

PREA AUDIT REPORT INTERIM FINAL
COMMUNITY CONFINEMENT FACILITIES

Date of Report: May 3, 2017

Auditor Information			
Auditor name: Roger Benton			
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Telephone number: 916 798-9953			
Date of facility visit: March 29, 2017			
Facility Information			
Facility name: Reynold's Work Release			
Facility physical address: 410 4 th Avenue, Seattle, Washington, 96104			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (206) 464-6320			
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 type="checkbox"/> Community-Based Confinement Facility	
	<input type="checkbox"/> Halfway House	<input type="checkbox"/> Mental Health Facility	
	<input type="checkbox"/> Alcohol/Drug Rehabilitation Center	<input checked="" type="checkbox"/> Other- Work Release Facility	
Name of facility's Chief Executive Officer: Andrea Galando			
Number of staff assigned to the facility in the last 12 months: 26			
Designed facility capacity: 99			
Current population of facility: 94			
Facility security levels/inmate custody levels: Minimum Custody			
Age range of the population: 19-67			
Name of PREA Compliance Manager: N/A		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: Washington Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 7345 Linderson Way SW, Tumwater, WA, 98504-1100			
Mailing address: <i>(if different from above)</i>			
Telephone number: (360) 725-8800			
Agency Chief Executive Officer			
Name: Jody Becker-Green		Title: Secretary	
Email address: jmbeckergreen@doc1.wa.gov		Telephone number: (360) 725-8810	
Agency-Wide PREA Coordinator			
Name: Beth Schubach		Title: WADOC PREA Coordinator	
Email address: blschubach@doc1.wa.gov		Telephone number: (360) 725-8789	

AUDIT FINDINGS

NARRATIVE

The Reynolds Work Release (RWR) facility is located at 410 4th Avenue, Seattle, Washington 98104. Reynolds Work Release is participating in a Prison Rape Elimination Act (PREA) audit conducted by a certified auditor from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above on March 29, 2017. Following coordination, preparatory work and collaboration with management staff at the Reynolds Work Release, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

PRE-AUDIT PHASE

On January 9, 2017, the CDCR provided the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. Notices were to be posted in areas accessible to both offenders and staff. Reynolds Work Release staff emailed the auditor 6 time/date stamped pictures of different locations within the 1 building facility to include general areas, housing units, and dayrooms. The pictures were date and time stamped on February 10, 2017, to indicate when they were taken with the posted upcoming audit information in their assigned position. The posted information was still in many, if not all of those same locations, during our on-site audit tour. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from Washington Department of Corrections (WADOC) in February 2017.

Pre-audit Section of the compliance tool: In February 2017, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. The certified auditors started completing the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool. The auditor did not receive any letters from offenders, staff or 3rd parties at the facility prior to arrival at the institution. The auditor did not receive any letters from offenders, staff or 3rd parties at the facility while on-site or during the Post-Audit portion of the process.

It should be noted that Reynolds Work Release received the Final Report from their last 3-year cycle on August 25, 2014

ON-SITE PHASE

On March 29, 2017, the audit team arrived at the Reynolds Work Release facility. The audit team consisted of 2 auditors, which included myself, a certified auditor and retired Correctional Captain for CDCR and John Katavich, a certified auditor and retired Warden for CDCR. Both of us have conducted 30 plus CDCR Pre-Audits and are Master Trainers in the Locally Designated Investigators (LDI) course.

On March 29, 2017, the audit team met with the Facility Administrator, Statewide PREA Coordinator, and PREA Management staff for greetings, introductions and information sharing. The team was escorted to a conference room which served as a home base for audit preparation and organization.

Upon arrival at Reynolds Work Release, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who might be interviewed during the on-site portion of the audit. The audit team selected the names of staff who would be interviewed. Also on this date, the audit team received a roster of all offenders at the facility with identification numbers and assigned bed numbers, sorted by housing unit. The auditor also requested a list of offenders, if any, classified into any of the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender & Intersex Inmates

- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The audit team also received a list of all custody staff scheduled to work on the days of the on-site review, sorted by shift. Reynolds Work Release custody staff work the straight 8 hour shift. The auditor explained that these rosters were required for the audit team to select random custody staff and offenders for interviews. The auditor informed the PREA Coordinator that the audit team would compile a list of custody staff and offenders, selected randomly, for interviews.

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

In main hallways, audit team members tested offender phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. In offender on-site work areas, audit team members assessed the level of staff supervision and asked questions to determine whether offenders are in lead positions over other offenders.

PREA Management Interviews: Both audit team members were assigned the responsibility for interviewing various members of the management team, including the Facility Administrator and other specialty staff. The auditors worked with facility staff to schedule a time for each of these interviews; audit team members were escorted to the office of the respective manager or arranged to utilize another office where the auditor conducted the interviews using the applicable interview protocols and recorded the responses by hand.

The Agency Facility Administrator or designee, the Agency Contractor, the Agency PREA Coordinator, the SAFE/SANE Nursing staff and the Contracted Victim Advocates were all interviewed either in person or telephonically during the past two weeks. All their remarks and documentation presented, are in this report.

Specialized Staff Interviews: Using the list of specialized staff received from the Facility Administrator the same audit team members were later escorted to the work locations of individual specialized staff to perform the required interviews.

The audit team identified 11 specialized staff to be interviewed. Interviews included staff from the following areas:

- Incident Review Team Members
- Staff who Conduct Intake Screening
- Case Workers
- Investigations Staff
- Human Resources
- Person Responsible for Contractor, Volunteer and Vendor Training and Clearances
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisor
- First Responders
- Reynolds Work Release Training staff

Based on the physical design and mission statement, Reynold's Work Release does not have a need for staff in the following roles:

- Medical and Mental Health staff: Off-site Community Hospital
- Segregated Housing Staff: No Administrative Segregation offenders are housed at the Reynolds Work Release.

During interviews with investigative staff, the team learned that any allegations of PREA are to be forwarded to the Shift Commander. The Shift Commander creates an incident report in the Incident Report Management System (IRMS). Headquarters PREA Unit staff reviews all PREA allegations and make a determination if the allegation meets the prima fascia of PREA. If the allegation is determined to be a PREA incident, the PREA unit assigns an investigation log number and sends the incident back to the institution for investigation. These investigations are completed by WADOC staff from other facilities. Any grievance received by the Grievance Coordinator that makes an allegation of PREA is removed from the grievance process and handled similar to all other PREA allegations.

Where the circumstances dictate, the interviewer would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards. During these interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and various shifts. Both audit team members were escorted to various location where identified staff members were provided for the interviews. The interviews were conducted individually and in private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 4 formal and 6 informal random staff interviews were conducted from various categories of staff from all three shifts. During our on-site tour, auditors would stop, speak to numerous staff (Informal interviews) in all categories, and ask 2 to 3 questions about PREA issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

Work shifts for custody staff are as follows:

- 1st watch: 2300-0700 hours
- 2nd watch: 0700-1500 hours
- 3rd watch: 1500-2300 hours

Non-custody staff worked similar variations of the three shifts.

Random Offender Interviews: The auditor determined that at least one offender from each housing area would be interviewed. Both audit team members were assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders, from various age groups, ethnicities and races, from their assigned housing units. Audit team members were escorted to various location where the identified offenders were made available to participate in the interview in a private interview room/office During our on-site tour, auditors would stop, speak to numerous offenders in all categories,(Informal interviews) and ask 2 to 3 questions about PREA issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process. A total of 6 formal and 6 informal random offenders' interviews were conducted from offenders living in various housing units to include offenders from each housing floors 3rd, 4th, 5th and 6th.

PREA-Interest Offender Interviews: Both audit team members were assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards. These categories are:

- Disabled Inmates: None noted at the time of the audit
- Limited English Proficient Inmates: None noted at the time of the audit
- Transgender & Intersex Inmates: None noted at the time of the audit
- Gay & Bisexual Inmates: None noted at the time of the audit
- Inmates in Segregated Housing for Risk of Sexual Victimization: None noted at the time of the audit
- Inmates who Reported Sexual Abuse: None noted at the time of the audit
- Inmates who Disclosed Sexual Victimization during Risk Screening: None noted at the time of the audit

Through staff interviews, offender interviews and a comprehensive document review, we did not identify offenders in any of the above listed categories due to the limited mission and nature of the facility.

Document Reviews: Training records and background check documents were reviewed on all WADOC staff, Contractors and Volunteers that are currently working at the facility. Offender documents were reviewed to insure compliance with the PREA standards. These documents include intake screening, any medical/mental health referrals, and offender training documents. The auditors collected copies of documents to support the audit findings. There were no PREA investigations during this audit period.

Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. Both team member would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the Reynolds Work Release staff on March 29, 2017. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

POST-AUDIT PHASE

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

Per PREA procedure, starting on August 20, 2016, which is the first day of the first year of the second 3 year audit cycle, auditors are required to submit a report to the audited agency within 45 days of completion of an on-site audit. It is expected that if an auditor determines that a facility does not meet one or more of the standards, this report will be considered an "interim report," triggering a 180-day corrective action period, and the auditor will include in the report recommendations for any required corrective action and shall jointly develop with the agency a corrective action plan to achieve compliance. The auditor is required to "take necessary and appropriate steps to verify implementation of the corrective action, such as reviewing updated policies and procedures or re-inspecting portions of a facility." At the completion of the corrective action period, the auditor has 30 days to issue a "final report" with final determinations. Section 115.404 (d) states that, "After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action." The final report, which is a public document that the agency is required to post on its web site or otherwise make publicly available, should include a summary of the actions taken during the corrective action period to achieve compliance.

If the facility meets all of the Standards, the final report must be summited to the facility by **May 13, 2017**.

This information was also discussed with Reynolds Work Release's Facility Administrator, as well as provided to the agencies Statewide PREA Coordinator.

This auditor and the Statewide PREA Coordinator agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided by the Facility Administrator or designee.

Additionally, along with other WADOC specialized staff, the community-based Victim Advocates, as well as SAFE/SANE staff, were interviewed via telephone during the pre-audit phase. These interviews were conducted on March 23, 2017. This auditor conducted a telephone interview with the Harborview Center for Sexual Assault and Traumatic Stress Harborview Medical Center, respectively. Staff from both organizations stated that they have very good communications with the staff at Reynolds Work Release and they perform bi-weekly telephone calls for any needed updates or changes.

All of the concerns that the audit team had addressed during the exit interview with the Reynolds Work Release Administrative Staff on March 29, 2017, were addressed and satisfactorily corrected by May 4, 2017.

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

Final Audit Report: Following completion of the compliance tool, the auditor started completing the final report. The final report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility’s policies, procedures and practice exceed, meet, or does not meet the standard.

DESCRIPTION OF FACILITY CHARACTERISTICS

Reynolds Work Release is a community based correctional facility housed in a 6 story brick building located in Seattle’s downtown Pioneer Square district. It was constructed in the early 1900’s as a hotel and converted to a work release program on 1978. Its capacity is 99 residents. (Current population is 94)

Reynolds Work Release houses offenders returning from correctional institutions back to the community. The program serves male offenders ranging in age from 18-60 plus. (Currently 18-67 years old) Both former offenders and parole violators are served in this program. Offenders served are classified as Minimum Level offenders within 4 months of release from a correctional institution. Community Custody Offenders that have violations and have failed to successfully compete their community placement and court appointed jail sentenced offenders comprise of approximately 15% of the population.

The mission of Reynolds Work Release is to successfully transition offenders into the community and to allow them to become employed, pay financial obligations, and provide family support, all of which lead to a reduction in the risk of recidivism.

Reynolds provides security, food service, maintenance and sanitation for all offenders. They have comprehensive programming to include, family reintegration, positive social skills and post release planning. Reynolds also addresses individual needs such as Anger and Stress Management, Dad’s Program, Life Skills, Mentoring Programs and provides Substance Abuse Counseling on-site. Reynolds works with community support groups such as Washington Literacy Program and Alcoholics Anonymous

Reynolds has an MOU with Harborview Medical Center in Seattle, Washington, if the need arose, that a medical need arose. Through documentation and interviews, it was shown both have a good working relationship and open communications.

SUMMARY OF AUDIT FINDINGS

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff went above and beyond, regarding seeing to the needs of the auditors and the continued hospitality. The audit team thanked the Facility Administrator, the Reynolds Work Release staff and the Statewide PREA Coordinator for their continued progress in maintaining a sexually safe offender environment.

Overall, it is evident that Reynolds Work Release staff has been working towards compliance with the PREA standards. Due to the hard work and obvious dedication to this area of correctional safety, the facility is in full compliance with all applicable standards.

Some of the positives observed by the audit team included:

- Reynolds Work Release Management staff, as well as the Statewide PREA Coordinator, were all well prepared to meet these standards and were able to quickly provide the needed information/documentation.
- PREA posters, with current notification numbers and addresses, in English/Spanish were located next to every offender phone.
- The information provided by the offender population indicates they understand their rights to be free from sexual abuse and explained to the auditors how they would report an allegation. Most offenders stated they felt sexually safe at this facility.
- Announcement of opposite gender staff entering the housing units seemed to be routine and part of everyday business.
- The location and use of technology (cameras) throughout the institution eliminates most blind spots, and show staff where to concentrate on their tour/security rounds.

There is a total of 39 standards for Community Confinement Facilities

Number of standards exceeded: 0

Number of standards met: 39 (100 %)

Number of standards not met: 0 (0%)

Number of standards not applicable: 0 (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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800
- Agency Organizational Chart
- Interviews with the following:
 - PREA Coordinator
 - Agency Head or Designee

DOC 490.800, Prison Rape Elimination Act Preventing and Reporting Policy, Page 2, Section I. A. states the Department has zero tolerance for all forms of sexual misconduct. Page 3 of this policy defines sexual misconduct as aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. Additionally, staff-on-offender sexual harassment and staff sexual misconduct are defined as sexual misconduct. This policy addresses the departments approach toward preventing, detecting and responding to such conduct.

The responsibilities of the Washington Department of Corrections PREA Coordinator's duties are defined in this policy on pages 3 and 4. The PREA Coordinator for WADOC is Beth L. Schubach. Ms. Schubach's classification is a manager and she reports directly to the Deputy Secretary.

During interview's, the Secretary's designee and Program Director confirmed the agency's commitment to achieving PREA certification and the agency's zero tolerance policy.

The policy mandates that a PREA Coordinator will be assigned, at the Level of Executive Facility Administrator. This is confirmed by review of the agency organizational chart provided with the pre-audit questionnaire.

During the interview, Ms. Schubach stated she has regular contact with the Work Release Community Corrections Supervisors through site visits, emails and direct conversations. In addition, Ms. Schubach, WADOC PREA Coordinator, was at the facility, for the entire site-review and answered questions, as needed. Ms. Schubach is leading the agency's commitment to attain PREA compliance. During formal and informal discussions with the auditors, it was evident Ms. Schubach was very knowledgeable about the standards and could explain the processes that each facility followed in preparation for this audit.

Ms. Schubach's job is complex but she assured and demonstrated she is able to fulfill all required duties as the WADOC PREA Coordinator and has the authority to make any/all changes to any needed PREA issue.

The staff looks to Ms. Schubach to provide direction regarding PREA compliance. It was also very clear that Ms. Schubach provides guidance, as needed, to the Reynolds Work Release staff.

Standard 115.212 Contracting with other entities for the confinement of inmates

- 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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800
- Agency Organizational Chart
- Interviews with the following:
 - WADOC Contract Administrator
- Contracts with outside agencies

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

According to a memorandum signed by the WADOC PREA Coordinator, there are currently 5 public/private agencies that are contracted to house WADOC offenders. Copies of all five contracts were reviewed by an auditor. All five contained language specific to the requirement that the facility/agency comply with the DOJ PREA standards. All five contained a clause allowing for WADOC to inspect the facility/agency for PREA compliance.

During the telephonic interview with the Contract Administrator, he stated all 5 new and renewed contacts for confinement services are reviewed for any updated information and requirements for PREA issues. The Contract Administrator also stated the site visits of the contacted facilities are conducted on an ongoing basis by the WADOC for compliance. Additionally, he stated that all contracts that have been entered into agreement within the past 12 months, have been reviewed and found to be compliant. Reynold's Work Release is run by the WADOC.

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)

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 110.100 and 400.200
- Agency Organizational Chart
- Interviews with the following:
 - Reynold's Facility Administrator
 - Intermediate or Higher Level Facility Staff
- Observations of supervision ratios during our on-site review rounds

DOC 490.800, Section VI, requires that each Director use the PREA Compliant Staffing Plan template to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and establish a staffing model. The WADOC staffing plan consists of staffing level concerns to include all 11 elements.

The WADOC staffing model is based on an extensive review of national correctional practices and has been approved by the Washington State Legislature. According to a memorandum dated December 22, 2016, signed by WADOC Assistant Secretary, Prison Division, the staffing model has been in place since 1988. Revisions were made in 2013 to add additional staff at medium and minimum facilities. On an annual basis, quality assurance audits are conducted to insure compliance with the staffing model. Additionally, the Work Release Facility Administrator, Reynold's is required to conduct a quarterly review of the staffing and submit reports to the Deputy Facility Administrator.

During the Pre-Audit Facility Administrator's quarterly reviews during the Facility Administrator's interview. These reviews were discussed element by element during the interview.

According to the Facility Administrator of Reynold's Work Release, there are no findings of inadequacies by a Judicial decision, a Federal Investigation or internal/external oversight bodies. The staffing plan at Reynolds Work Release is based on the custody level of the offenders, the physical design of the facility and the composition of the offender population.

Additionally, the Work Release Facility Administrator randomly reviews staffing levels and how they affect offender programming, various classification amounts and placement for safety and security concerns. All this information is written into a report and forwarded to the Deputy Facility Administrators office for review.

The auditor could not find a time, excluding temporary emergencies, when offender training, education or program time was shut down due to staff shortage in the past 12 months.

The policy requires the staffing plan review to be completed in consultation with the PREA Coordinator and that the PREA Coordinator receives a copy of the PREA Compliant Staffing Plan. This auditor was provided with a copy of the staffing plan review forwarded to the WADOC PREA Coordinator that was completed by the Work Release Facility Administrator as required by policy. This review discussed the staffing plan, video monitoring and the resources available to adhere to the staffing plan.

WADOC Policy DOC 110.100 requires that the facility executive team make unannounced tours of selected areas of the facility at least weekly. Policy prohibits employees from alerting one another that these tours are occurring. Policy requires correctional staff to log these tours in the post logs. Reynold's currently has 35 cameras with seventy days of video retention. The camera system is an additional tool utilized to enhance supervision by staff.

Policy mandates that intermediate level or higher level supervisors conduct and document unannounced rounds on all shifts. These rounds are documented on the shift report including the date, time, and person's name who made the rounds. During our multiple site tours over the 1 day, we saw no less than 2 different upper level managers make unannounced rounds in various housing units and work/training areas. No negative issues were noted during our on-site tour. Supervisory Staff were seen in the housing units or work areas throughout the day at different locations and or different times.

Also, audit team members reviewed unit logs and noted consistent entries by supervisors on both the day and night shifts.

Washington Department of Corrections Policy, DOC 400.210 (dated 05/15/2015) Custody Roster Management (Restricted) was reviewed. This policy allows Facility Administrators to request additional staff where needed due to security or other needs. Section C of this policy requires the Facility Administrator of the facility to ensure that an internal audit of the staffing plan be conducted on an annual basis. The internal audit of the staffing plan also includes a PREA Vulnerability Assessment. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels are present where offenders may be present. Justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment, is addressed within this assessment. The annual review of the staffing plan includes facility and department management level staff to include; the Prisons Staffing Manager, the Assistant Secretary for Prisons, the Prisons Budget Manager, the Facility Administrator, the Local Business Advisor, the Associate Facility Administrator, the Custody Roster Manager, and the departments PREA Coordinator.

Policy states staff are prohibited from alerting other staff when these rounds are occurring, barring legitimate operational functions of the facility. In talking with the Work Release Facility Administrator, she stated that supervisors tour their units and areas sporadically throughout the 3 shifts, talk to staff at all levels and various offenders and sign/review log books for irregularities.

During the formal interview conducted with intermediate or higher level staff showed that staff are making unannounced rounds and documenting these rounds. During our on-site audit, was saw documented housing log sheets where those staff signed in during those times.

In addition, during random interviews and discussions with staff, who were asked about the policy on the unannounced rounds, the staff stated that supervisors conduct unannounced tours of their housing areas and document them on the log sheets.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 420.310, 420.312, 490.800 and 490.820
- Staff Roster
- Offender Roster
- Interviews with the following:
 - Random Offenders
 - Random Staff
- Observations of announcements being made by staff during our on-site review rounds

Policy 420-310, Searches of Offenders, requires that a strip search must be conducted by two trained employees. During the search of the male offender, at least 1 employee must be male.

In the event that the other employee is female, she will position himself so that she observes the other employee, but will not be in direct line of sight with the offender. If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed before the end of the shift. Policy 420.312, Body Cavity Search, requires that all cavity searches will performed by staff of the same gender as the offender. A review of the strip search logs did not reveal any incident where a cross gender strip search was conducted.

Policy 490.800, Section VIII, requires that offenders be provided the opportunity to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This includes video surveillance. This policy requires staff of the opposite gender to announce their presence when they enter a housing unit.

Policy 490.820, Section VII, prohibits employees and contract staff from searching an offender for the sole purpose of determining their genital statuses. Offenders that are received at Reynolds have all been classified as male by WADOC. The staff do not strip search offenders to determine genital status.

If the offender's genital status is unknown, it will be determined by health care providers. Generally, the offender's personal disclosure status is the determining factor which would then initiate housing review protocols.

In 2014, all security staff were trained in pat-down searching of transgender/intersex offenders. This training was integrated into the academy training schedule at the same time to ensure that all security staff receives the training. A review of the lesson plan complies with the PREA requirement.

There were 4 formal random staff and 6 informal staff questioned about cross gender search practices. All staff reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility. The pre-audit questionnaire reported no incidents of cross gender strip or body cavity searches in the last 12 months.

Opposite gender staff was observed entering the housing floors and announcements of their presence were made. Opposite gender auditors were announced by Reynold's staff by voice when entering the offender housing units.

The process used to conduct opposite gender pat searches and searches of transgender or intersex offenders was demonstrated by a staff member. The pre-audit questionnaire indicates 100% of the staff received training in proper search procedures. Auditors reviewed the search curriculum and proof of training documents.

During the random formal and informal staff interviews, all 10 staff recall receiving training on opposite gender pat searches, but 1 of the 10 did not recall the specific training on searches of transgender/intersex offenders. However, all random staff interviewed were able to articulate how they would conduct transgender pat searches and did recall training on being respectful and referring to transgender and intersex offenders appropriately. All 4 formal random staff and 6 informal staff interviewed, indicated they had had PREA training within the last year. We reviewed 2 hard copy and 8 electronic copies of institutional training records, and it was clear that training for all staff had been conducted during the last year. A small number of staff who were off work, for long-term reasons, had not received the training.

Standard 115.216 Offenders with disabilities and inmates 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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 310.000, 450.500, 490.800 and 690.400
- Offender Roster
- Interviews with the following:
 - Agency Head
 - Random Staff
 - There were no LEP or Disabled Offenders interviewed as there were not any, on-site, during the time of the audit
- Observations of PREA poster locations during our on-site review rounds

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

The department has several contracts with individuals who are certified in sign language. Additionally, this auditor was provided a list of individuals and firms that are contracted with WADOC to provide interruptive services. There are two telephone vendor interpretive services, CTS Language Link and Linguistica International, available 24 hours a day, seven days a week. Reynold Work Release has PREA information posters located in all of the housing areas and common areas in both English and Spanish.

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

During the interview with the Agency Head, he shared that the agency has established procedures to provide offenders with disabilities or offenders who are limited English proficient, the opportunity to participate in the PREA reporting process with several avenues such as, Language Line interpreters, staff interpreters and a WADOC Headquarters phone line that staff can use to assist offenders with any communication issues.

Written documents, to include the PREA brochures, are provided in English and Spanish to the offender population. During the tour, it was noted that PREA posters were prominently displayed in areas in both English and Spanish.

Of the 10 random staff that were interviewed, all 10 recalled the process of utilizing the Language Line for interpreter services. All of the staff members indicated they would first try to find another certified staff member to provide translation or contact a supervisor. Supervisory staff were all aware to the phone numbers and process.

Overall, both the Staff and Offenders were familiar with the interpreter process and that access could be accomplished in a timely manner. Even though all 10 staff members knew of the Language Line interpreter process, none of them stated they had actually used it in the past 12 months.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 400.320, 490.800, 800.005, 810.015 and 810.800.
- Pre-Employment Questionnaire for new applicants
- Acknowledgement and ongoing Duty to Disclose PREA employment Standard Violation form
- Interviews with the following:
 - Administrative (Human Resources) Staff
- Personnel files for current employees, new employees and employees receiving promotions.

Policy 490.800, Section V, outlines the WADOC's staffing practices related to PREA. The policy states that the Department will not knowingly hire, promote, or enlist the services of anyone who: Has engaged in sexual misconduct in a prison, jail, lockup, community confinement center, juvenile facility or other institution; Has engaged in sexual misconduct with an offender on supervision; Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or; Has been civilly or administratively adjudicated to have engaged in activity described above. WADOC requires perspective employees and contractors to disclose if they have had any of the previously stated sexual misconduct in their history.

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

Policy 810.015, Criminal Record Disclosure and Fingerprinting, requires that all applicants will be background checked before initial appointment or promotion. These background checks include the Washington Crime Information Center and National Crime Information Center.

All external applicants must disclose any previous institutional employment. These applicants are required to complete a form to authorize the release of information so that the facility can complete a work history background check.

Policy 400.320, Terrorism Activity, requires a criminal record check will completed for all employees, contractors and volunteers. Additionally, contracts between workforce agencies and WADOC require the employment agency to complete background checks that comply with PREA hiring and promotion policy on all temporary employees that will have contact with offenders.

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

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

The number of persons hired over the past twelve months who may have contact with offenders who have had criminal records checks was reported as 13. Of the 13 files reviewed by the audit team, which included new employees, current employees and employees who were promoted, all were up to date with the current questions and documentation.

Other documents reviewed showed that the four questions are being asked on state applications and on the pre-interview questionnaires for staff. Personnel files and backgrounds checks on custody staff are maintained on site. Both types of files were reviewed by audit team members.

Formal and informal interviews with human resource supervisors and staff were conducted during the site visit. They stated the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders and all employees being considered for promotions. This is accomplished through completion of background forms and NCIC and OMNI. The facility responds to requests from other institutions to allow access to the entire personnel file and status of ongoing and incomplete investigations

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800
- Interviews with the following:
 - Agency Head
 - PREA Compliance Manager
 - Facility Administrator
- Observations of the physical plant during our on-site review rounds

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

Reynolds Work Release has not had any building modification projects during this audit period.

During interviews with the Facility Administrator, she stated that when any project where installation or updating of video equipment is anticipated, a case by case review is included in the determination of locations. Areas where PREA incidents have occurred or where blind spots have been identified are considered in the case by case review. The Facility Administrator indicated they have installed or updated video monitoring systems, electronic surveillance systems, or other monitoring technology since August 20, 2012, and Reynolds Work Release is continually finding ways in updating their system.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 490.850, 600.000 and 610.025
- Offender Roster
- Interviews with the following:
 - Random Staff
 - Required SAFE/SANE staff from Harborview Medical Center, to include their current MOU
 - Required Victim Advocate staff from the Harborview Sexual Assault Center, to include their MOU

Policy 490.850, PREA Response, Section III, B, addresses the WADOC’s policy for responding to allegations of aggravated sexual assault. This policy contains a checklist that clearly addresses the process to preserve evidence for possible administrative proceeding or criminal prosecution. This process closely mirrors the Department of Justice’s Office on Violence against Women publication, “A National Protocol for Sexual Assault Forensic Examinations, Adults/Adolescents”.

Reynolds Work Release staff do not complete criminal investigations. In the event that a case appears to be criminal in nature, the case and evidence collection is turned over to the Washington State Police or King County Sherriff’s Office.

Policy 490.850, Section III, 5, a, requires that all offenders alleging sexual acts perpetrated by either staff or another offender that occurred within the previous 120 hours and involved penetration or exchange of body fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic exam. The department’s response checklist also addresses the proper process to insure the victim is seen by a forensic examiner. Reynolds Work Release does not complete forensic medical exams. Any/All cases that require SAFE/SANE services are transferred to Harborview Medical Center Hospital. There were no documented cases that were seen by the SAFE/SANE nurse during this audit period.

WADOC requires that victims of sexual assault be offered a victim advocate. WADOC has a contract in place with Washington Department of Commerce, Office of Crime Victims Advocacy & Harborview Center for Sexual Assault and Traumatic Stress to provide victim advocates for Reynolds Work Release. There were no documented cases that a victim advocate was requested and provided during this audit period.

Through documentation and information obtained through interviews with the PREA Compliance Manager, all felonies are referred to Kings County Sheriff's Department for investigation/prosecution. In the event that Kings County Sheriff's Department is unable to respond, Reynolds Work Release is required to contact the Washington State Police.

During the interview with the Supervising Nurse at Harborview Medical Center, she indicated that when SAFE's or SANE's are not available, a qualified medical practitioner performs the forensic medical examination. The SAFE/SANE contract states that they have someone available 24 hours per day/ 7 days per week to conduct forensic exams.

WADOC has an agreement with Seattle Police Department to respond to Reynolds Work Release for investigations of sexual assaults. The Seattle Police Department will handle to case according to their sexual assault response policy.

Interviews with the 10 random staff indicate that they would all contact their supervisor and close off the cell to limit who had access. They would separate the victim and suspect. Nine of the 10 stated photographs would be taken and they would make sure all evidence was collected and the offender was offered/given a SANE exam.

The victim advocate provides assistance and support during the forensic medical examinations through the local court process. Victims are provided with the victim advocate contact information and are given education, mental health referrals, and offered follow-up services.

Based on discussions with staff and a review of the policy, the agency offers all offenders who experience sexual abuse access to a forensic medical examination at no financial cost to the victim, where evidentiary or medically appropriate. Exams are performed by SAFEs or SANEs where possible and the facility documents efforts to provide SANEs or SAFEs.

Over the past 12 months, no forensic medical exam had been conducted.

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)

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 490.850 and 490.860
- Interviews with the following:
 - Agency Head
 - Investigative Staff

Policy 490.860, PREA Investigation, requires the Department to thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.

WADOC staff are not sworn peace officers, therefore cannot conduct criminal investigations. If at any point during the administrative investigation, it appears that if a felony was committed, the case is referred to the Seattle Police Department or Kings County Sherriff's Departmental investigators.

During the interview, the Secretary's Designee stated that the agency, through the PREA Coordinator, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

Reynolds Work Release did not have any PREA allegations during this audit period.

Standard 115.31 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)

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800
- Interviews with the following:
 - Random Staff
 - In-Service Training staff
- Training curriculum, both hard copy and electronic, to include the Learning Management System
- Training verification log-Electronic
- Employee hard copy of training records

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

- The WADOC Zero-Tolerance Policy;
- How to prevent, detect, report, and respond to sexual misconduct;
- Offender's rights to a sexual abuse and sexual harassment free environment; offender's and staff's right to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamic of sexual abuse and sexual harassment in confinement;
- The common reactions of victims;
- How to detect and respond to signs of threatened or actual sexual abuse;
- How to avoid inappropriate relations with offenders;
- How to communicate effectively with LGBTI offenders and;
- How to comply with laws related to mandatory reporting.

The training provided by WADOC, addresses both male and female issues in some detail. Employees at Reynolds Work Release receive training gender specific to both male and female offenders.

The current training was initiated in 2014. All staff were required to take the training at that time. Since that date, all staff are required to take the training on PREA annually. During the past year, of the 26 employees that are assigned to the facility, only 2 have not attended the required training due to long term sick, military, etc.

Two phases of PREA training is provided. Initial training is provided during orientation and additional facility specific training is provided later through on-the-job training.

Through 10 random staff interviews, the auditors learned that all on duty custody and non-custody staff had received training on PREA within the last 12 months. The training included prevention, detection, reporting and response. The policy is zero tolerance and retaliation is not allowed. Staff also indicated they had been provided with written information.

PREA training requirements mandate attendance at the required training and it is documented, through employee signature that they understand the training they have received. Employees are required to complete the Acknowledgement of Receipt of Training.

As part of this acknowledgement process, the employee is certifying that they understood the training materials

Standard 115.32 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)

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 530.100 and 700.400
- Interviews with the following:
 - Volunteers
 - Contractors
- Training curriculum, both hard copy and electronic, to include the Learning Management System
- Training verification log-Electronic
- Employee hard copy of training records

Policy 490.800, Section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. The training that volunteers and contractors are required to take is the same training that employees must take (PREA 101). This training meets the requirement for this standard. Documentation showing training dates was very clear and up-to-date. If any of them become out of compliance, a gate stop is placed so they cannot enter the facility until trained.

Contractors or volunteers visiting Reynolds Work Release only one time, due to a special event or need, are provided the PREA brochure that explains the WADOC PREA policy.

During the site visit, 2 volunteers and 1 contractor, were interviewed and their training records were reviewed. All training records reviewed consistently showed that the training had been provided previously and during the last 12-month period.

The facility has a good process in place to ensure contractors and volunteers receive PREA training.

Standard 115.233 Inmate 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)

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 310.000 and 490.800
- Interviews with the following:
 - Intake staff
 - Random offenders
- Facility Orientation Booklet
- Facility PREA Brochure
- On-site review of physical plant, to include PREA poster locations, and educational material within housing units, common areas, education areas and work stations.

Policy 490.800, PREA Reporting and Preventing, Section XII, requires that all offenders will be provided PREA related information, which will include information on the department's zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manor allowing offenders to ask questions of the staff member facilitating the orientation. Offenders are provided with a brochure (English or Spanish) that explains the Department's policies and how to report sexual misconduct when they arrive at Reynolds Work Release.

WADOC implemented training offenders on the PREA policy in March 2006. At that time, all offenders currently housed within the Department were given a copy of the PREA brochure and attend orientation. Additionally, PREA information is available via posters throughout the facility.

WADOC has several versions of PREA brochures, (English, Spanish, Braille and Large Print) available for low functioning offenders. Reynolds Work Release plays a video that explains the PREA policy and how to report sexual misconduct. The video is close captioned for the hearing impaired. This video is also in Spanish.

During interviews with Intake staff, they shared that offenders are provided with orientation upon arrival at a new institution. They are also provided with a 2-sided brochure, each time they transfer. Offenders sign an acknowledgement form which is maintained in the offender's packet. In addition, there are flyers posted around the institution and information near every telephone about the PREA policy.

The orientation is generally provided on the same day as the offender arrives.

During the site visit, the team observed posters, brochures and Hotline numbers available for viewing around the institution in housing units and other areas. Multi-language lines area available through a contract service.

During the on-site tours, I used the offender accessible telephones, called the telephone numbers listed in the brochures, painted on the walls near the phone and in the Orientation Booklets. All 3 made positive contact or provided direction before the end of the business day.

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)

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 490.860 and 880.100
- Interviews with the following:
 - Investigative Service staff
- Training curriculum, both hard copy and electronic, to include the Learning Management System

Policy 490.800, PREA Prevention and Reporting, requires that all PREA Investigators be trained in: Crime scene management and investigation, including evidence collection in Prisons and Work Releases; Confidentiality of all investigation information; Miranda and Garrity Warnings, compelled interviews, and the law enforcement referral process; Crisis intervention; Investigating sexual misconduct; Techniques for interviewing sexual misconduct victims and; Criteria and evidence required to substantiate administrative action or prosecution referral.

A review of the lesson plan provided to the auditor demonstrates compliance with this standard. All of the required topics are covered in the 14-hour training required by investigators. Through interviews and document reviews, it was shown that 2 of the employees at Reynolds Work Release attended the training and are still active investigators

Any allegation at Reynolds Work Release could be investigated by an investigator from one of the other work releases.

Reynolds Work Release did not have any PREA allegations during this audit period.

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)

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 610.025 and 880.100
- Interviews with the following:
 - Medical staff
 - Mental Health staff
- Training curriculum, both hard copy and electronic, to include the Learning Management System

Policy 490.800, PREA Prevention and Reporting, requires that Health Service employees/contract staff, with exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment program, will be trained in: Detecting and assessing signs of sexual misconduct; Responding effectively and professionally to sexual misconduct victims; Completing DOC 02-348 Fight/Assault Activity Review; Preserving physical evidence; Reporting sexual misconduct, and; Counseling and monitoring procedures. Additionally, all of the contract medical staff must attend the same PREA training that all employees receive.

Reynolds Work Release does not have any full time or part time medical service employees. All of the medical services are referred for services in the community. Harborview Medical Center is the primary facility for SAFE/SANE exams. In the event that Harborview’s SAFE/SANE nurse is not available, there are other hospitals in the area that can provide this service.

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)

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 280.310, 280.515, 490.810, 490.820 and 490.860
- Interviews with the following:
 - Staff responsible for offender intake
 - Random offenders
- Offender electronic files
- Risk Screening electronic form

Policy 490.820, PREA Risk Assessments and Assignments, requires Classification Counselors and designated Work Release employs will complete a PREA Risk Assessment within 72 hours of arrival for all offenders arriving at any Department facility. Facilities will establish procedures to ensure compliance within 72 hours, even on weekends and holidays.

WADOC uses an objective screening program called Offender Management Network Information (OMNI) to screen all offenders for risk of victimization and abusiveness. The OMNI program has “yes” and “no” check boxes and data fields for the screening staff to enter data about each offender. Based on the data entered, the offender is rated on their potential for victimization or abusiveness. Nine of the ten criteria listed in PREA 115.41 (d) are included for entry in OMNI. There is not a location to enter information on civil immigration statues. Reynolds Work Release does not house offenders solely for civil immigration processing. OMNI also includes fields to enter information about prior acts of sexual abuse, violent offences, and history of prior institutional violence or sexual abuse.

Prior to offenders arriving at Reynolds Work Release, OMNI is reviewed to check on the offenders PREA risk classification. Offenders with a risk assessment that indicates that they are a potential victim are placed in a single room or a double room with an occupant that has been assessed as “no risk identified”. Once the offender arrives a staff member completes another PREA risk assessment, including an interview with the offender. This face-to-face assessment is conducted within 72 hours of arrival. Another PREA risk assessment is completed between 21 and 30 days of arrival at the work release facility. A review of the provided documents demonstrates a majority of the assessments are complying with the required time frames. All of the offenders interviewed acknowledged that they were interviewed and asked about their safety upon arrival to Reynolds Work Release.

Offenders are not disciplined for refusing to respond to these questions. Only limited classifications of staff have access to this program and offenders do not have access.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 300.380 and 490.820
- Interviews with the following:
 - Staff responsible for Offender intake
- Offender electronic files
- Risk Screening electronic form
- Mental Health Referral form

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

Prior to being transferred to Reynolds Work Release, OMNI PREA risk assessments are reviewed to insure that there are no housing restrictions or concerns. Housing and bed assignments are completed by use of the PREA Risk Assessments. Bed moves are only completed after a committee review. Offenders with a risk assessment that indicates that they are a potential victim are placed in a single room or a double room with an occupant that has been assessed as “no risk identified”. Offenders housed at Reynolds Work Release are employed by private entities in the community. Offenders are responsible for securing their own employment. The same is true for most education and rehabilitative programs.

Per policy each transgender or intersex offender is reviewed for any threats to their safety. WADOC utilizes form DOC 02-384, Protocol for the Housing of Transgender and Intersex Offenders, to evaluate each transgender and intersex offender prior to housing. The DOC 02-384 is a thorough assessment of the offender’s case factors and these reviews take into account the offender’s own view of their safety. Every six months each transgender and intersex offender is re-evaluated utilizing form DOC 02-385, Protocol for Housing Review for Transgender and Intersex Offenders. These reviews are a comprehensive assessment of the offender’s safety concerns, including the offender’s own perceived views of his or her safety.

The facility does not house offenders based on their perceived LGBTI statuses. The facility has single showers available for offenders who do not wish to shower in the presence of others. According to a memorandum provided by the facility director, Reynolds Work Release has not had any offenders identifies as lesbian or bisexual housed at the facility during this audit period.

All of the offenders interviewed felt that staff are concerned about their safety and feel sexually safe at Reynolds Work Release

Standard 115.51 Inmate 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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 450.100, 490.800 and 490.850
- Interviews with the following:
 - Random staff
 - Random offenders
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

WADOC provides several methods to report sexual abuse and sexual harassment, retaliations for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Offenders can correspond through legal mail (which is not read), call a toll-free phone number to the WADOC PREA unit, tell staff, send a note to a staff member or have a friend or family member report it. Many of these options allow for anonymous reporting.

WADOC provides several methods to report sexual abuse and sexual harassment, retaliations for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders can correspond through mail (which is not read), call a toll free phone number (phone calls are not monitored) to the WADOC PREA unit, tell staff, send a note to a staff member or have a friend or family member report it. These options allow for anonymous reporting. WADOC has a contract in place with the Colorado Department of Corrections to serve as each other's external reporting entity. The offender's handbook contains the phone numbers and address to report any sexual abuse/harassment. Additionally posters are visible throughout the facility, in English and Spanish, which provide the toll free number to call. Pre-addressed envelopes to the Colorado Department of Corrections PREA Unit are available on the bulletin board for the offenders to use. All of the offenders interviewed knew how to report a PREA incident. They also knew that their friends and family can report an incident on their behalf.

Policy requires, and staff are trained, to document all reported PREA allegations, whether it is in writing, a verbal report, anonymously, or a third party report.

Staff are required to report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor. Every staff member interviewed stated that, if an offender were to report a PREA allegation, they would contact the Reynolds Work Release Administrator via telephone. They also stated that they would not share the information with any other people, unless directed to do so.

Review and collection of the offender handbook, updated January 2017, indicates internal reporting mechanism for offenders is by: 1) offender telephone, can be anonymous; 2) in writing to WADOC Headquarters; 3) by 3rd party; or 4) by offender grievance.

PREA posters, written in both English & Spanish, provide a number which can be called confidentially.

During the tour, the audit team noted posters providing reporting information in English and Spanish, and observed reporting instructions by every telephone. The team was also shown brochures that are provided to offenders. Utilizing the offender telephones, the audit team tested the numbers posted and all work. Posters provided contact information for an entity outside of the WADOC, a PREA Reporting Office, in Colorado Springs, Colorado, who will take reports and forward immediately to the WADOC Headquarters PREA Coordinator for response. We saw copies of these reports that had been forwarded to the Headquarters PREA Coordinator and investigated.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 550.100 and 490.800
- Interviews with the following:
 - Facility Administrator
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

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

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

Policy mandates that the agency will not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The Agency does not require an offender to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Review of offender handbook reveals reports of sexual abuse allegations may be made at any time using the Grievance Suggestion Form. These Grievances will be deemed Emergency and follow all Emergency Grievance timelines.

Emergency grievances are complaints that involve potentially serious threats to life or health of an offender or staff member or relates to severe pain being suffered by the offender or threatens orderly operation of a facility, and its resolution would be too late if handled routinely.

A review of the PREA allegation log revealed that Reynolds Work Release did not received PREA allegations through the grievance process during this audit period.

Standard 115.253 Inmate 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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800
- Interviews with the following:
 - Random offenders
 - Administrator of the Harborview Center for Sexual Assault and Traumatic Stress, including MOU
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access, to include Crisis Center telephone numbers
- Interagency agreement with the Office of Crime Victims Advocacy

WADOC and Reynolds Work Release have several outside advocacy groups that offenders can contact both via mail or telephone for emotional support services related to sexual abuse. Offenders have access to a brochure that lists all of the community sexual assault programs in Washington State. Additionally, the facility has posters in several locations with the phone number and hours of operation for the Office of Crime Victims Advocacy (OCVA). WADOC does have an interagency agreement with the Office of Crime Victims Advocacy to provide support services to offenders who are victims of sexual assault.

Offenders may dial the posted toll-free OCVA PREA Support Services number. Calls will not be monitored or recorded, and the offender IPIN will not be required.

Communications between the offender and the OCVA PREA Support Specialist is confidential and will not be disclosed unless the offender signs an authorization of release of information.

Policy mandates each facility to inform offenders prior to giving them access, of the extent to which such communications will be confidential or monitored and to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Of the 6 random and 6 informal offender interviews, 11 indicated that they knew about outside victim advocates that would be available to talk with them. Those interviewed knew that the Advocate telephone numbers were kept confidential as they did not have to input the DOC Personal Identification Number in prior to making the phone call, as they would normally do with any other phone call. The 1 that was not aware was given that information by the auditor. Of the offenders who knew, they indicated there were painted signs and posters around the institution that provide the contact information and telephone number. All of the offenders interviewed said they would talk to staff at the facility if they needed services.

Using the telephone number from the poster within a housing unit, the audit team contacted the victim advocate at Harborview Center for Sexual Assault and Traumatic Stress and was told that they have been receiving update calls from the facility and that the process has worked well.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800
- Offender Orientation Booklet
- Observations of the physical plant and visiting areas during our on-site review rounds, to include available information concerning PREA issue that the offenders can access concerning 3rd party notification

Policy DOC 490.800, PREA Prevention and Reporting, assigns responsibility to the PREA Coordinator of ensuring that the WADOC website is current with information on how friends and families can report sexual abuse and sexual harassment. The PCM is responsible to ensure that posters are viewable by visitors and the public providing information on how to report an allegation of sexual abuse or sexual harassment.

Policy also states visitors, offender family members/associates, or other community members can report allegations by calling the PREA Hotline, writing a letter to the PREA Coordinator or sending an email to the WADOC

PREA Posters and brochures were visible and available in the offender visiting room.

The auditor reviewed the WADOC website and found information available to the public on reporting. www.doc.wa.gov

The facility provided the auditor with a copy of the Visitor Information Brochure. The brochure was reviewed and the required information was included.

Reynolds Work Release did not have any PREA allegations received from a third party source.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 350.550, 490.800 and 490.850
- Interviews with the following:
 - Random staff
 - Facility Administrator
 -

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

Staff, volunteers and contractors are trained to report any PREA allegation to their supervisor confidentially. They are not to share the information with any other individual unless there is a need to know. All of the staff interviewed stated that they would contact the Work Release Administrator if they received any information about a PREA incident.

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

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

Policy and practice indicates that allegations or incidents of sexual misconduct is confidential and will only be disclosed when necessary for treatment, investigation, and other security and management decisions.

DOC 490.850 requires that medical or mental health staff must disclose the limits to confidentiality to an offender who displays signs of sexual misconduct or discloses sexual misconduct that occurred in a correctional setting. The offenders are informed of this during reception center processing and the information is posted in the Health Services area.

All allegations of sexual abuse or sexual harassment at Reynolds Work Release are to be reported to the Shift Commander. The Shift Commander enters the information into the Incident Management Reporting System (IMRS). Once in IMRS, an email is forwarded to the Statewide PREA Coordinator. The PREA Coordinator, or designee, reviews the allegation to determine if it falls under the definition of PREA. If it does, the investigation is assigned to the appropriate Appointing Authority.

Policy mandates each facility to report all allegations of sexual abuse/harassment, including 3rd party and anonymous reports, to the facility's designated investigators.

Interviews with the 10 random and specialized staff at all levels of this facility indicate that all PREA related allegations/reports would go to the facility PREA investigators for investigation.

The Facility Administrator informed the audit team that Reynolds Work Release does not house offenders under the age of 18. If the offender is considered a vulnerable adult, the institution would report to the appropriate agency, as required in state law. All allegations of sexual abuse or sexual harassment are reported to designated investigators at the facility.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.820 and 490.850

- Interviews with the following:
 - Random staff
 - Agency Head
 - Facility Administrator

Policy DOC 490.850, PREA Response, states that upon receipt of an allegation of offender-on-offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses. The accused may be placed in restrictive housing. Placement decisions will be based on the seriousness of the allegation.

Least restrictive housing should be considered. In the event that the allegation involves staff sexual misconduct, the one-on-one contact between the accused and alleged victim is prohibited while the allegation is investigated. The Appointing Authority can redirect or modify the duties of the staff member during the investigation. If the accused is a contract staff or volunteer, the Appointing Authority may restrict their entrance into the institution until the conclusion of the investigation.

During the interview, the Agency Head indicated that if he received such information, he would notify the facility where the offender is housed. Direct that the offender be placed in protective custody while an investigation is completed into the threat. If the perpetrator is identified, he would be placed in disciplinary segregation pending completion of the investigation. The victim would only be retained in segregation until alternate housing if necessary, could be identified.

Due to the physical design of the facility, and interview with the Facility Administrator, Reynolds Work Release would transfer the accused to back to prison to separate an alleged victim from an alleged perpetrator. Employees would be redirected to another work release or restricted from coming on grounds during the investigation if the allegation was staff sexual abuse.

Reynolds Work Release did not have any PREA allegations that required the separation of the victim and the suspect.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.850
- Interviews with the following:
 - Agency Head
 - Facility Administrator
 - Investigative Services staff

Policy DOC 490.850, PREA Response, states that upon receipt of an allegation of offender-on-offender sexual assault from another facility, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses. The accused may be placed in restrictive housing. Placement decisions will be based on the seriousness of the allegation.

Least restrictive housing should be considered. In the event that the allegation involves staff sexual misconduct, the one-on-one contact between the accused and alleged victim is prohibited while the allegation is investigated. The Appointing Authority can redirect or modify the duties of the staff member during the investigation. If the accused is a contract staff or volunteer, the Appointing Authority may restrict their entrance into the institution until the conclusion of the investigation.

Policy also requires the Appointing Authority to notify the appropriate Appointing Authority or facility within 72 hours of receipt of an allegation when the alleged occurred in another Department location or another jurisdiction or it involves a staff who reports through another Appointing Authority.

Policy further requires that allegations received from other facilities/agencies be investigated in accordance with the PREA standards.

During the interview with the Secretary's Designee, he stated any such allegation received is referred to the Facility Administrator of Investigations. Contact is made with the PREA Compliance Manager and an investigator is assigned to conduct the review.

Both the Facility Administrator and the PREA Compliance Manager indicated once an allegation of sexual abuse is received from another agency, it is assigned to an investigator to conduct the investigation.

During the interview with Investigative Services staff, they indicated that work closely with all other outside agencies, to include, City Police, Sherriff's Departments, State Police, the WADOC and the local District Attorney's office, to name a few.

Reynolds Work Release received 2 allegations from other facilities during this audit period. Documentation was completed for both cases and forwarded to those institutions.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 420.375, 420.375 and 490.850
- Interviews with the following:
 - First Responder Staff
 - Facility Administrator

- Random Staff/First responders
- Shift Commander
- First Responder Training certification documents
- First Responder Training curriculum

Policy DOC 490.850, PREA Response, address how each facility shall respond to an allegation of sexual assault. Each institution is required to establish a response team consisting of a sergeant, investigator, medical staff, mental health staff and other classifications as necessary. This policy includes a checklist for the Shift Commander to follow. This checklist includes: separating the victim from the suspect; preserving the crime scene for evidence and; requesting the victim and accused do not destroy any evidence by washing, toileting, changing clothes, eating, drinking, or smoking.

Each employee is provided with a First Response Pocket Guide that gives direction on how to respond effectively to emergencies. Even though this guide is not specific to PREA, it does follow the same general guideline of responding to emergencies.

The PREA training that all staff, volunteers and contractors receive, identifies any staff, volunteer or contractor, whoever receives the information first, as first responders.

As a first responder, these employees are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the suspect, remove uninvolved offenders and relay observations.

During the interview with the Facility Administrator, she indicated that First Responder staff have been trained on the PREA process and drills were performed on a regular basis to ensure competency and compliance. During our on-site tour, we saw one of these drills performed.

During an interview with the shift commander, he was able to tell this auditor, step by step, how Reynolds Work Release responds to a PREA incident. All of the staff, volunteers, and contractors knew to separate the suspect and victim, preserve the crime scene and other physical evidence, seek medical aid (if needed) and report the incident.

During the interviews with First Responding staff stated they were trained in the PREA process, from In-Service Training, On-the-Job Training and through the Learning Management System. During training, they are reminded of the actions, both immediate and long-term in the PREA process. Staff also stated they were each given a PREA checklist that they can carry with them in the uniform pocket.

During interviews with Non-custody staff first responders said they would notify custody staff and direct the alleged victim to not destroy evidence. Through random formal and informal staff interviews, they stated they would secure the offender, separate him from the alleged perpetrator and call the supervisor for further direction. All would be kept confidential except for staff that has a need to know.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.850
- Supervisors PREA Checklist
- PREA Incident Plan
- First Responders Checklist
- Interviews with the following:
 - First Responder Staff
 - Facility Administrator
 - SANE staff interviews

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

Random staff, that were interviewed, stated they received training in coordinated response and perform drill on a monthly basis to ensure they all know their roles in case of an incident. Staff also talked about, and showed the auditors, the pocket checklist that was given to them by various training staff.

The Facility Administrator stated that the facility has a local procedure which describes the coordinated actions to be taken by the facilities and communities SART team members. This training is given to all staff in In-Service Training, On-the-Job Training and through the Learning Management System.

As mentioned in Standard 115.64, the shift commander was able to tell this auditor, step by step, how Reynolds Work Release responds to a PREA incident. In addition to the policy and check list, the Shift Commander has contact information for managers who play a more significant role in the response to PREA so that they can be reached at any time of day. All of the staff, volunteers, and contractors knew what their specific role was when responding to a PREA incident.

During the on-site visit, we did not observe a response to an allegation of sexual abuse; however, through staff interviews, SANE interview, and policy review, the audit team has determined Reynolds Work Release is in substantial compliance with this standard.

Standard 115.266 Preservation of ability to protect inmates 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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Collective Bargaining Unit 117, Teamsters MOU

- Interviews with the following:
 - Agency Head
 - Facility Administrator

A review of the Collective Bargaining Agreements provided to this auditor demonstrate compliance with this standard. Management does have the right to separate the offender from a staff member who is the subject of an investigation either by temporarily reassigning the employee, redirecting the employee or restricting that employee from grounds during the investigation.

In an interview with the Agency Head, he indicated that the WADOC has entered into a Collective Bargaining agreement with the Teamsters 117. In that agreement, the contract permits the WADOC to remove alleged staff sexual abusers from contact with any offender pending investigation or a determination of whether and to what extent discipline is warranted.

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

Standard 115.267 Agency protection against retaliation

- 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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.860
- Interviews with the following:
 - Agency Head
 - Facility Administrator
 - Staff charged with Monitoring Retaliation

Policy 490.860, PREA Investigation, explains the WADOC retaliation prevention policy. The Appointing Authority at the facility where the victim is housed will notify the Facility Administrator that monitoring is required.

The Facility Administrator will ensure alleged victims and offender reporters are monitored and meet with at least monthly. Retaliation against employees is monitored by the Human Resource Manager at the direction of the Appointing Authority. While monitoring, the Facility Administrator or Designee looks for housing unit/job changes, negative performance reviews or disciplinary reports. The monitoring is conducted for at least 90 days unless the Appointing Authority determines that the monitoring period should be extended.

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

Policy also states if a reporter or alleged victim transfers to another facility during the monitoring period, the receiving facility will assume the monitoring responsibilities.

Policy further states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the department shall take appropriate measures to protect that individual against retaliation.

If retaliation is suspected or confirmed, possible actions may include additional monitoring, transfer of housing or work location and possible discipline for the individual who is retaliating.

During the interview with the Agency Head, he stated retaliation will not be tolerated in the institutions and staff are trained to understand that if an issue arises, they are to speak out without fear of retaliation. If retaliation does occur, those staff members, that created the retaliation, go through the investigation and disciplinary process.

The Facility Administrator, during her interview, indicated the different measures used to protect offenders and staff from retaliation includes monitoring for appropriate changes in housing or work assignment, disciplinary actions, etc.

Reynolds Work Release did not have any allegations to monitor during this audit period.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 400.360, 420.375, 490.800 and 490.860
- Interviews with the following:
 - Investigative staff
- Training Records for Investigators

Policy DOC 490.860, PREA Investigations, require that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.

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

Investigators are trained to follow the evidence protocol as called out by Policy DOC 420.375, Contraband and Evidence Handling. The training documents reviewed by the audit team demonstrated compliance with this standard.

During the interview, the investigator explained the training that he received and proper handling of evidence.

All potential felony cases are referred to the Seattle Police Department or the Washington State Police. WADOC investigators only conduct compelled interviews if the District Attorney has declined prosecution. Once the case is referred to the local law enforcement agency, that agency determines if the case will be referred for prosecution.

Reynolds Work Release did not have any cases that were referred to the local law enforcement agency for investigation during the audit period.

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

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

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

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

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

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.860
- Interviews with the following:
 - Investigative Staff
 - Facility Administrator
- Sample investigative report for allegation of sexual abuse

Policy DOC 490.860, PREA Investigation, requires the Appointing Authority to determine if the allegation is as follows:

- **Substantiated:** The allegation was determined to have occurred by a preponderance of the evidence. The training that all Appointing Authorities attend teaches that substantiation is 51% that they are sure that the event occurred. The interview with the Facility Administrator confirmed that this is practice.
- **Unsubstantiated:** Evidence was insufficient to make a final determination that the allegation was true or false.
- **Unfounded:** The allegation was determined not to have occurred.

The Appointing Authority is the individual charged with determining the conclusion of the investigation.

During interviews, Investigative staff interviews confirmed that no evidentiary standard higher than a preponderance of evidence is utilized when determining whether allegations are substantiated for administrative investigations.

During the interview with the Facility Administrator, she stated the outcome of all allegations is based on the evidence presented, in totality, of the reports.

Standard 115.73 Reporting to inmates

- 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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.860
- Interviews with the following:
 - Facility Administrator
 - Investigative Staff

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

Through interviews with the Facility Administrator, she indicated, if at the conclusion of the investigation, the offender was still in custody at Reynolds Work Release, the Community Corrections Officer would hold a meeting with the offender and explained the process and the outcome as well as ask if the offender had any follow-up questions or concerns.

Through interviews with investigative staff, they reported that notification would be given to the offender by the Community Corrections Officer. If they were not in Reynolds Work Release custody, a letter and telephone call was initiated.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 450.050, 490.800 and 490.860
- Interviews with the following:
 - Facility Administrator

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

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

During the interview with the Facility Administrator, she stated, Reynolds Work Release has not had any substantiated PREA allegations against any employees for sexual abuse/harassment during this audit period.

Standard 115.277 Corrective action for contractors and volunteers

- 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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 450.050 and 490.860
- Interviews with the following:
 - Facility Administrator

Policy DOC 490.860, PREA Investigations, requires any substantiated PREA allegation that is criminal in nature be referred to law enforcement and any applicable licensing board. Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with offenders. For any other violations of Departmental PREA policies, appropriate actions will be taken.

During this audit period, there were no substantiated investigations involving a contractor or volunteer according to the Facility Administrator of Reynolds Work Release.

During the interview with the Facility Administrator, she confirmed that allegations against contractors and volunteer are immediately investigated and also stated that if an allegation against a contractor or volunteer is filed, they staff member is banned (not allowed on institutional grounds or have any access to any Reynolds Work Release offender) until an investigation is concluded.

If the allegation is substantiated, the contractor is not allowed to return to the facility.

Information is provided to the contract agency and the case is referred for criminal prosecution when appropriate.

During this audit period, there were no substantiated investigations involving a contractor or volunteer at the Reynolds Work Release.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 460.000, 460.050, 490.800 and 490.860
- Interviews with the following:
 - Facility Administrator

Policy DOC 460.000, Disciplinary Process for Prisons, sets the due process requirements for offender disciplinary hearings. This includes a right to have copies of all non-confidential documents, a notice of when the hearing will be held, a right to call witnesses, a right to be present at the hearing, a right to written results of the hearing and a right to appeal. These are the same policies for all disciplinary hearings including offender-on-offender sexual abuse.

In the event that the offender is found guilty of a disciplinary violation, the Disciplinary Hearing Officer (DHO) will determine the appropriate sanctions based on the Departmental guidelines.

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

A report of sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.

Additionally, when all rules violations in the report are dismissed or the offender is found not guilty of any violations during the hearing, no records pertaining to the violation will be placed in the offender's central file.

When interviewed, the Facility Administrator said that offender discipline is based on the level of the violation and penalties are imposed comparable to other offender's penalties. Penalties might include placement in restricted housing, loss of good time credit, and prosecution. If the offender has a mental health history, mental health staff will be involved.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.850, 600.000, 600.025, 610.025 and 610.300
- Interviews with the following:
 - First responders
 - SAFE/SANE staff

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

Policy 610.300, Health Services for Work Release Offenders, states that, offenders that report sexual misconduct have access to local community providers for medical treatment and mental health evaluations as appropriate.

Offenders that are victims of sexual misconduct that took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections and emergency contraception as medically appropriate. The Appointing Authority will authorize payment and coverage of any medically necessary treatment and any identified mental health treatment. Offenders are not responsible for any medical costs accrued while incarcerated.

A telephonic interview was conducted with the SAFE/SANE staff at Harborview Medical Center. The Supervising Nurse confirmed that Harborview Medical Center handles most of the medical needs of the offenders at Reynolds Work Release. Any mental health needs are referred to a local provider in the community

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

- 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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.850, 600.000, 610.040, 610.025, 630.500
- Interviews with the following:
 - Offenders that Reported Sexual Abuse

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

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

If an offender is identified as perpetrator in a substantiated sexual misconduct, staff will submit a referral for community mental health evaluation

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.860

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

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

Reynolds Work Release did not have any PREA allegations that required the PREA Review Committee to meet during this audit period.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800 and 490.860
- Interviews:
 - Statewide PREA Coordinator
- Annual Report posted on the WADOC website (www.doc.wa.gov)

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

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

During the interview, the PREA Coordinator stated she collects the data annually from all WADOC facilities and contracted facilities and compile an annual report. The collected data is analyzed to identify factors contributing to sexual misconduct in Department Facilities and offices. In 2016, DOJ requested the 2015 PREA report information from WADOC. This information was provided as requested.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.860
- Interviews with the following:
 - Facility Administrator
 - Statewide PREA Coordinator

Policy DOC 490.860, PREA Investigations, requires the PREA Coordinator to generate an annual report of findings. This report includes an analysis of PREA prevention and response for the Department and each facility, including high-level summary information and detained facility data analysis. The report also includes findings and corrective action at the facility and Departmental levels. The PREA Coordinator completes an assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective action from previous years. The Secretary of Corrections approves the report. This auditor reviewed the WADOC website and was able to easily find the annual PREA report. The report contained no confidential information.

The Facility Administrator indicates the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training.

The agency prepares an annual report and posts the information on the website. She further indicated that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

Through the interview with the Facility Administrator, the auditor was informed that each allegation would be reviewed by the Facility PREA Committee and that information would be provided to the Statewide PREA Coordinator for the annual review. Any issues identified during the Facility PREA Committee are addressed at that time.

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.

Evidence Reviewed (documents interviews, site review)

- Reynolds Work Release completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 280.310, 280.515 and 490.860
- Interviews with the following:
 - Statewide PREA Coordinator
- Washington Department of Corrections public accessible website (www.doc.wa.gov)

WADOC maintains the PREA reporting data in the OMNI system. The access to the data in this system is limited to staff who have a need to know. Access to the system is reviewed by the Emergency Operations Administrator to insure the integrity of the system. The PREA report is completed annually in accordance to PREA standard 115.88. This report is posted on the WADOC website. A review of the report posted on the website confirms that all personal identifiers were removed prior to posting.

The PREA Coordinator indicates the data is maintained in a secure data system backed up as required per departmental policy. WADOC policy states PREA related records will be maintained for a total of 50 years.

A review of the website demonstrates aggregated sexual abuse data from facilities under its control to the public is posted, as required. Information displayed on the agency website, contains no personal identifiers. No federal, state or local law was provided by the agency to indicate there was a law in place to require a data maintenance procedure which would supersede standard provision 115.89(d).

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.

Roger Lynn Benton
Auditor's Signature

May 3, 2017
Date Report filed