedule. Verified through interview with agency PREA coordinator.

Policy:

490.860 requires the agency to maintain PREA incident records according the DOC records retention schedule.

115.271 (j) The agency/facility is compliant as policy below defines.

Policy:

490.860 requires investigations to be completed even if the resident is no longer under the agency's or facility's jurisdiction or authority. This was verified through interviews of facility head.

115.271 (k) The Washington State Patrol conducts all criminal investigations and does so pursuant to the above requirements. Good policy requires each work release program administrator to meet with local law enforcement to review PREA investigative requirements, establish procedures for conducting the investigations/allegations, establish points of contact and agree on investigative update procedures. A memo dated 12/10/15 outlines the practice and procedure by the Chief of Investigative Operations for WADOC.

Policy:

490.800 establish the above stated policy for work release facilities.

115.271 (l) Should the need to investigate sexual abuse occur, the facility indicates it will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation.

Good policy requires each work release program administrator to meet with local law enforcement to review PREA investigative requirements, establish procedures for conducting the investigations/allegations, establish points of contact and agree on investigative update procedures. A memo dated 12/10/15 outlines the practice and procedure by the Chief of Investigative Operations for WADOC.

Standard 115.272 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.272 (a) The agency is compliant based on training provided to each agency head defining preponderance of evidence and outlining PREA standards. Memo in file dated 11/12/15 further details level of evidence. Additional memo in file dated 2/1/16 describing the WADOC work release facilities methods of investigation and the level of evidence required by the appointing authority for findings in PREA related incidents. RCW 72.09.225 (also in file) defines actions required by the Secretary based on the preponderance of evidence in staff on resident cases. Verified through interviews with facility head, WADOC Secretary and staff responsible for administrative investigations.

Policy:
490.860 states the appointing authority will determine if an allegation is substantiated based on the preponderance of the evidence.

Standard 115.273 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.273 (a) The agency is compliant as policy states it shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Memo dated 2/1/16 indicates no incidents of sexual abuse have occurred at this facility during this review period. The agency does maintain a data base identifying alleged victims and suspects to include notifications to residents if warranted. Investigative staff verified this through interview.

Policy:
490.860 requires the appointing authority to notify the alleged victim of the findings.

115.273 (b) The agency is compliant as policy requires outside investigations be reviewed, upon completion, by the appointing authority who would then notify the resident pursuant to 273(a) above. Memo dated 2/1/16 indicates no incidents of sexual abuse have occurred at this facility during this review period.

490.860 requires the appointing authority to review outside investigations upon completion and notify the alleged victim of the findings

115.273 (c) The agency is compliant as policy requires the department to make written notification to a resident following a substantiated/unsubstantiated allegation that a staff member has committed sexual abuse against the resident whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Memo dated 2/1/16 indicates no incidents of sexual abuse have occurred at this facility during this review period.

Policy:

490.860 –section VIII, Ongoing Notifications to Alleged Victims defines the process.

115.273 (d) The agency is compliant. The agency maintains a data base of alleged victims and suspected perpetrators which included notifications to either/both, reason for notification and date. To date, no notifications have been required and there has been no one indicted or convicted of a charge related to sexual abuse.

Policy:

490.860 –section VIII, Ongoing Notifications to Alleged Victims defines the process.

115.273 (e) The agency is compliant. The agency maintains a data base of alleged victims and suspected perpetrators which included notifications to either/both, reason for notification and date. To date, no notifications have been required and there have been no one indicted or convicted of a charge related to sexual abuse.

Policy:

490.860 –section VIII, Ongoing Notifications to Alleged Victims defines the process.

115.273 (f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Policy:

490.860 –section VIII, Ongoing Notifications to Alleged Victims defines the process.

Standard 115.276 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.276 (a) WADOC staff are subject to disciplinary sanctions as documented in policy up to and including termination for violating agency sexual abuse or sexual harassment policies.

Policy:
RCW 72-09-225
490.800 states the department will impose disciplinary sanctions for sexual misconduct and possible referral for prosecution
490.860 states employees may be subject to disciplinary action, including termination, for violating department PREA policy

115.276 (b) The facility is compliant as RCW states in part, "The Secretary shall immediately institute proceedings to terminate the employment of any person found to have had sexual intercourse or sexual contact with the resident." Department policy and an interview with the Secretary supported this requirement. The facility is compliant as there have been no incidents requiring termination.

Policy:
RCW 72.09.255
490.800 states "the department will impose disciplinary sanctions for such conduct (sexual misconduct), up to and including dismissal for staff."
490.860 states "employees may be subject to disciplinary action, up to termination for violating department PREA policy."

115.276 (c) A memo to file dated 11/12/15 states "Sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Policy:
RCW 72.90.225
WAC 357-40-010
450.050
490.860

115.276 (d) The facility is compliant as there have been no incidents requiring termination or referral to law enforcement bodies. No employee at the facility requires licensing.

490.860 requires the Appointing Authority to make law enforcement and licensing body notifications.

Standard 115.277 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.277 (a) The facility is compliant as there have been no incidents requiring contractors or volunteers be prohibited from contact, or referral to law enforcement bodies. No contractor or volunteer at the facility requires licensing.

Policy:
RCW 72.09.225
PREA Audit Report

450.050 "Prohibited Contact" is defined.

490.860 defines this process and requirements for staff, contractors and volunteers

115.277 (b) The facility is compliant as policy addresses and there have been no incidents requiring contractors or volunteers remedial action during this review period.

Policy:

450.050 "Prohibited Contact" is defined.

490.860 defines this process and requirements for staff, contractors and volunteers

Standard 115.278 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.278 (a) Per policy, residents shall be subject to disciplinary sanctions pursuant to this standard however, a memo in the file indicating there have been no allegations of sexual abuse during the review period.

Policy:

490.860 outlines resident discipline related to substantiated allegations of sexual abuse.

460.135 outlines resident discipline for work release facilities.

115.278 (b) Per policy sanctions shall be commensurate based on a table associating violation with sanction.

Policy:

460.135 outlines resident discipline for work release facilities to include a sanctions table defining major violations or lesser violations.

115.278 (c) The disciplinary process does consider whether a resident's mental disabilities or mental illness contributed to his or her behavior in determining sanctions.

Policy:

460.135 states the hearing officer will consider the resident's overall adjustment to the facility, prior infractions, prior conduct and mental status.

115.278 (d) This facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. This is a work release facility therefore residents disciplined due to sexual misconduct will not remain at the facility.

115.278 (e) The agency is in compliance as disciplinary charges 604, 611, 612 & 613 under WA Administrative Code are applied for sexual contact with staff after finding the staff did not consent.

115.278 (f) The facility is compliant as a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy:
490.860

115.278 (g) WADOC prohibits all sexual activity between residents and may discipline residents for such activity.

Policy:
490.800

Standard 115.282 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.282 (a) Per policy resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services; however a memo to file dated 2/1/16 indicates there have been no incidents at this facility warranting treatment services. This facility has no medical or mental health staff on site. Residents have access to medical care at St. Joseph Medical Center through facility contract provider.

Policy:
610.300 states—Residents who are on Work release status will have unimpeded access to health care.
610.025, section I states—Resident alleging sexual abuse will be referred to a health care provider and mental health treatment services for treatment and follow up. Sections III and VI go on to describe the requirements in detail.
490.850 In defining a PREA incident response states—Victims will receive immediate medical and mental health services for case of sexual abuse.

115.282 (b) This facility has no medical or mental health staff on site. Security staff first responders state they would take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners at local hospitals through the appointing authority, duty officer or local law enforcement.

Policy:
490.850 gives specific directions for first responders

Memo to file dated 2/1/16 indicates there have been no incidents at this facility warranted treatment services. Residents have access to medical care at St. Joseph Medical Center through facility contract provider.

Policy:

115.282 (c) Per policy, resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, however; a memo to file dated

2/1/16 indicates there have been no incidents at this facility warranting treatment services. This facility has no medical or mental health staff on site. Residents have access to medical care at St. Joseph Medical Center through facility contract provider.

Policy:

610.300 –Residents victims of sexual misconduct will receive information and access to services and treatment for sexually transmitted infections and emergency contraception, as medically appropriate.

Memo to file dated 2/1/16 indicates there have been no incidents at this facility warranted treatment services. This facility has no medical or mental health staff on site. Residents have access to medical care at St. Joseph Medical Center through facility contract provider.

610.025—Health care provider will give information regarding need for post-exposure prophylaxis for sexually transmitted infection and need for pregnancy prevention.

115.282 (d) Per policy, treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Memo to file dated 2/1/16 indicates there have been no incidents at this facility warranted treatment services. This facility has no medical or mental health staff on site. Residents have access to medical care at St. Joseph Medical Center through facility contract provider.

Policy:

610.300 states the appointing authority will authorize payment and coverage of medically necessary treatment and identified mental health treatment and no debt will be added to an resident’s account for treatment received as a result of reported sexual misconduct whether or not she/he names the abuser or cooperates with the related investigation.

600.000 further states medical and mental health services related to sexual misconduct as defined in policy will be provided at no cost to the resident.

490.850 again states all medical and mental health services for victims of sexual misconduct will be provided at no cost to the resident.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.283 (a) Facility is compliant per memo dated 2/1/16, which addresses sections a, b & c, there have been no allegations of sexual assault/abuse therefore no offers to referral were made for evaluation or treatment.

Policy:

610.025 states a resident reporting sexual abuse will be evaluated and treated according the community health care provider’s sexual assault protocol.

610.300 states (work release) facilities will ensure all residents who report being a victim of sexual misconduct have access to local community providers for medical and mental health evaluation.

115.283 (b) Per memo dated 2/1/16, which addresses sections a, b & c of this standard, there have been no allegations of sexual assault/abuse therefore no referrals made for evaluation or treatment.

Policy:

610.300 states (work release) facilities will ensure all residents who report being a victim of sexual misconduct have access to local community providers for medical and mental health evaluation.

610.040 states; Ongoing health services will be determined by a health care practitioner and consistent with the Resident Health Plan and an resident may be referred to community providers when continued treatment is appropriate. Identified

115.283 (c) The facility is in compliance as per memo dated 2/1/16, which addresses sections a, b & c of this standard there have been no allegations of sexual assault/abuse therefore no referrals made for evaluation or treatment.

Memo dated 1/25/16 from the Chief Medical Officer addresses the standard indicating medical/mental health care will be provided for health consequences for sexual abuse.

Policy:

610.300 requires residents who are on work release status will have unimpeded access to health care.

600.000 states Medical and mental health services related to sexual misconduct (as defined) will be provided at no cost to the resident.

630.500 describes, in lengthy detail, mental health services available to all residents to include emergent issues and follow up treatment plans.

115.283 (d) Per memo dated 2/1/16, which addresses this standard, there have been no allegations of sexual assault/abuse therefore no referrals made for pregnancy tests. Memo states should an incident occur, the resident would be offered pregnancy testing at no cost and follow up care/services would be offered.

Policy:

610.025 requires the health care provided to give female victims information on the need for pregnancy prevention, if applicable, and offer pregnancy testing and other lawful pregnancy related medical services.

610.300 states female residents in work release will have access to pregnancy management services.

115.283 (e) File contains a brochure from Planned Parenthood with related information.

Policy:

610.025 requires the health care provided to give female victims information on the need for pregnancy prevention, if applicable, and offer pregnancy testing and other lawful pregnancy related medical services.

610.300 states female residents in work release will have access to pregnancy management services.

115.283 (f) Per memo dated 2/1/16, which addresses this standard, there have been no allegations of sexual assault/abuse therefore no referrals made for evaluation or treatment. Memo states in the event of an occurrence, treatment would be provided by a community medical provider.

Policy:

610.025 requires follow up care with a health care practitioner within three working days will include testing, prophylaxis, and treatment of sexually transmitted diseases.

610.300 states resident victims of sexual misconduct, while incarcerated, will receive information and access to services and treatment for sexually transmitted infections.

115.283 (g) Per policy, treatment services shall be provided as authorized by the appointing authority to the victim without financial cost.

Policy:

610.300 states the appointing authority will authorize payment and coverage of medically necessary treatment and identified mental health treatment and no debt will be added to an resident's account for treatment received as a result of

reported sexual misconduct whether or not she/he names the abuser or cooperates with the related investigation. 600.000 further states medical and mental health services related to sexual misconduct as defined in policy will be provided at no cost to the resident.

490.850 again states all medical and mental health services for victims of sexual misconduct will be provided at no cost to the resident.

115.283 (h) Memo dated 2/1/16 indicating there have been no incidents reported, therefore no attempts to conduct evaluations of known abusers.

Policy:
610.025 states, in part, a mental health evaluation will be completed for all residents who have been identified as the perpetrator in a substantiated case of sexual assault/abuse and the resident offered treatment as deemed necessary the mental health professionals.

610.300 states a referral will be submitted for residents, at work release facilities, identified as a perpetrator in a substantiated allegation. Should the resident refuse evaluation and subsequent treatment the resident would be transferred to a prison for evaluation and treatment, if appropriate.

Standard 115.286 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.286 (a) This facility has had no reports of sexual abuse during the review period, therefore no reviews were conducted.

Policy:
490.860 III. A. addresses this stating a review will be conducted for each substantiated or unsubstantiated finding of all resident on resident sexual assault/abuse and staff sexual misconduct.

115.286 (b) This facility has had no reports of sexual abuse during the review period, therefore no reviews were conducted.

Policy:
490.860 III. B. addresses stating the committee will meet every 30 days or as needed.

115.286 (c) This facility has had no reports of sexual abuse during the review period, therefore no reviews were conducted. Based on policy, the facility is in compliance.

Policy:
490.860 III. C. addresses requiring a multidisciplinary committee including facility management with input from supervisors, investigators and medical/mental health practitioners.

115.286 (d) This facility has had no reports of sexual abuse during the review period, therefore no reviews were conducted. Based on policy, the facility is in compliance.

Policy:
490.860 III. D. addresses.

115.286 (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Not covered in policy provided. ---- Memo to auditor reflects all the above standards noting this facility has had no events requiring a review.

Standard 115.287 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.287 (a)/(c) (a) The agency is in compliance as it has established and maintains a case database within their Offender Management Network Information (OMNI)) system inputting data collected from named sources.

Policy:
490.800 requires all facilities under it's control to adhere to National PREA Standards.
490.860 requires the collection of data.

115.287 (b) The agency is compliant as it aggregates the incident-based sexual abuse data annually and submits the data to the DOJ.

Policy:
490.860, IX.B.1 addresses.

115.287 (d) The agency is compliant as it has established and maintains a case database within their Resident Management Network Information (OMNI)) system inputting data collected from the above named sources.

Policy:
490.860 IX.B.1 addresses using National Standard terminology.

115.287 (e) The agency is compliant as it obtains incident-based and aggregated data from all private facilities with which it contracts for the confinement of its residents.

Policy:
490.860 IX.B.1 addresses using National Standard terminology.

115.287 (f) The agency is compliant as it has provided a completed version of the Survey of Sexual Violence to the DOJ for calendar year 2014.

Policy:
PREA Audit Report

490.860 IX. D states all data/reports will be provided on request to the US Department of Justice.

Standard 115.288 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.288 (a) The agency is compliant based on a review of the 2013 and 2014 annual reports as posted on its website. The report identifies problem areas and corrective actions taken or to be taken for each facility and the agency as a whole.

Policy:
490.860

115.288 (b) The above noted annual report does reflect comparisons of current year and previous years data and reflects progress made in addressing identified issues/areas.

Policy:
490.860 requires comparison to previous years and the agency's progress.

115.288 (c) The annual report, posted to the website, includes a letter from the agency head introducing the report to stakeholders, which shows compliance.

Policy:
490.860 states the report requires the Secretary's approval and be made available to the public through the department website.

115.288 (d) The agency is in compliance as no information in the publication presented a clear and specific threat to safety or security therefore no redactions were needed.

Policy:
490.860 requires this using the standard's exact terminology.

Standard 115.289 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

115.289 (a) The agency is compliant as collected data is retained with access restricted and access can only be approved by the agency PREA Coordinator. (memo to file, 11/12/15)

Policy:

280.515 defines levels of electronic document security access and retention.

490.860 identifies PREA data as a category 4.

115.289 (b) The agency is compliant based on the annual report, which contains aggregated sexual abuse data from all facilities, posted to the agency's website.

Policy 490.860 requires the PREA Coordinator generate the annual report and post it to the website after the agency head approves.

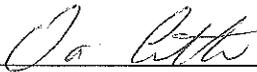
115.289 (d) The agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

AUDITOR CERTIFICATION

I certify that:

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

Dave Cotten



May 17, 2016

Auditor Signature

Date