

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

Interim Final

Date of Report 03/24/2020

Auditor Information

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Email: marbach@nd.gov

Company Name: [Click or tap here to enter text.](#)

Mailing Address: 3100 Railroad Avenue

City, State, Zip: Bismarck ND 58501

Telephone: 701-328-6653

Date of Facility Visit: 10/22/2019

Agency Information

Name of Agency:

Washington State Department of Corrections

Governing Authority or Parent Agency (If Applicable):

State of Washington, Office of the Governor

Physical Address: 7345 Linderson Way SE

City, State, Zip: Tumwater, WA 98501

Mailing Address: PO Box 41100

City, State, Zip: Olympia, WA 98504-1100

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Chief Executive Officer

Name: Stephen Sinclair, Secretary

Email: sdsinclair@doc1.wa.gov

Telephone: 360-725-8789

Agency-Wide PREA Coordinator

Name: Beth Schubach

Email: blschubach1@doc1.wa.gov

Telephone: 360-725-8789

PREA Coordinator Reports to:

Deputy Director of Prisons Command A

Number of Compliance Managers who report to the PREA Coordinator:

0

Facility Information

Name of Facility: Bishop Lewis House Work/ Training Release

Physical Address: 703 8th Ave

City, State, Zip: Seattle, WA 98104

Mailing Address (if different from above):

Click or tap here to enter text.

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

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe: Department of Justice)

N/A

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

Click or tap here to enter text.

Facility Director

Name: Michelle Munden

Email: mmunden@thetransitionhouse.org

Telephone: 206-515-2254

Facility PREA Compliance Manager

Name: Robert Zarate

Email: rzarate@doc1.wa.gov

Telephone: 206-515-2256

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:	69	
Current Population of Facility:	55	
Average daily population for the past 12 months:	50.4	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-72 years of age	
Average length of stay or time under supervision	105 days	
Facility security levels/resident custody levels	MI-1; MIG	
Number of residents admitted to facility during the past 12 months	208	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	189	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	160	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	26	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	7	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	5
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	70
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3
Number of single resident cells, rooms, or other enclosures:	2
Number of multiple occupancy cells, rooms, or other enclosures:	28
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	706
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Washington Department of Corrections (WADOC) and North Dakota Department of Corrections and Rehabilitation (NDDOCR) are both members of the Western States Consortium. As part of this consortium, the NDDOCR was assigned to send an auditor to conduct the audit of the Bishop Lewis Home Release Training Center (BLHWTR). The PREA Coordinator from WADOC and the PREA Coordinator from NDDOCR arranged to have the onsite portion of the audit conducted on October 22nd, 2019. This audit was conducted by dual-certified PREA auditor, Maren Arbach. The agency conducted a background check on the auditor prior to the onsite portion of the audit.

Approximately six weeks prior to the onsite audit, audit notices, in English and Spanish, were posted in all living areas, in visitation areas, and other common areas. The notices provided the auditor contact information which offenders, staff, and visitors could utilize to write confidentially regarding sexual safety at BLHWTR. No letters were received by the auditor.

Pre-audit documentation, the pre-audit questionnaire, and additional supporting documentation was provided via flash drive. The pre-audit documentation was received in an organized manner with standard by standard folders containing applicable information.

On 10/22/2019, the auditor arrived at BLHWTR to initiate the onsite portion of the audit. Facility staff provided the team with a roster of all offenders housed at the facility. A brief meeting was held with facility leadership in which introductions were made and the audit process and methodology were discussed.

Following the in briefing, facility staff led the auditor on a site review. The site review covered the entire facility including all inmate living areas, all common areas, the kitchen and dining room, visitation, staff office areas, and laundry. PREA signage was observed throughout the facility ensuring reporting information was visible for all inmates, staff, and visitors.

Following the site review, offender interviews were conducted as follows:

Type	Minimum Needed	Actually Conducted
Minimum Number of Offender Interviews	16	17
Random Offender	8	16
Targeted Offender	8	1

Physically Disabled, Blind, Deaf, Hard of Hearing, LEP	1	1
Cognitively Disabled	1	0
Inmates who Identify as Lesbian, Gay, Bisexual	1	0
Inmates who Identify as Transgender or Intersex	2	0
Inmates who Reported Sexual Abuse	1	0
Inmates who Reported Sexual Victimization During Risk Screening	1	0

The auditor attempted to find offenders for the required targeted interviews but was unable to. The auditor substituted random offender interviews to reach the required number of interviews.

The following staff interviews were conducted:

- 1) WADOC Secretary
- 2) PREA Coordinator/Contract Monitor
- 3) Work Release Administrator
- 4) Community Corrections Supervisor/PREA Compliance Manager/PREA Investigator
- 5) Contract Director
- 6) Assistant Contract Director
- 7) Staff who conduct Risk Assessments
- 8) Intake Staff
- 9) Three Random Staff

The definitions utilized by WADOC were just updated in December 2019 due to a previous audit. The agency is working on ensuring the updated definitions are institutionalized at the facilities.

The allegation breakdown for BLHWTR is as follows:

Offender-on-offender Sexual Abuse	0
Offender-on-offender Sexual Harassment	0
Staff on Offender Sexual Abuse	1
Staff on Offender Sexual Harassment	2
Voyeurism	0
Total	3

During corrective action, WADOC and BLHWTR were required to make changes under two standards; 115.211 and 115.217. All corrective action for these standards were completed by 03/09/2020. See the applicable sections below for further detail.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

BLHWTR is an all-male community confinement facility located in Seattle, WA. The designed capacity of the facility is 69. The offenders who reside there work and attend programming within the community. There are 26 staff who work in the facility.

The basement of the facility houses the kitchen area, dining room, property room, staff restroom, the boiler room, laundry, food storage, and a network/file room. The main floor has a conference room, a lobby area, seven offices, a television room, an offender computer room, a restroom, and three bedrooms. The second and third floors consists of a large bathroom, a shower room, and fourteen bedrooms.

Glossary of Acronyms

BLHWTR: Bishop Lewis House Work/Training Release

CCS: Community Corrections Supervisor

DCYF: Department of Children, Youth, and Families

OM: Operational Memorandum

WADOC: Washington Department of Corrections

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 7

List of Standards Exceeded: 115.213, 115.215, 115.231, 115.242, 115.254, 115.262, 115.288

Standards Met

Number of Standards Met: 34

Standards Not Met

Number of Standards Not Met: 0

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

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

-Policy DOC 490.800: *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)*

- Operational Memorandum Bishop Lewis House Work/Training Release 490.800: *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)*
- Operational Memorandum Bishop Lewis House Work/Training Release 490.820: *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments (Revision Date 06/13/2019)*
- Operational Memorandum Bishop Lewis House Work/Training Release 490.850: *Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/19)*
- Operational Memorandum Bishop Lewis House Work/Training Release 490.860: *Prison Rape Elimination Act (PREA) Investigation (Revision Date 07/17/18)*
- Policy DOC 460.135: *Disciplinary Procedures for Work Release (Revision Date 05/24/16)*
- Memo: *PREA Standard 115.11/115.211 (a)*
- Memo: *PREA Standard 115.11 (b) and (c)/115.211 (b)*
- Agency organizational chart
- Position Description: PREA Coordinator

115.211 (a)

The Washington Department of Corrections (WADOC) utilizes Policy 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)* to guide their PREA compliance efforts.

Policy 490.800 states the department has a zero tolerance for all forms of sexual misconduct. The definitions portion defines sexual misconduct as including aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. It also states it includes staff on offender sexual harassment and staff sexual misconduct. Also included is a separate attachment covering specific definitions. The definitions attachment is extremely thorough and provides definitions for aggravated sexual assault, offender-on-offender sexual assault, staff sexual misconduct, and sexual harassment. Voyeurism is included under the definition of staff sexual misconduct.

While the definitions are thorough, there is no reference in the original version of the definitions pertaining to requests for sexual favors, which is included under the definition of sexual harassment in the PREA standards. In addition, it was found that the agency is currently requiring an act or comment to be repeated for it to be deemed possible sexual harassment and investigated. This practice conflicts with guidance released from the PREA Resource Center on 06/02/15 that states, "Repeated, in the context of this provision, means more than one incident. Please note the seriousness of the conduct should be taken into account in determining the appropriate commensurate response by the agency or the facility. Serious misconduct along these lines, even if committed once, should still be addressed by the agency or facility."

On 12/09/2019, the auditor received an email from the WADOC PREA Coordinator regarding the definitions. Attached to the email was an updated version of Policy DOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, that was being rolled out to all WADOC facilities. The new definitions have all required elements and include the language from the guidance from the PREA Resource Center quoted in the preceding paragraph. In conversation with the PREA Coordinator it was explained this standard would still be included

under corrective action to ensure the implementation and institutionalization of the new definitions.

During corrective action, the agency/facility took the following steps to gain full compliance with this piece of the standard:

- 1) Revised and reissued the agency definitions to include all required elements.
- 2) Trained the PREA Unit on the revised definitions and on types of allegations that would be exempt from the “repeated” requirement in sexual harassment allegations.
- 3) Provided all facility staff with information on the revised standards and posted the information in offender-accessible areas.

The auditor reviewed information from other facilities regarding the vetting of allegation information by the PREA Unit. (Other facilities were used due to lack of cases within the audited facility.) The auditor did not find instances of allegations that did not meet the definitions that were not referred back to the facility for investigation.

Washington Department of Corrections utilizes Policy 460.135: *Disciplinary Procedures for Work Release (Revised Date 05/24/16)* to outline the disciplinary process. This policy states the Hearing Officer will impose appropriate sanctions upon a finding of guilt. They utilize a scoring matrix that outlines the potential sanctions based on type of offense and how many times the offender has been found guilty of that offense.

BLHWTR utilizes Operational Memorandum (OM) 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)* to outline their efforts to recognize, prevent, and respond to allegations of sexual abuse and sexual harassment. This OM outlines the following:

- 1) Zero tolerance policy,
- 2) Zero tolerance policy towards retaliation against staff and offenders for reporting or investigating and allegation,
- 3) The confidentiality of allegation and investigation information,
- 4) The responsibilities of the PREA Coordinator,
- 5) The responsibilities of the PREA Compliance Manager,
- 6) Offender Accommodations
 - a. Interpreter and translation services,
- 7) Partnership with local law enforcement by the Superintendent and Work Release Administrator,
- 8) Staffing practices,
- 9) Staffing plans,
- 10) Prison and Work Release Physical Plant
 - a. Electronic monitoring usage,
- 11) Presence of Opposite Gender Personnel/Visitors in Living Units and Infirmaries
- 12) Contracted Confinement of Offenders
- 13) Training requirements,
- 14) Community Victim Advocates
- 15) PREA Information for Offenders, and
- 16) Reporting.

WADOC is compliant with this provision of the standard.

115.211 (b)

The Washington Department of Corrections employs a full-time PREA Coordinator (PC). This position moved in September 2019 from under the Deputy Director Command A to the Deputy Director Command B. The Deputy Directors report to the Assistant Secretary of the department.

During the interview with the PREA Coordinator, the auditor asked if the PC felt she had enough time and authority to manage her responsibilities as outlined in Policy 490.800. She indicated she has enough time and feels she gets excellent support from the agency's administration.

WADOC is compliant with this provision of the standard.

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

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

115.212 (a)

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

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Policy 490.800: *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)*
- Operational Memorandum 490.800: *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)*
- Operation Memorandum 490.850: *Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/19)*
- Operational Memorandum 490.860: *Prison Rape Elimination Act (PREA) Investigation (Revision Date 07/17/18)*
- Memo: *115.12 a&b/115.212 (a)(b)(c) Memo*
- Memo: *115.212 a&b Attachment 1: Shell contract language including PREA requirements*
- Memo: *115.212 a&b Attachment 2: DOJ guidance email regarding Pioneer Human Services*
- Memo: *115.212 a&b Attachment 3: Memo from WDOC Secretary*
- Memo: *115.212 a&b Attachment 4: Letter from Department of Children, Youth, & Families explaining RCW 72.01.410*
- Memo: *115.212 a&b Attachment 5: Memo from WADOC PREA Coordinator regarding housing contracts*
- Interagency Agreement: *State of Washington Department of Social and Health Services*
- Housing Contract: *Yakima County Jail*
- Interagency Agreement: *Agreement with Yakima County Jail for the confinement of up to 300 DOC felony offenders.*
- Contract: *WADOC and ABHS contract for long-term residential chemical dependency treatment services*
- Interagency Agreement: *WADOC and Department of Social and Health Services*

Interviews

- PREA Coordinator
- PREA Compliance Manager
- Agency Contract Administrator

115.212 (a)

Revised Code of Washington (RCW) 72.01.410 requires that persons convicted as adults of a felony offense committed under age 18, who previously would have been placed with the Department of Corrections (DOC), must be initially placed in a facility operated by the Department of Children, Youth, and Families (DCYF), not DOC.

The facility provided the auditor with a copy of the interagency agreement between WADOC and the DCYF for the housing of juvenile felony offenders up to the age of 21. Page 11 of this agreement outlines the requirements to comply with PREA and the monitoring requirements. Monitoring may include but is not limited to site visits, access to agency data, and review of applicable documentation. The initial agreement began in January 2015 with an extension executed in December 2015. The agreement is active on an ongoing basis unless one of the party provides written notice. The agency's PREA-related information is located at <https://www.dcfy.wa.gov/practice/practice-improvement/prea>.

WADOC has an interagency agreement with Rehabilitation Administration which is a state agency that operates multiple facilities for housing juveniles who have been adjudicated as delinquent. In addition, they also house juvenile offenders under the age of 18 who have been sentenced as adults. The agency's PREA-related information is located at <https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance>.

WADOC has a contract with the American Behavioral Health Systems (ABHS) for the housing of offenders within the community. ABHS operates three facilities the agency utilizes for residential substance abuse treatment for offenders. The offenders in the community may be sanctioned to participate in the program. Offender failure to complete the program may lead to a violation of their field supervision and possible incarceration. The current contract expired June 2019 and a renewal is being developed after delays caused by legislative budget hearings and development of the budget. At this time, the WADOC continues to place offenders in the ABHS facilities.

ABHS has three facilities the WADOC uses for housing offenders. These facilities are as follows:

- 1) Chehalis: Final audit report issued on 07/18/2018.
- 2) Mission: Final audit report issued 06/30/2019.
- 3) Cozza: Final audit report issued 02/21/2016.
 - a. This facility is waiting for the issuance of their current final audit report.

This agency's PREA information is located at <https://www.americanbehavioralhealth.net/prea>.

WADOC has a contract with Yakima County Jail to house female offenders from the Washington Corrections Center for Women (WCCW) in an over-flow capacity. The jail has completed two PREA audits. The most recent audit has a final report dated 08/30/2018. The agency's PREA-related information is located at <http://yakimacounty.us/1141/Prison-Rape-Elimination-Act>.

WADOC is compliant with this provision of the standard.

115.212 (b)

The auditor reviewed all contracts provided by the agency, the audit reports for the contract facilities, and all other documentation provided with the pre-audit questionnaire. Each of the contracts/interagency agreements contains provisions that the contracted agency must comply with all PREA standards. In addition, each contract has language outlining the right and obligation of the WADOC to monitor for compliance. This monitoring process includes, but is not limited to, onsite monitoring/site visits, notification of allegations/investigation information as applicable and ongoing conversations between the contract agency and the WADOC on the best methods for complying with the standards and ensuring offender safety.

WADOC is compliant with this provision of the standard.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standards 115.213 (a)(b)(c)
- The Washington Federation of State Employees and The Department of Corrections- Office of Correctional Operations Statewide Union/Management Meeting Minutes (05/31/2002)
- BLWTR 2019 Staffing Plan
- 2019 Work Release Biennial Budget Request
- Policy DOC 490.800: Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)

- Policy DOC 300.500: *Work Release Screening (Revision Date 10/12/10)*
- Policy DOC 110.100: *Work Release Management Expectations (Revision Date 08/01/14)*

115.213 (a)

BLHWTR reported their average daily population to be 50 offenders. The staffing plan is based on housing 69 adult male offenders that consist of 47 state residents and 22 county boarders. All residents housed in the facility would be 19 years of age or older. The facility is a three-story building with a full basement. The primary housing areas are on the second and third floors but some rooms are on the first floor.

At any time, there are always at least two contract staff on shift and at least one of those two staff are male so same gender pat searches and urinalysis collection can be conducted.

Included in the pre-audit documentation, the auditor was provided with a copy of the staffing plan assessment that was conducted by the Work Release Community Corrections Supervisor. The plan considers the layout of the facility, the offenders who are housed in the facility, allegations for the preceding year and historical trends, the past staffing plans, and the video monitoring systems.

BLHWTR is compliant with this provision of the standard.

115.213 (b)

Based on review of the documentation provided in the pre-audit questionnaire, it does not appear BLHWTR has had any instances of non-compliance with the staffing plan during the reporting period. Any vacant positions are filled utilizing overtime or on call staff.

BLHWTR is compliant with this provision of the standard.

115.213 (c)

Washington Administrative Code requires each facility must undergo an annual audit. As part of this audit, staffing is reviewed to ensure current levels meet the same levels as the staffing model developed for the facility. Any deficiencies are reviewed and, if necessary, additional positions are requested. The facility also undergoes a vulnerability audit that includes their electronic monitoring technology annually. Based on the findings, a corrective action plan is created and efforts are made to remedy any noted deficiencies.

Overall, the steps taken by WADOC and BLHWTR exceed the requirements of this provision. The agency and facility make a genuine effort to review all available information and develop a plan to ensure the general safety and sexual safety of the residents housed in the facility. As part of the documentation provided by the facility, a sample vulnerability assessment was received and reviewed by the auditor. All findings, corrective actions, completion dates for any corrective action items are documented.

BLHWTR is compliant with this provision of the standard.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Policy 420.325 Searches and Contraband for Work Release (Revision Date 04/20/2015)
- Memo: PREA Standards 115.15/115.215 (a), (b), and (c)
- Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)
- Memo: PREA Standards 115.15/115.215 (d)
- Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments (Revision Date 06/13/2019)
- Memo: PREA Standards 115.15/115.215 (e)
- Memo: PREA Standards 115.15/115.215 (f)

- WADOC Facilitator Guide: *Pat Searches*
- WADOC Online Searches Training Content
- BLHWTR Staff Training Records

115.215 (a)

BLHWTR does not conduct any unclothed searches of residents. In the event there is suspicion of contraband and an unclothed search would need to be conducted, the offender would be transported to a local jail or to a prison facility for the search.

BLHWTR is compliant with this provision of the standard.

115.215 (b)

BLHWTR only houses male residents within the facility. This provision is not applicable to this facility.

BLHWTR is compliant with this provision of the standard.

115.215 (c)

BLHWTR staff do not conduct unclothed searches of offenders. This provision is not applicable to this facility.

BLHWTR is compliant with this provision of the standard.

115.215 (d)

BLHWTR staff of the opposite gender knock and announce when entering any area where an offender may be in a state of undress. During the onsite review, the auditor observed this practice within the facility. Interviews with offenders housed in the facility indicate the offenders are never undressed in front of staff of the opposite gender.

BLHWTR is compliant with this provision of the standard.

115.215 (e)

BLHWTR staff are prohibited from examining an offender to determine their genital status. If the offender discloses to staff they are transgender or intersex, this would initiate a housing review, which will be covered under 115.42. Based on the information included in the pre-audit questionnaire, it appears no such examination has occurred within this facility during the reporting period. There were no transgender or intersex offenders housed at the facility while the auditor was onsite.

BLHWTR is compliant with this provision of the standard.

115.215 (f)

The auditor reviewed the content of the classroom facilitator guide as well as the content of the online training course covering body searches. Both classes provide the needed information

for staff to be able to conduct a thorough search. New staff are training through classroom training and skills assessment. Existing staff are trained utilizing the online course.

BLHWTR provided the auditor with training records for all security staff who work until the facility. The log shows 100% compliance with the training requirement outlined in this provision.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Policy 310.000 *Orientation (Revision Date 10/26/2018)*
- Policy 450.500 *Language Services for Limited English Proficient (LEP) Offenders (01/14/2013)*
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*
- Policy 690.400 *Offenders with Disabilities (Revision Date 04/25/2017)*
- Memo: *Prison Rape Elimination Act 115.16/115.216 (a)*
- Memo: *Prison Rape Elimination Act 115.16/115.216 (b) and (c)*

115.216 (a)(b)

Policy 310.000, *Orientation*, states, “When a literacy or language problem exists, employees will assist the individual in understanding the material per DOC 450.500, *Language Services for Limited English Proficient (LEP) Offenders*.”

Information within the pre-audit questionnaire stated BLHWTR staff will ensure the offender is provided necessary support and accommodations during orientation, if an allegation would need to be reported, and during investigations. WADOC has an employee who is the ADA Coordinator. Facility staff can contact this person for assistance with any offender who needs additional assistance.

WADOC has many resources, such as multi-lingual staff, the language line interpreter service, and Sign Language providers, which could be utilized by the staff of BLHWTR.

While the auditor was onsite, there were no offenders housed at the facility who were disabled or limited English proficient.

BLHWTR is compliant with this provision of the standard.

115.216 (c)

WADOC has two contracts with the Washington Department of Enterprise Systems (WADES) that provides WADOC offenders who are LEP with in-person language interpretation and telephone based services on an as needed basis.

Policy 490.800 states, “Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.” The “for these purposes” refers to understanding the policy, reporting allegations, and participating in investigations.

BLHWTR indicated, during the reporting period, they have not allowed other offenders to interpret for an offender when an allegation is reported. Investigative file review and interviews while conducted onsite indicate all staff are aware of the prohibition and utilize the services when needed.

BLHWTR is compliant with this provision of the standard.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*
- Policy 810.015 *Criminal Record Disclosure and Fingerprinting (Revision Date 11/01/2017)*
- Policy 810.800 *Recruitment, Selection, and Promotion (Revision Date 11/01/2017)*
- Memo: *PREA Standards 115.17/115.217 (a), (b), (f), and (g)*
- Spreadsheet of employee's hired and promoted
- Examples of Sexual Misconduct Form
- PREA Disclosure
- Memo: *PREA Standards 115.17/115.217 (c)*
- Sample Requests for Criminal Histories
- Policy 400.320 *Terrorism Activity (Revision Date 09/12/2011)*
- Memo: *PREA Standards 115.17/115.217 (d)*
- Sign Language Interpreter Log
- Contract Shells
- Memo: *PREA Standards 115.17/115.217 (e)*
- Spreadsheet of Employee Background Checks
- Memo: *PREA Standards 115.17/115.217 (h)*

115.17 (a)

Policy 490.800 covers the requirement of this standard on pages six and seven. In addition to asking if the person (1) has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, or other institution, (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or (3) has been civilly or administratively adjudicated to have engaged in the activity described above, WADOC and, by extension, BLHWTR asks if the person has engaged in sexual misconduct with an offender on supervision.

The facility provided a spreadsheet of all employees to include hire date/promotion date to show compliance with this provision of the standard. The spreadsheet and file review show 100% compliance with asking these questions as part of the hiring and promotion processes.

BLHWTR is compliant with this provision of the standard.

115.17 (b)

Policy 490.800 states the department will consider incidents as prescribed by this provision. The department completes this by conducting checks into the following:

- 1) Washington Crime Information Center/National Crime Information Center
- 2) Employment/volunteer applications
- 3) Reference checks
- 4) Personnel file review
- 5) Contract disclosure statements
- 6) Offender Management Network Information system

BLHWTR is compliant with this provision of the standard.

115.17 (c)

As stated under provision (b), the department utilizes available resources to conduct thorough background checks on prospective employees. In addition, as part of the application process, the applicant must disclose prior institutional employers. The facility provided extensive documentation to show compliance with this provision of the standard.

BLHWTR is compliant with the provisions of the standard.

115.17 (d)

As stated under provision (b), the department utilizes available resources to conduct thorough background checks on prospective contractors. The facility provided examples from previously conducted background checks on contractors as proof of this practice.

BLHWTR is compliant with the provisions of the standard.

115.17 (e)

The spreadsheet described under provision (d) includes a column for each person indicating when each person is due for the five-year background check. Review of the documentation provided in the PAQ as well as files selected by the lead auditor shows the facility is substantially compliant with this provision.

BLHWTR is compliant with this provision of the standard.

115.17 (f)

As outlined under provision (a), the facility asks all applicants and employees who may have contact with offenders the three questions required by the standard as well as if they have engaged in sexual misconduct with an offender under supervision.

The department utilizes a different method than asking the questions as part of annual reviews. To ensure completion of this by all staff on a yearly basis, the training department created a linear online test. This test asks each of the four questions and requires the employee to select true or false. Historically, when an employee would select false, an email notification was generated and sent to the training administrator and the headquarters PREA staff. When questioned about what would happen when a staff person selected false, the PREA Coordinator was informed by the Training Unit the email notification had been deactivated so no follow up has been conducted since the deactivation.

In December 2019, the tracking for the answers was reactivated. At this time, when someone selects false, a daily notification will be sent to the PREA Coordinator and one other person. The PREA Coordinator or designee will work with the appointing authority to investigate and resolve the issue. As part of the corrective action, the auditor received a report from 07/01/2017 through 12/10/2019. All false responses for employees who were still working with the department were investigated and corrected. Since that clean up, there has been one case of an accidental selection of false within the system. Documentation of the follow up with the employee was provided. The follow up occurred in under two weeks. BLHWTR is compliant with this provision of the standard.

BLHWTR is compliant with this provision of the standard.

115.17 (g)

Policy DOC 810.015, Criminal Record Disclosure and Fingerprinting, requires all individuals employed, promoted, or authorized to provide services to fully divulge criminal information. Failure to do so may be cause for disciplinary action, up to and including dismissal or termination of services. In addition, employees who fail to report an arrest, criminal citation, or any other court-imposed sanction or condition that may affect their fitness for duty or the program of the agency may be subject to disciplinary action, up to and including dismissal.

BLHWTR is compliant with the provisions of the standard.

115.17 (h)

Policy DOC 800.005, *Personnel Files*, states, "To the extent possible, institutional employers seeking employment verification will be provided all available information on substantiated allegations of sexual misconduct or harassment. Employment verification requests from institutional employers will be directed to the Appointing Authority, who will coordinate the review and response."

In review of the new hire files either provided with the PAQ by the facility or selected at random by the auditor, the facility is making appropriate efforts to contact all prior institutional

employers. Included in the employee file is the response from the prior employers if they responded to the request for information.

BLHWTR is compliant with this provision of the standard.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standards 115.18/115.218 (a) and (b)

- Vulnerability Assessment
- Installation Plans
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*

115.218 (a)

During the reporting period, there were no substantial expansions or modifications of the facility.

This provision is not applicable to BLHWTR.

115.218 (b)

BLHWTR is currently in the process of adding/replacing seven cameras within the facility. The vulnerability assessment document outlines the reasoning for the areas the cameras were installed/replaced. It is evident the facility staff are making an effort to promote safety of all types within the facility.

BLHWTR is compliant with this provision of the standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: *PREA Standards 115.21/115.221 (a) and (b)*
- Case Database
- Evidence Protocol
- Transport Protocol
- Policy 490.850 *Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/2019)*
- Memo: *PREA Standards 115.21/115.221 (c), (d), (e), (f), (g), and (h)*
- Designated Advocates
- MOU with Washington State Patrol
- Interagency Agreement with Department of Commerce Office of Crime Victims Advocacy
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*
- Policy 600.000 *Health Services Management (Revision Date 08/25/2014)*
- Policy 600.025 *Health Care Co-payment Program (Revision Date 07/24/2015)*
- Policy 610.025 *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct (Revision Date 10/14/2016)*

115.221 (a) (b)

WADOC and BLHWTR conduct administrative investigations only on allegations within the facilities. Criminal investigations will be conducted either by the Seattle Police Department or the Washington State Patrol.

Utilizing the “National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second Edition” and the “Recommendations for Administrators of Prisons, Jail, and Community Confinement Facilities for Adapting the U.S. Department of Justice’s A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents,” WADOC developed a uniform evidence protocol that is utilized within all facilities. While this protocol is sound and is within the guidelines of the requirements, it should be noted that if there will be a criminal investigation, the facility staff would allow for the criminal investigators to take care of all evidence collection.

BLHWTR is compliant with these provisions of the standard.

115.221 (c)

BLHWTR does not have medical staff onsite and, in the event of an allegation of sexual assault, emergency services would be contacted and the victim would be transported to the emergency room of the local hospital.

Per Policy 600.025, offenders residing at BLHWTR would receive a forensic medical examination at no cost to them. During the reporting period, there have been no offenders who have received a forensic medical examination.

BLHWTR is compliant with this provision of the standard.

115.221 (d) (e)

BLHWTR receives advocacy services for their offenders through an interagency agreement with the Department of Commerce, Office of Crime Victim Advocacy. Each facility has been partnered with a specific Community Sexual Assault Program. Advocates respond to the community health care facilities anytime and offender is transported for a forensic medical examination. BLHWTR is partnered with the Harborview Medical Center for Sexual Assault and Traumatic Stress.

While policy states the offender victim will be allowed to have an advocate present during any investigatory interviews, BLHWTR has not had any allegations which would have required a forensic medical examination. BLHWTR has one case which would qualify as sexual abuse under the definitions of PREA. In the case, a staff member hugged an offender when he was leaving for work. The incident took place on camera and the staff person was let go. The offender was released before the investigation was completed.

BLHWTR is compliant with these provisions of the standard.

115.221 (f)

The Seattle Police Department would be the first agency contacted for any potentially criminal allegations generated at BLHWTR. If they would decline investigating, the agency has an MOU with the Washington State Patrol (WSP) and they would respond.

BLHWTR is compliant with this provision of the standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: *PREA Standards 115.22/115.222 (a), (b), (c), (d), and (e)*
- MOU with Washington State Patrol
- Public Website
- Compliant Log
- Law Enforcement Annual Meeting notes

115.222 (a) (b) (c)

WADOC policy requires all allegations are reported. The allegation information is sent to headquarters where the PREA Triage Team evaluates the information, ensures the acts described meet an applicable definition, and then forward the information to the Appointing Authority for the facility.

BLHWTR had three allegations during the reporting period. There were two allegations of sexual harassment and one allegation of sexual abuse. None of the actions listed within the investigation were criminal in nature so no referrals to law enforcement were completed. In each case, a complete administrative investigation was completed.

The WADOC policy and an explanation page on their website both thoroughly explain the investigative process.

BLHWTR is compliant with this standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: *PREA Standards 115.31/115.231 (a), (b), (c), and (d)*
- Training Completion Log
- Staff Transcripts
- PREA Training Acknowledgements
- PREA 102 Facilitator Guide
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*

115.231 (a)

WADOC requires PREA training at hire and every year thereafter. The course provided by the facility is listed as a two-hour training program. To be eligible to be a facilitator, the agency requires the person to complete a training for trainer workshop and an approved instructor development course. The course content reviewed covers the following topics:

- 1) The zero tolerance policy for sexual abuse and sexual harassment.
- 2) How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- 3) Offenders' right to be free from sexual abuse and sexual harassment.
- 4) The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- 5) The dynamics of sexual abuse and sexual harassment in confinement.
- 6) The common reactions of sexual abuse and sexual harassment victims.
- 7) How to detect and respond to signs of threatened and actual sexual abuse.
- 8) How to avoid inappropriate relationships with offenders.
- 9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming.
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

BLHWTR is compliant with this provision of the standard.

115.231 (b)

WADOC has created a training curriculum that is appropriate for both male and female offenders. The content for the curriculum is reviewed and approved by the agency's PREA Coordinator prior to implementation. Due to the fact the curriculum is designed to be applicable to both male and female offenders, the requirement to retrain staff upon transfer to another facility is not applicable.

BLHWTR is compliant with this provision of the standard.

115.231 (c)

WADOC began mandatory training on PREA in 2006 when the agency published its initial PREA policy. In addition, they require training on a yearly basis for all employees. This exceeds the requirement of offering the training every two years.

As part of the online training course, the system requires the participant to confirm their understanding of the content. If they do not acknowledge their understanding, the course will not register as complete and the participant is directed to obtain additional information and/or retake the training in order to be able to confirm their understanding. For in person training, the acknowledgement is documented by signing an acknowledgement form.

For the reporting period, the facility is responsible for ensuring training of 26 employees. At the time the PAQ documentation was provided to the auditor, 100% of employees had completed the training.

BLHWTR is compliant with this provision of the standard.

115.231 (d)

The facility has two methods for documenting the completion and understanding of the PREA training. During in class training, the staff person signs an acknowledgement form. During online training, the system requires the participant to confirm their understanding of the content. If they do not acknowledge their understanding, the course will not register as complete and the participant is directed to obtain additional information and/or retake the training in order to be able to confirm their understanding.

BLHWTR is compliant with this provision of the standard.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: *PREA Standards 115.32/115.232 (a), (b), and (c)*
- PREA 102 Facilitator Guide
- Vendor PREA Acknowledgement Forms
- Staff Brochure
- Vendor Tracking Sheet
- Volunteer Training Transcripts
- Volunteer Formal Acknowledgements
- Volunteer Training Materials
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*
- Policy 530.100 *Volunteer Program (Revision Date 11/01/2017)*

115.232 (a) (b) (c)

WADOC requires all contractors to complete some type of training on PREA. Any contractors who have regular contact with the offenders complete the same training as staff.

Those contractors who have limited, unescorted contact with the offenders complete form 03-478, PREA Acknowledgement, and are provided with the PREA brochure for staff, contractors, and volunteers rather than completing annual training. These contractors would be those who fill vending machines, repair office equipment, clean the kitchen equipment, deliver supplies, or perform short-term services in maintenance.

BLHWTR reports there are 16 contractors assigned to the facility. At the time the information was submitted, 15 had completed the required training. The one staff person who had not completed the training was out on Family Medical Leave Act (FMLA) and will complete the required training upon return.

Volunteers are required to complete the same training as the staff. During the reporting period, there were 4 volunteers assigned to the facility. Of these, 100% completed the PREA training as required. The facility provided a log of all volunteers currently authorized in the facility. The volunteers are also required to complete a "PREA Disclosure and Training Acknowledgement for Volunteers" form. The form has several items the volunteer must initial in addition to signing and dating. These are:

- 1) I confirm that I have not engaged in sexual misconduct with an individual under Department supervision. I acknowledge and understand that I have a continuing duty to disclose and immediately report to the Appointing Authority my involvement in any form of sexual misconduct.

- 2) I have not engaged in sexual abuse in a prison/jail/lockup/community confinement/juvenile facility or other institution defined as follows: Any facility or institution which is owned, operated, managed by, or providing services on behalf of the State, Federal Government, or political subdivision of a State (i.e., county, city, or town). This does not include employment in privately owned and operated facilities such as nursing homes where the sole connection to the State is a state license to operate the establishment unless state and/or federal government agencies contract with the facility or its parent company, to house incarcerated individuals. (e.g., facility for the mentally ill, disabled, chronically ill, or handicapped, residential care or treatment facility for juveniles, facility that provides skilled nursing, intermediate or long-term care, or custodial residential care).
- 3) I have never been civilly or administratively adjudicated (there was a formal finding and a judgement or a decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting.
- 4) I have never been accused of or investigated for sexual harassment or sexual involvement of any type in any place I have worked or volunteered.
- 5) I have never been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment.
- 6) I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above.
- 7) All answers and statements are true and complete to the best of my knowledge. I understand that untruthful answers or deliberate omissions may cause termination of volunteer services.
- 8) I have successfully completed the Prison Rape Elimination Act (PREA) volunteer training. I verify that I have reviewed and understand all sections of the training course and all answers and statements are true and complete to the best of my knowledge.

BLHWTR is compliant with provision (a) of this standard.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No

- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: *PREA Standards 115.33 (a), (b), and (e)/ 115.233 (a), (b), and (d)*
- Facility Handbook
- Work Release Brochure
- Photos of Posters
- Arrival/Orientation Spreadsheet
- Sample Orientation Notes
- Policy 310.000 *Orientation (Revision Date 10/26/2018)*
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*
- Memo: *PREA Standard 115.33 (d)/ 115.233 (c)*
- End Silence Facilitator Guide
- Memo: *PREA Standards 115.33 (f)/ 115.233 (e)*
- Brochures/ Posters English and Spanish

115.233 (a) (b) (c) (d) (e)

WADOC has developed PREA information/orientation information in both English and Spanish. If there would be the need for translation services or other accommodation, the agency has ensured access is available. (Refer to standard 115.216 for more information.)

During the reporting period, BLHWTR admitted 208 offenders. Of these 208 offenders, 203 received information at intake. The remaining five offenders were transferred to another institution or terminated within 48 hours. All offenders regardless of if they are transferred from another institution or placed from the community are given the same training. Of those, 100% received information at intake. In addition, there is further information located throughout the facility on posters and in brochures.

The facility has two locations they are tracking completion of orientation. The first is within the OMNI database. Facility staff enter a note when an offender has completed the orientation. In addition, all offenders are entered into a spreadsheet that tracks both orientation and risk assessment dates.

BLHWTR is compliant with this standard.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: *PREA Standards 115.34/ 115.234 (a), (b), (c), and (d)*
- PREA Workplace Investigation Training Participants List
- Training Transcripts
- Washington Administrative Code
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*
- Policy 490.860 *Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)*
- Policy 490.800 *Corrections Training and Development (Revision Date 10/17/2011)*

115.234 (a) (b) (c) (d)

WADOC began conducting PREA Investigator Training in 2011. The course content was updated upon release of the final standards and was launched in November 2013. This new information was launched in a course called "PREA Booster Training." This content was available for a limited period of time for those people who had completed the investigator training prior to the update. In order to be considered a qualified investigator, the person must have completed the PREA Investigator Training and the PREA Booster Training. All new investigators must go through a new PREA Investigator Training course, which includes the content from both courses. BLHWTR provided proof of investigator training for the investigator they utilize for PREA investigations. The training transcripts for the investigator was included in the PAQ documentation.

WADOC has a large network of available investigators who have completed training. HBRWTR provided proof of investigator training for the investigator who is employed at the facility. In addition, the provided training records for two other investigators who work at other facilities in Seattle, WA. If needed, the facility can assign investigators from other locations throughout the state to conduct an investigation within any facility.

WADOC investigator training covers all elements required under provision (b). An interview with an investigator confirmed training on the required elements as well.

BLHWTR is compliant with all provisions of this standard.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
 Yes No NA

115.235 (c)

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

115.235 (d)

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

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination: Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: PREA Standards 115.35/ 115.235 (a), (b), (c), and (d)

115.235 (a), (b), (c), and (d)

BLHWTR does not employ any medical or mental health staff at the facility. Any behavioral health or medical needs are provided within the community.

BLHWTR is compliant with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Response (Revision Date 04/25/2019)*
- Policy 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments (Revision Date 06/13/2019)*
- Policy 490.860 *Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)*
- Policy 280.310 *Information Technology Security (Revision Date 01/04/2019)*
- Policy 280.515 *Electronic Data Classification (Revision Date 08/22/2011)*
- Memo: *PREA Standards 115.41/ 115.241 (a), (b), (c), (d), (e), and (h)*
- Memo: *Changes to PREA Risk Assessment Requirements*
- Memo: *Affirmatively Inquire Offender LGBTI Status*
- Memo: *PREA Standards 115.41/ 115.241 (f)*
- Memo: *PREA Standards 115.41/ 115.241 (g)*
- Memo: *PREA Standards 115.41/ 115.241 (i)*
- PREA Quarterly Report
- Examples of Completed Assessments
- Risk Assessment Form
- PREA Risk Assessment Guide
- PREA Work Release Checklist
- PREA Risk Assessors Training Curriculum

115.241 (a) (b)

WADOC requires all initial assessments occur within 72 hours of arrival at a facility. In review of the offender log, the intake assessments are generally completed within the first 24 to 48 hours after arrival at BLHWTR.

During the reporting period, BLHWTR received 208 new offenders. Of those, 19 were at the facility for less than 72 hours. Of the remaining 189 offenders, 183, or 97% were assessed within the 72 hour requirement.

BLHWTR is compliant with these provisions of the standard.

115.241 (c) (d) (e) (h)

The WADOC PREA Risk Assessment asks the following:

Sexual Victimization Potential

- 1) Is this the offender's first prison incarceration as an adult?
- 2) Is the offender under the age of 25 or over the age of 65?
- 3) Is the offender small in stature?
 - a. Males: Under 5'8" and/or under 140 pounds
 - b. Females: Under 5'0" and/or under 115 pounds
- 4) Has the offender ever been sexually assaulted/abused while incarcerated in any type of facility?
- 5) Has the offender ever been convicted of a sex offense or a crime with sexual motivation in which the victim was a child of 13 years or younger or elderly person of 65 years or older?
- 6) Does the offender identify as gay/lesbian or bisexual?
 - a. If no, does the offender seem to be gender non-conforming to you/others?
- 7) Does the offender identify as transgender or intersex?
- 8) Does the offender identify as gender non-conforming?
 - a. If no, does the offender seem to be gender non-conforming to you/others?
- 9) Has the offender's criminal history been exclusively non-violent?
- 10/11) Does the offender have any mental illness or impairment that increases vulnerability and does the offender have any developmental, intellectual, or physical disability that increases vulnerability?
- 12) Males only: Has the offender ever been a victim of sexual abuse/assault in the community?

Sexual Predation Potential

- 1) Does the offender have any previous prison incarcerations as an adult?
- 2) Has the offender ever committed sexual assault/abuse while incarcerated in any type of facility to include jails or other state corrections agencies?
- 3) Has the offender ever committed any other violent act while incarcerated in any type of facility to include jails or other state corrections agencies?
- 4/5) Has the offender ever been convicted of a sexual offense or a crime with sexual motivation in which the victim was between 14 and 65 years old and has the offender ever been convicted of a violent offense?

Offenders are not disciplined if they refuse to answer any of these questions. However, based on conversations with those who conduct the assessments, they work to quickly build rapport with the offender so refusals do not often occur.

BLHWTR is compliant with these provisions of the standard.

115.241 (f)

BLHWTR provided a log of all offenders for the reporting period. In addition, the auditor requested all assessments and reassessments for 16 offenders who were interviewed while onsite. Based on the information in the log as well as confirmation through the print outs from the system, reassessments of all offenders are happening within the 30 day time frame. For those who weren't reassessed, they were released, escaped, or something else occurred and they were no longer in the facility. If you exclude those no longer housed at the facility, BLHWTR is 100% compliant on completing the reassessments despite an error on the pre-audit questionnaire stating no re-assessments were conducted in the 30-day period.

BLHWTR is compliant with this provision of the standard.

115.241 (g)

Policy 490.820 has a section covering "For-Cause PREA Risk Assessments." These occur when they receive additional information that suggested potential for victimization or predation, when the offender self-discloses information that could change a score, when there is a finding of guilt on certain infractions, when staff observe behavior suggesting potential for victimization or predation, or for substantiated allegations of offender on offender sexual abuse/assault or staff sexual misconduct.

For the reporting period, BLHWTR did not have an assessments completed For Cause.

BLHWTR is compliant with this provision of the standard.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such

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

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: PREA Standards 115.42/ 115.242 (a) and (b)
- Memo: PREA Standards 115.42/ 115.242 (c), (d), (e), and (f)
- Memo: PREA Standards 115.42/ 115.242 (g)
- Policy 300.380 Classification and Custody Facility Plan Review (Revision Date 08/12/2019)
- Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments (Revision Date 06/13/2019)- PREA Risk Assessment Housing Guide
- Examples of Notes Regarding Risk Assessments
- Protocol for the Housing of Transgender and Intersex Offenders form

115.242 (a) (b)

Prior to an offender arriving from another facility, a transfer manifest is prepared and shared with both the sending and receiving facilities. A team reviews the list and looks for any history of predatory violence or predatory sexual violence, medical and mental health needs, safety and security concerns, and PREA screening results. In the interview with a staff person who conducts assessments, she was asked where they get the information about the offenders

who do not come from a WADOC facility. She reported the jail does a screening so they have the information they need to be able to verify important information right away.

All this information is utilized to determine where to house the offender within the facility. The review exceeds the requirements of this standard and allows the facility to make determinations for safety prior to the offender arriving at the facility to ensure it is the best placement for the new offender and all existing placements.

BLHWTR is compliant with this provision of the standard.

115.242 (c) (d) (e)

WADOC has a "Protocol for Housing Review for Transgender and Intersex Offenders" form they utilize to determine the best placement for those offenders who are transgender and intersex. The assessment looks at how the offender has adjusted to the facility, any security or management concerns, changes to mental or physical health, changes to physical appearance, allegations of abuse or harassment where the offender was the alleged perpetrator or victim, the ability of the offender to shower in private, and the offender's thoughts on their safety within the facility.

During the onsite portion of the audit, the facility staff were not aware of any transgender or intersex offenders housed at the facility. During the site review and conversations with staff and offenders, the auditor did not see anyone who may have been transgender or intersex.

BLHWTR is compliant with this provision of the standard.

115.242 (f)

BLHWTR does not have a dedicated floor or area where they house offenders who are lesbian, gay, bisexual, transgender, or intersex. The physical layout of the facility does not allow are such an area to exist.

BLHWTR is compliant with this provision of the standard.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: *PREA Standards 115.51/ 115.251 (a), (b), (c), and (d)*
- PREA 102 Facilitator Guide
- Staff Brochure
- Reporting Methods Pages from Handbook
- Posters and Brochures
- Intergovernmental Agreement with Colorado Department of Corrections
- Allegation Log
- Case Database
- Policy 450.110 *Mail for Work Release Offenders (Revision Date 11/21/2015)*
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*
- Policy 490.850 *Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/2019)*

115.251 (a)(c)

WADOC provides offenders with multiple reporting methods. These include:

- 1) Confidential toll-free reporting hotline,
- 2) Anonymous reports,
- 3) Third-party,
- 4) Verbal reports to any staff, contractor, or volunteer,
- 5) Kites,
- 6) Grievances,
- 7) Kiosk messages,
- 8) Legal mail to designated individuals such as the PREA Coordinator, as well as
- 9) Outside reporting to the PREA Coordinator of the Colorado Department of Corrections
 - a. Utilizes form 21-379 Prison Rape Elimination Act (PREA) Allegation form
 - i. Available throughout the facility with pre-addressed envelopes.

Interviewed offenders were all able to list at least three different methods for reporting. They are provided with the information in the Inmate Handbook and are also given a pamphlet at intake that lists the reporting options.

BLHWTR is compliant with this provision of the standard.

115.251 (b)

WADOC partners with the Colorado Department of Corrections (CDOC) for outside reporting. The facility provided a copy of the intergovernmental agreement between the two entities. As part of this agreement, WADOC and CDOC will act as the reporting entity for each other's facilities. The agreement outlines the creation of a form (WADOC utilizes 21-379 Prison Rape Elimination Act (PREA) Allegation form) and process for the mailing of allegations by offenders. If an allegation was received from an offender in WADOC custody, CDOC would log the information and forward the allegation to WADOC either with or without the reporters name depending if they wanted to remain anonymous. The agreement states each agency, annually or upon request, submits a log of all allegations received for tracking and documentation purposes.

BLHWTR is compliant with this provision of the standard.

115.251 (d)

DOC Policy 490.850, *Prison Rape Elimination Act (PREA) Response*, includes a flowchart with the PREA Reporting Process. In this flowchart, staff are required to notify their Work Release Administrator. If the allegation is against the Work Release Administrator, staff is authorized to report directly to the next higher authority. Typically, this would be the Assistant Secretary, Re-Entry Division. This information is disseminated to staff through policy, staff training, and staff pamphlets.

BLHWTR is compliant with this provision of the standard.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

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

115.252 (d)

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

115.252 (e)

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

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standards 115.52/ 115.252 (a), (b), (c), (d), (e), (f), and (g)
- Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)
- Policy 550.100 Offender Grievance Program (Revision Date 01/03/2018)
- Memo from WADOC Secretary
- Complaint Log

115.252

WADOC facilities do not process allegations of sexual misconduct through the grievance system. If an offender alleges sexual abuse or sexual harassment utilizing the grievance system, it is immediately removed from the grievance system, submitted to the PREA Triage team, and the coordinated response is activated.

BLHWTR is exempt from this standard.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*
- Memo: *PREA Standard 115.53/ 115.253 (a), (b), and (c)*
- Office of Crime Victims Advocacy Brochure and Poster
- Community Sexual Assault Programs Brochure
- Facility Handbook

115.253 (a) (b) (c)

BLHWTR has an established partnership with Harborview Medical Center- Sexual Assault Nurse Examiner through an interagency agreement. Offenders are able to call to speak with a support specialist and can make arrangements to have an advocate talk with them on the phone or meet with them in the facility. The offenders have access to posters with the phone numbers to be able to call (no calls are recorded and offenders do not need a pin number to utilize the phone) and brochures with addresses for sexual assault programs throughout the state.

This current interagency agreement is active through 06/30/2021.

BLHWTR is compliant with this standard.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)
- Memo: PREA Standards 115.54/ 115.254
- Friends and Family Posters/Brochures
- Public Website Screenshots

115.254 (a)

WADOC provides extensive options for making a report on behalf of an offender. Visitors within the facilities are notified of reporting options via posters and pamphlets. These offer reporting options through mail and telephone. The phone options include a direct phone call as well as a toll-free PREA hotline number. In addition, the WADOC website contains information on making a report through the mail, by phone, or by email. A test was conducted of the email reporting option by the auditor. Within 10 minutes, a response was received from the agency PREA Coordinator stating the report had been received. The Coordinator was asked how long it can take for a response to this type of report. She reported the email is sent

to her as well as the PREA Triage Team. Generally, this report would be processed within 24 of the allegation being submitted.

BLHWTR exceeds the requirements of this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: *PREA Standards 115.61/ 115.261 (a), (b), (c), and (e)*
- Staff Brochure
- Resident Handbook
- Complaint Log
- Sample IMRS Reports
- Memo: *PREA Standards 115.61/ 115.261 (d)*
- Contracts
- Policy 490.850 *Prison Rape Elimination Act Response (Revision Date 02/06/2019)*
- Policy 350.550 *Reporting Abuse and Neglect/ Mandatory Reporting (Revision Date 04/19/2019)*

115.261 (a)

WADOC Policy 490.850, *Prison Rape Elimination Act (PREA) Response*, states, "Staff must immediately report any knowledge, suspicion, or information received including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident."

During interviews with staff, they were able to articulate the reporting requirements listed within this provision.

BLHWTR is compliant with this provision of the standard.

115.261 (b)

WADOC Policy 490.850, *Prison Rape Elimination Act (PREA) Response*, states, “Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.” “Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process.”

All staff interviewed were able to articulate the need for confidentiality regarding allegation information. They indicated they would report the information directly to their supervisor and not talk with anyone else regarding the allegation information.

BLHWTR is compliant with this provision of the standard.

115.261 (c)

WADOC Policy 490.850, *Prison Rape Elimination Act (PREA) Response*, states, “Offenders will be informed of the requirements of mandatory reporting at Reception, and information will be posted in Health Services areas where it can be seen by offenders. Health Services providers must inform of the duty to report before providing treatment when an offender:

- 1) Displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination, or
- 2) Discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting.”

BLHWTR residents receive all medical and mental care within the community they reside in. This provision is not applicable.

115.261 (d)

DOC Policy 350.550, *Reporting Abuse and Neglect/Mandatory Reporting*, states, “The Department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitation, or neglect involving vulnerable adults to the appropriate authority.”

WADOC has an interagency agreement with the Washington State Department of Social and Health Services (DSHS) Adult Protective Services (APS). As part of this agreement, WADOC will notify APS of “any allegations of sexual abuse/sexual harassment or other types of mistreatment including abuse, neglect, and financial exploitation of offenders who have been classified as vulnerable adults as defined by the state or local jurisdiction’s vulnerable person’s statute and as further defined by RCW 74.34.020.” WADOC is responsible to ensure the completion of an investigation unless APS elects to investigate the allegation. APS will determine this on a case-by-case basis.

For the reporting period, BLHWTR has not had any allegations involving someone who meets the definition of vulnerable adult based on the Revised Code of Washington definition.

BLHWTR is compliant with this provision of the standard.

115.261 (e)

BLHWTR provided all case information to the PREA auditor with the PAQ. The facility had three allegations and the victim reported the information directly to staff. All cases occurred within the facility and a PREA checklist was initiated.

BLHWTR is compliant with this provision of the standard.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: *PREA Standards 115.62/ 115.262*
- PREA Quarterly Report
- Samples of PREA Monitoring Plans
- PREA Risk Assessment Housing Assignments
- Sample Triage Information
- Policy 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments (Revision Date 06/13/2019)*
- Policy 490.850 *Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/2019)*

115.262 (a)

BLHWTR creates a monitoring plan for each offender who is assessed as a potential victim during the PREA Risk Assessment process. This plan includes a review of housing. This plan is individualized and includes periodic status checks by staff which is documented in the offender's record. The monitoring plan and housing review are documented in the offenders electronic documentation.

Any time an allegation is received, the facility administration looks at housing, job assignments, victim needs, the severity of the allegation/act, and any other relevant factors to assist in determining the best course of action. The assessment of the information is all documented on the response checklists and in IMRS reports. Actions taken can include reassignments, housing changes, or, if necessary, a transfer to another facility.

In interviews with the Department Secretary, Community Corrections Supervisor, and random facility staff, all indicated immediate response is taken when there is a substantial risk of sexual abuse. The process the agency has put in place to create a monitoring plan prior to any potential incidents shows excellent foresight and opens the lines of communication between staff and the offender early.

BLHWTR exceeds the requirements of this standard.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standards 115.63/ 115.263 (a), (b), and (c)
- Complaint Log
- Case Database
- Memo: PREA Standards 115.63/ 115.263 (d)
- Policy 490.850 Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/2019)
- Policy 490.860 Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)

115.263 (a)(b)(c)

Policy DOC 490.850, *Prison Rape Elimination Act (PREA) Response*, states, "The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident:

- 1) Occurred in another Department location or jurisdiction.
- 2) Involved a staff who reports through another Appointing Authority."

During the reporting period, BLHWTR received information regarding one allegations of misconduct within another facility. The Work Release Administrator is responsible for making the notification unless another individual is officially serving in an acting capacity while the Work Release Administrator is out.

Based on review of the notifications made for this allegation, it appears the Work Release Administrator will make the notification either be email or by telephone within the 72-hour requirement. The facility enters all allegations into IMRS, which are reviewed by the PREA Triage Team. The team will send a notice that the Work Release Administrator is to make the notification within 72 hours and that the team should be included on the notification for documentation purposes.

BLHWTR is compliant with these provisions of the standard.

115.263 (d)

BLHWTR received no allegations from other facilities within the reporting period.

BLHWTR is compliant with this provision of the standard.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standards 115.65/ 115.264 (a) and (b)
- Complaint Log
- Policy 490.850 Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/2019)
- Policy 420.365 Evidence Management for Work Release (Revision Date 01/01/2014)

115.264 (a)(b)

BLHWTR utilizes policy 490.850, Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/19) to outline their response to allegations of sexual abuse and sexual harassment. The policy states that upon receiving an allegation of offender-on-offender sexual assault, the Appointing Authority/Shift Commander/CCS (Community Corrections Supervisor) will immediately separate the accused from the alleged victim and witnesses.

During the reporting period, BLHWTR had one allegations of sexual abuse by staff.

Based on investigative file review, there was no potential for physical evidence collection. The staff person involved was terminated from employment.

BLHWTR had one allegation that meets the definition of sexual abuse under the standards. The first responder in this case was a uniformed staff person.

BLHWTR is compliant with this standard.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: *PREA Standard 115.65/ 155.265*
- BLHWTR PREA Response Plan Table of Contents
- Policy 490.850 *Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/2019)*

115.265 (a)

BLHWTR utilizes the PREA Response Plan developed by the WADOC. The plan is a comprehensive collection broken into four sections. They are:

- 1) Response to Aggravated Sexual Assault Allegations
- 2) Response to all other Sexual Misconduct Allegations
- 3) Checklists and Forms to use in all Sexual Misconduct Allegations
- 4) Policies/Operational Memorandums

The plan is broken down by facility type for certain areas, including specific information for work release. Otherwise, all facilities respond utilizing the same forms and plan. The plan includes the following:

- 1) PREA Response Team member with contact information
- 2) Initial Emergency Checklist
- 3) Aggravated Sexual Assault Checklist
- 4) DOC 16-358 Crime Scene Activity Log
- 5) Hospitals available for Forensic Medical Examinations
- 6) PREA Response Kit
- 7) Instructions for Submitting the PREA Response Packet
- 8) Aggravated Sexual Assault Medical Follow-Up Checklist
- 9) PREA Response and Containment Checklist
- 10) Sexual Assault Evidence Collection: Uniform Evidence Protocol
- 11) PREA Definitions
- 12) Contact information for city, county, and state law enforcement
- 13) Contact information for Child and Adult Protective Services
- 14) DOC 02-348 Fight/Assault Activity Review
- 15) Applicable evidence log
- 16) DOC 21-043 Evidence Card
- 17) DOC 16.357 Crime Scene Containment/Preservation/Processing Checklist

18)DOC 13-509 PREA Mental Health Notification

The response plan is kept in the front office inside the red bag marked PREA Kit Emergency Bag.

BLHWTR is in compliance with this standard.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standards 115.66/ 115.266 (a) and (b)
- Collective Bargaining Agreement for the State of Washington and Washington Federation of State Employees
- Memo: Memorandums of Understanding with Teamsters Local Union 117 and WFSE

115.266 (a)

BLHWTR has a collective bargaining agreement with the Washington Federation of State Employees. The auditor was provided a copy of the agreement in the pre-audit documentation. The agreement outlines the rights of the employee during an investigation but does not limit the facility or agency's ability to separate the alleged abuser from the alleged victim. It also states, "An employee placed on an alternate assignment during an investigation will be informed of the general reason(s) for the alternative assignment, unless it would compromise the integrity of the investigation, and will not be prohibited from contacting this union steward unless there is a conflict of interest, in which case the employee may contact another union steward. This does not preclude the Employer from restricting an employee's access to agency premises."

The auditor interviewed the Secretary of WADOC. During the interview, he indicated there are no issues with their union in terms of removing an alleged abuser from their post during the investigation and discipline process.

WADOC is compliant with this standard.

Standard 115.267: Agency protection against retaliation**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.267 (a)**

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

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: PREA Standard 115.67/ 115.267 (a), (b), (c), (d), (e), and (f)
- Case Database
- Complaint Log
- Policy 490.860 Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)

115.267 (a)(b)(c)(d)(e)(f)

Policy DOC 49.860, *Prison Rape Elimination Act (PREA) Investigation*, covers the process for retaliation monitoring. The policy states monitoring will begin at the initiation of an investigation into offender-on-offender sexual assault/abuse or staff sexual misconduct. The assessor will be responsible to monitor for indicators or reports of retaliation against alleged victims and reporters. The policy lists indicators include but are not limited to:

- 1) Disciplinary reports,
- 2) Changes in grievance trends,
- 3) Housing/program changes and reassignments, or
- 4) Negative performance reviews.

Any report or indication of retaliation is to be reported to the Appointing Authority immediately who will take an appropriate action. The monitoring is to continue for 90 days. If the Appointing Authority deems necessary, the monitoring may continue for longer.

At BLHWTR, there was one case where retaliation monitoring was required. However, the victim in the case was released before the investigation was complete.

BLHWTR is compliant with this standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: *PREA Standards 115.71/ 115.271 (a) and (j)*
- Case Database
- Complaint Log
- Memo: *PREA Standards 115.71/ 115.271 (b) and (c)*
- Master Log of Trained Investigators
- Case Database
- Investigator Training Records
- Memo: *PREA Standards 115.71/ 115.271 (d), (g), (h), (k), and (l)*
- Investigator Training Instructional Guide
- MOU with Washington State Patrol
- Screenshots from Agency Webpage
- Training Curriculum for Appointing Authority
- Memo: *PREA Standards 115.71/ 115.271 (e) and (f)*
- Local Review Committee Log
- Investigation Files
- Memo: *PREA Standards 115.71/ 115.271 (i)*
- Records Retention Schedule
- Policy 490.860 *Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)*
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*
- Policy 420.365 *Evidence Management for Work Release (Revision Date 01/01/2014)*
- Policy 400.360 *Polygraph Testing of Offenders (Revision Date 02/09/2015)*

115.271 (a)

WADOC policy states, "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. Allegations may be referred to law enforcement agencies for criminal investigations."

When someone at the facility is notified of an allegation, a report is completed in IMRS. This information is transmitted to headquarters where the PREA Triage Team reviews the allegation to determine if the incident meets the definitions from the PREA standards and WADOC policy.

If the act does not, the Triage Team will notify the Work Release Administrator the allegation does not meet a definition and advise no further action is needed in regards to a PREA response. If the act does, the Triage Team will notify the Work Release Administrator to assign an investigator to complete an investigation. If an investigation uncovers the act is potentially criminal, local law enforcement would be requested to respond and investigate. If local law enforcement would refuse, the Washington State Patrol would conduct the investigation.

Based on investigative file review, no allegations were referred back to the facility for investigation. The average length of an investigation is 49.5 days. During conversation with the PREA Coordinator, she indicated there may sometimes be a delay because the assigned investigator is coming from another city. The auditor recommends all these types of delays be documented thoroughly so the allegation progress can be tracked throughout.

BLHWTR is compliant with this provision of the standard.

115.271 (b)

As covered in 115.34, the agency and facilitators are all required to complete specialized training to conduct investigations into allegations of sexual abuse and sexual harassment. BLHWTR provided a log of all cases to include the investigator who was assigned. In addition, a list of all trained investigators was provided. Based on comparison of these two lists, BLHWTR is only utilizing investigators who have completed the specialized training.

BLHWTR is compliant with this provision of the standard.

115.271 (c)

The auditor reviewed investigation files for three investigations. In each case, the investigator outlines all interviews conducted, physical and forensic evidence, if applicable, electronic monitoring data, if applicable, and all relevant information. Based on the record retention schedule, all PREA investigation reports and supplemental information must be retained for 50 years after the conclusion of the investigation.

BLHWTR is compliant with this provision of the standard.

115.271 (d)

WADOC and BLHWTR investigators only conduct compelled interviews following the completion of the criminal investigation by outside law enforcement or after outside law enforcement has declined to investigate.

No cases were referred for criminal investigation.

BLHWTR is compliant with this provision of the standard.

115.271 (e)

In review of all investigation files for the reporting period, it appears the investigators do not judge credibility based on a person's status as staff person or offender.

The investigator interviewed reported they do not pass any judgement and follow the facts and evidence.

The Appointing Authority reviews completed investigation reports. He indicated it is his responsibility to ensure no bias in credibility assessments, conduct his own assessment of credibility, and detail the justification for the findings on the finding sheet that is included with each investigation report.

BLHWTR is compliant with this provision of the standard.

115.271 (f)

During the investigation review process, the Appointing Authority informally reviews for staff actions or failures to act. If the allegation is offender sexual assault or abuse or staff sexual misconduct and has a finding of substantiated and unsubstantiated, a formal Local Review Process is implemented. As part of this process, the team completes the WADOC form 02-383, Local PREA Investigation Review Checklist.

BLHWTR is compliant with this provision of the standard.

115.271 (g)

BLHWTR provided the auditor with all case files for the reporting period. For each investigation, a complete investigation report was included outlining all physical, testimonial, and documentary evidence as well as all supplemental information received, such as written statements.

BLHWTR is compliant with this provision of the standard.

115.271 (h)(l)

BLHWTR has not had any allegations that were referred for criminal investigation/prosecution.

BLHWTR is compliant with this provision of the standard.

115.271 (i)

WADOC Records Retention Schedule requires all PREA investigation reports and supplemental information must be retained for 50 years after the conclusion of the investigation. The files are reviewed prior to destruction to ensure they do not need to continue being held, such as a case where the abuser is still incarcerated.

BLHWTR is compliant with this provision of the standard.

115.271 (j)

As stated under provision (a), the WADOC policy states, "Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department."

Investigative file review shows that, regardless if the perpetrator or victim leaves the facility or employment, the investigation continued. For example, one case involved both a perpetrator and victim who were released from custody or employment. In this case, the investigator compiled all information available at the facility, but was not able to make contact with the victim in the community for interview. Despite that, the investigation was still substantiated based on other information uncovered through the investigation process.

BLHWTR is compliant with this provision of the standard.

Corrective Action:

- 1) Create and implement a process to ensure a prompt investigation is completed.
- 2) Each month, provide the auditor with a log of all investigations including information regarding the length of time the investigation has been opened.
- 3) Provide the auditor with randomly selected investigation files for review.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: *PREA Standard 115.72/ 115.272*
- Curriculum for PREA for Appointing Authorities
- Case Database

115.272 (a)

WADOC does not have the investigator determine the finding of the investigations. The investigator is responsible for conducting the investigation and detailing all of the facts in a report. This report is reviewed by the Appointing Authority who makes the finding determination in the case. The Appointing Authority is required to complete specialized training regarding their role as the decision maker for findings in addition to completing the specialized investigator training. Both the investigator who was interviewed and the Appointing Authority indicated they require a preponderance of evidence to deem an allegation substantiated.

BLHWTR is compliant with this standard.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standard 115.73/ 115.273 (a) and (b)
- Case Database
- Memo: PREA Standard 115.73/ 115.273 (c), (d), (e), and (f)
- Operational Memorandum BLHWTR 490.860 *Prison Rape Elimination Act (PREA) Investigation (Revision Date 06/01/2018)*
- Notification Log
- Case Database
- Policy 490.860 *Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)*

115.273 (a)(b)(c)(d)

OM BLHWTR 490.860, outlines the requirements of offender notification of investigation findings. If the offender has already been released, the Appointing Authority will notify the offender in writing. The auditor reviewed one sexual abuse file for the reporting period. There was an investigation status notification letter in the file since the offender had been released.

If an outside entity such as the Washington State Patrol conducts the investigation, the facility investigator ensures they stay in contact and complete the notification at the end of the investigation.

BLHWTR is compliant with this standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standard 115.76/ 115.276 (a), (b), (c), and (d)
- Collective Bargaining Agreement: Washington Federation of State Employees
- Facility Case Data Sheet
- Compliant Log
- Policy 490.860 *Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)*
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*
- Policy 450.050 *Prohibited Contact (Revision Date 11/21/2015)*

115.276 (a)

Policy DOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, states, "The Department recognizes the right of offenders to be free from sexual misconduct. The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution, when appropriate. The Department does not recognize consensual sexual contact between staff and offenders as a defense against allegations of sexual misconduct."

BLHWTR is compliant with this provision of the standard.

115.276 (b)

During the reporting period, BLHWTR had two allegations against staff that were grounds for dismissal. In each case, the facility had placed the staff person on leave or removed their access to the facility during the investigation. Upon completion of the investigations, both staff were either terminated or resigned.

BLHWTR is compliant with this provision of the standard.

115.276 (c)

During the reporting period, BLHWTR had no substantiated investigations of misconduct or harassment by staff so there are no samples of discipline outside of termination.

BLHWTR is compliant with this provision of the standard.

115.276 (d)

For the two cases that led to termination, no referral to law enforcement for criminal investigation was completed. The acts within the allegation were not criminal in nature so a referral was not appropriate.

BLHWTR is not compliant with this provision of the standard.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standard 115.77/ 115.277 (a) and (b)
- Memo: Volunteers with Criminal Backgrounds
- Case Database
- Policy 450.050 Prohibited Contact (Revision Date 11/21/2015)
- Policy 490.860 Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)

115.277 (a)(b)

Policy DOC 490.860, *Prison Rape Elimination Act (PREA) Investigation*, states, "Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited contact with offenders."

During the reporting period, BLHWTR had no allegations against a volunteer. However, the security staff for the facility are contract staff. BLHWTR terminated or let resign two staff who violated the prohibited acts section of the policy.

BLHWTR is compliant with this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.278 (a)**

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: PREA Standard 115.78/ 115.278 (a), (b), (c), (d), (e), (f), and (g)
- Case Database
- Policy 460.135 *Disciplinary Procedures for Work Release (Revision Date 05/24/2016)*
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*
- Policy 490.860 *Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)*

115.278 (a)

During the reporting period, BLHWTR had no allegations that meet the definition of offender-on-offender sexual abuse per the standards. Since there were no substantiated allegations, there are no disciplinary cases to review for the reporting period.

BLHWTR is compliant with this provision of the standard.

115.278 (b)(d)

The auditor reviewed Policy DOC 460.050, *Disciplinary Sanctions*. For a first offense of aggravated sexual assault against another offender, the offenders faces the following potential sanctions:

- 1) Restitution,
- 2) Loss of housing assignment,
- 3) Recommendation for Facility Risk Management Team review,
- 4) Persistent Prison Misbehavior referral,
- 5) Indeterminate Sentence Review Board (Board) review for hearing or reconsideration of minimum term,
- 6) Urinalysis or breath alcohol testing,
- 7) 0-30 days confinement to cell,
- 8) 0-30 days segregation,
- 9) 0-180 loss of fee-based recreation,
- 10) Loss of quarterly food packages for two to four quarters,
- 11) 0-45 days loss of good conduct time,
- 12) 0-60 consecutive days suspension of visitation (either all or specified individuals),
- 13) 0-30 days interruption/restriction of correspondence, telephone, and/or electronic communication privileges (may be limited to specified individuals),
- 14) 0-45 days less of earned time (only after losing all good conduct time),
- 15) 0-30 days loss of one or more privileges listed under the General Violation Sanction options.

An offender found guilty of codes 611 (Committing Sexual Assault against a Staff Member), 613 (Committing an Act of Sexual Contact against Staff), 635 (Committing Sexual Assault against another Offender), or 637 (Committing Sexual Abuse against another Offender) may be sanctioned to a multidisciplinary Facility Risk Management Team review. This team would review and refer the offender for programming such as Mental Health Therapy, Sex Offender Treatment and Assessment, or Anger Management.

BLHWTR is compliant with these provisions of the standard.

115.278 (c)

WAC 137-28-360 states, "In determining an appropriate sanction, the hearing officer should consider the inmate's mental health and his/her intellectual, emotional, and maturity levels and what effect a particular sanction might have on the inmate in light of such factors. The hearing officer may request the assistance of other department staff, including mental health staff, in determining appropriate sanctions."

During the reporting period, there was no disciplinary sanctions for offenders to review.

BLHWTR is compliant with this provision of the standard.

115.278 (e)

Policy DOC 490.860, *Prison Rape Elimination Act (PREA) Investigation*, states, “Alleged victims are not subject to disciplinary action related to violating PREA policies except when an investigation of staff sexual misconduct determines the staff did not consent to the contact.”

BLHWTR has not had any cases of sexual contact with staff where the staff person did not consent during the reporting period.

BLHWTR is compliant with this provision of the standard.

115.278 (f)

Policy DOC 490.860, *Prison Rape Elimination Act (PREA) Investigation*, states, “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.

BLHWTR is compliant with this provision of the standard.

115.278 (g)

BLHWTR prohibits all sexual activity between offenders, to include consensual relationships. Offenders are subject to disciplinary sanctions for participating in any sexual activity unless it was coerced.

BLHWTR is compliant with this provision of the standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standards 115.82/ 115.282 (a), (b), (c), and (d)
- Policy 490.850 Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/2019)
- Policy 610.300 Health Services for Work Release Offenders (Revision Date 06/22/2015)

115.282 (a)(b)(c)(d)

BLHWTR did not have any cases during the reporting period where an offender received medical forensic examinations at outside medical facilities. If this would occur, as part of the examination process, the offenders are given information about emergency contraception and sexually transmitted infection prophylaxis.

When someone reports to a medical facility for a sexual assault examination, advocacy is contacted and responds regardless of if the facility contacts them. The offender being examined has the choice to have the advocate present or not.

Policy 610.300 states, “In the case of sexual misconduct, the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment. A victim of sexual misconduct will not have debt added to his/her account for any medical or mental health treatment received as a result of reported sexual misconduct, whether or not s/he names the abuser or cooperates with any related investigation.”

BLHWTR is compliant with this standard.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standards 115.83/ 115.283 (a), (b), (c), (f), and (g)
- Memo: PREA Standards 115.83/ 115.283 (d) and (e)
- Memo: PREA Standards 115.83/ 115.283 (h)
- Case Database
- Policy 490.850 Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/2019)
- Policy 610.300 Health Services for Work Release Offenders (Revision Date 06/22/2015)
- Policy 630.500 Mental Health Services (Revision Date 04/28/2017)

115.283 (a)

At BLHWTR, when an allegation is reported, the victim is referred to medical in the community, if necessary, and asked if they would like to see a mental health provider. The referral and response is logged on the PREA Response and Containment Checklist. A Mental Health Referral is made using PREA Mental Health Notification forms. If a victim declines the referral, it is also documented using this form.

115.283 (b)(c)

BLHWTR does not have behavioral health care staff onsite. All BLHWTR victims who are in need of follow up services after an allegation of sexual abuse/assault, will receive services as appropriate within the community.

BLHWTR is compliant with this provision of the standard.

115.283 (d)(e)

BLHWTR does not house female offenders. In addition, there were no transgender males who still have female genitalia housed at the facility. These provisions are not applicable.

115.283 (f)

BLHWTR did not have any allegations within the reporting period where the acts could have led to a sexually transmitted infections. However, if such acts would occur, the facility would ensure the victim received tests and treatment as appropriate.

BLHWTR is compliant with this provision of the standard.

115.283 (g)

Policy 610.300 states, "In the case of sexual misconduct, the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment. A victim of sexual misconduct will not have debt added to his/her account for any medical or mental health treatment received as a result of reported sexual misconduct, whether or not s/he names the abuser or cooperates with any related investigation."

BLHWTR has not had any allegations were a victim received services so there is no documentation available for review.

BLHWTR is compliant with this provision of the standard.

115.283 (h)

BLHWTR did not have any substantiated allegations of offender-on-offender aggravated sexual assault for the reporting period.

Policy states staff would complete a mental health referral for the perpetrator. The perpetrator would be scheduled for evaluation to be completed within a required timeframe.

BLHWTR is compliant with this provision of the standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standard 115.86/ 115.286 (a), (b), (c), (d), and (e)
- Local Review Committee Notes
- Case Review
- Policy 490.860 Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)

115.286 (a)(b)(c)(d)(e)

BLHWTR has a meeting of the Local Review Committee scheduled for every Thursday to ensure all members of the team are able to meet within the 30-day deadline of this standard.

The following normally attend this meeting:

- 1) Work Release Administrator
- 2) Work Release Community Corrections Supervisor
- 3) Work Release Operations Administrator
- 4) PREA Community Corrections Specialist 3

BLHWTR provided the Local PREA Investigation Review Checklist as part of the case file for the substantiated allegation of sexual abuse against a staff member. This checklist includes all the required elements of provision (d). In addition, at the end of the checklist is a spot with action items where it can be indicated who is assigned to complete the item. In the cases reviewed for this reporting period, there were no action items to follow up on by the facility.

BLHWTR is compliant with this provision of the standard.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- Memo: PREA Standard 115.87/ 115.287 (a), (b), (c), (d), (e), and (f)
- 2016 Survey of Sexual Victimization
- 2017 Survey of Sexual Victimization
- Policy 490.860 *Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)*
- Policy 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/2019)*

115.287 (a) (b) (c) (d) (e) (f)

WADOC collects and aggregates the sexual abuse data as required by this standard.

BLHWTR provided the completed 2016 and 2017 Surveys of Sexual Victimization. The 2018 survey was not available since there was a delay in the Bureau of Justice Statistics requesting the information during 2019. The PREA Coordinator ensures the information is gathered and submitted in a timely manner when requested.

BLHWTR is compliant with this standard.

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standard 115.88/ 115.288 (a), (b), (c), and (d)
- Screenshot of Agency Webpage
- Policy 490.860 Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)

115.288 (a) (b) (c) (d)

The WADOC annual report is very comprehensive. It includes multiple charts breaking down the allegations for the previous years in multiple ways such as by gender, race, age range, location of the act, sanctions, allegation type, allegation findings, etc. The 97-page report compares the statistics from 2018 against the trends from 2012 through 2017. The facilities within the WADOC, to include BLHWTR, are committed to continual improvement to their

processes and continually assess and modify practices to ensure the safety of the offenders in their care. The annual report can be found at:
<https://www.doc.wa.gov/corrections/prea/resources.htm#reports>.

BLHWTR exceeds the requirements of this standard.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: PREA Standards 115.89/ 115.289 (a), (b), (c), and (d)
- OMNI PREA Risk Assessment Access Groups
- Screenshot of Agency Website
- Records Retention Schedule
- Policy 490.860 *Prison Rape Elimination Act (PREA) Investigation (Revision Date 08/06/2019)*
- Policy 280.310 *Information Technology Security (Revision Date 01/04/2019)*
- Policy 280.515 *Electronic Data Classification (Revision Date 08/22/2011)*

115.289 (a)

While not required by the standard, Policy DOC 490.860, *Prison Rape Elimination Act (PREA) Investigation*, states, "All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 *Electronic Data Classification*." According to the *Electronic Data Classification* policy, Category 4 data requires Appointing Authority approval and a data sharing agreement approved through the contracts office to be released outside of the department. Access to the information is limited even within the facility to a need to know basis.

BLHWTR is compliant with this provision of the standard.

115.289 (b)

WADOC publishes the annual report at:

<https://www.doc.wa.gov/corrections/prea/resources.htm#reports>. All reports from 2013-2018 are currently located on the website.

BLHWTR is compliant with this provision of the standard.

115.289 (c)

The auditor reviewed all reports provided by the facility. All information provided is statistical and no personal identifying information is included.

BLHWTR is compliant with this provision of the standard.

115.289 (d)

BLHWTR provided a copy of the WADOC Records Retention Schedule. All facilities are required to keep all PREA investigation information for 50 years after the close of the investigation.

BLHWTR is compliant with this provision of the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.401

The auditor had access to all areas of the BLHWTR facility. All interview participants were selected by the auditor and the facility staff were notified of the selections once the auditor was onsite. The auditor was given unrestricted access to all offenders and staff at the facility.

Contact information for the auditor was posted throughout the facility and was seen by the auditor while onsite. No correspondence was received.

BLHWTR is compliant with this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- WADOC website

115.403

The BLHWTR prior audit reports are located at:

<https://www.doc.wa.gov/corrections/prea/resources.htm#reports>

BLHWTR is compliant with this standard.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

03/24/2020

Auditor Signature

Date

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

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