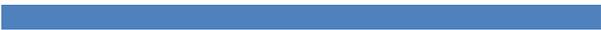


Washington State  
Department of  
Corrections Annual  
PREA Report  
Calendar Year 2018

Publication #400-RE004





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

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

This report is intended to provide information for calendar year 2018.

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Stephen Sinclair  
Secretary

## BACKGROUND

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

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

The final rule and standards were published in the federal register on June 20, 2012, and became effective on August 20, 2012. Standards require annual audits of one-third of the facilities under the agency’s jurisdiction. Annual Governor certification of compliance in all facilities under the operational control of the state’s executive branch, and all private facilities operated on behalf of the executive branch to house offenders is also required. Failure to comply with standards each year will result in a loss of 5% of identified federal grant funding.

## PROGRESS IN ADDRESSING SEXUAL ABUSE

During 2018, WADOC has accomplished the following with regard to PREA prevention, detection, and response strategies:

- The launching of PREA 102, returning annual in-service training to the classroom to focus on interactive learning, facilitate discussion and impact culture
- Continued work with law enforcement / partnership with them and other community partners
- Continuation of full-scale drills with outside stakeholder participation.
- Summaries of projects / work groups
- Continued partnership with the Western State Audit Consortium, with the annual meeting scheduled for April 2019 in Spokane. The Consortium has been expanded to now include California, Colorado, Hawaii, Los Angeles County, Montana, New Mexico, Nevada, North Dakota, Oregon, and Washington
- The agency has established a re-report system to allow Shift Commanders to review database information to determine if an allegation received has already been investigated, cutting down on process time and paperwork
- The agency now reviews the status of PREA Risk Assessment completion in all facilities each quarter to identify trends and address issues in a much more timely manner.

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

Airway Height Corrections Center	100% compliance achieved in 02/2015 and 10/2017 audits
Ahtanum View Work Release	100% compliance achieved in 11/2015 audit; corrective action in work following 11/2018 audit
Bellingham Work Release	100% compliance achieved in 04/2015 and 11/2018 audits
Bishop Lewis Work Release	100% compliance achieved in 07/2014 and 03/2017 audits
Brownstone Work Release	100% compliance achieved in 05/2015 and 10/2017 audits
Cedar Creek Corrections Center	100% compliance achieved in 08/2014 and 03/2017 audits
Clallam Bay Corrections Center	100% compliance achieved in 06/2015 and 09/2017 audits
Coyote Ridge Corrections Center	100% compliance achieved in 08/2015 audit; corrective action in work following 09/2018 audit
Eleanor Chase Work Release	100% compliance achieved in 05/2015 and 10/2017 audits
Helen B. Ratcliff Work Release	100% compliance achieved in 07/2014 and 03/2017 audits
Larch Corrections Center	100% compliance achieved in 11/2015 audit; corrective action in work following 10/2018 audit
Longview Work Release	100% compliance achieved in 04/2016 audit; corrective action in work following 10/2018 audit
Monroe Correctional Complex	100% compliance achieved in 06/2016 and 11/2018 audits
Madison Inn Work Release (Facility no longer in operation)	100% compliance achieved in 07/2014 audit
Mission Creek Corrections Center for Women	100% compliance achieved in 07/2014 and 03/2017 audits
Olympia Work Release	100% compliance achieved in 04/2016 audit; corrective action in work following 10/2018 audit
Olympic Corrections Center	100% compliance achieved in 06/2015 and 09/2017 audits
Peninsula Work Release	100% compliance achieved in 03/2015 and 08/2017 audits
Progress House Work Release	100% compliance achieved in 03/2015 and 08/2017 audits
Rap House / Lincoln Park Work Release (Facility no longer in operation)	100% compliance achieved in 03/2015 and 11/2017 audits
Reynolds Work Release	100% compliance achieved in 07/2014 and 03/2017 audits
Stafford Creek Corrections Center	100% compliance achieved in 08/2014 and 03/2017 audits
Tri-Cities Work Release	100% compliance achieved in 11/2015 audit; corrective action in work following 11/2018 audit

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

Washington Corrections Center	100% compliance achieved in 06/2015 and 11/2017 audits
Washington Corrections Center for Women	100% compliance achieved in 07/2014 and 03/2017 audits
Washington State Penitentiary	100% compliance achieved in 05/2016 audit; corrective action in work following 09/2018 audit

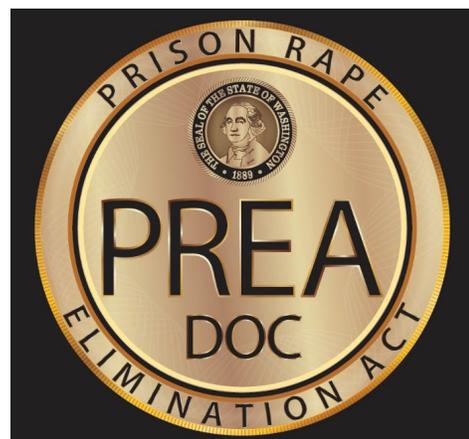
Green – year one of audit cycle  
Blue – year two of audit cycle  
White – year three of audit cycle

## GOVERNOR CERTIFICATION

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

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

In October 2018, Washington Governor Jay Inslee provided an assurance that the state of Washington was working toward compliance in all applicable facilities. The penalty grant funds will be reallocated toward cross-gender announcement systems and training in 2019.



## AGGREGATE DATA

**NOTE: All investigation data included in this is report is as of 01/28/2019.**

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

Offender-on-Offender	Staff-on-Offender
ISA = Sexual Assault	SSH = Sexual Harassment
IASC = Sexual Abuse	SSM = Sexual Misconduct
ISH = Sexual Harassment	SOM = Other Misconduct

WADOC has established definitions of misconduct under PREA that are far more broad and comprehensive than those published by the Department of Justice (DOJ). These definitions were the result of litigation as well as issues encountered during standard implementation. During 2018, definitions were examined and narrowed somewhat. Definitions of misconduct used in data collection are attached to this report.

During calendar 2018, WADOC conducted investigations into 410 offender-on-offender allegations and 267 staff-on-offender allegations, for a total of 677 formal investigations. With an offender population of 19,369 in prison and work release facilities (12/31/2018), this results in a rate of 34.9 allegations per 1,000 offenders.

## AGENCY SEXUAL ABUSE DATA

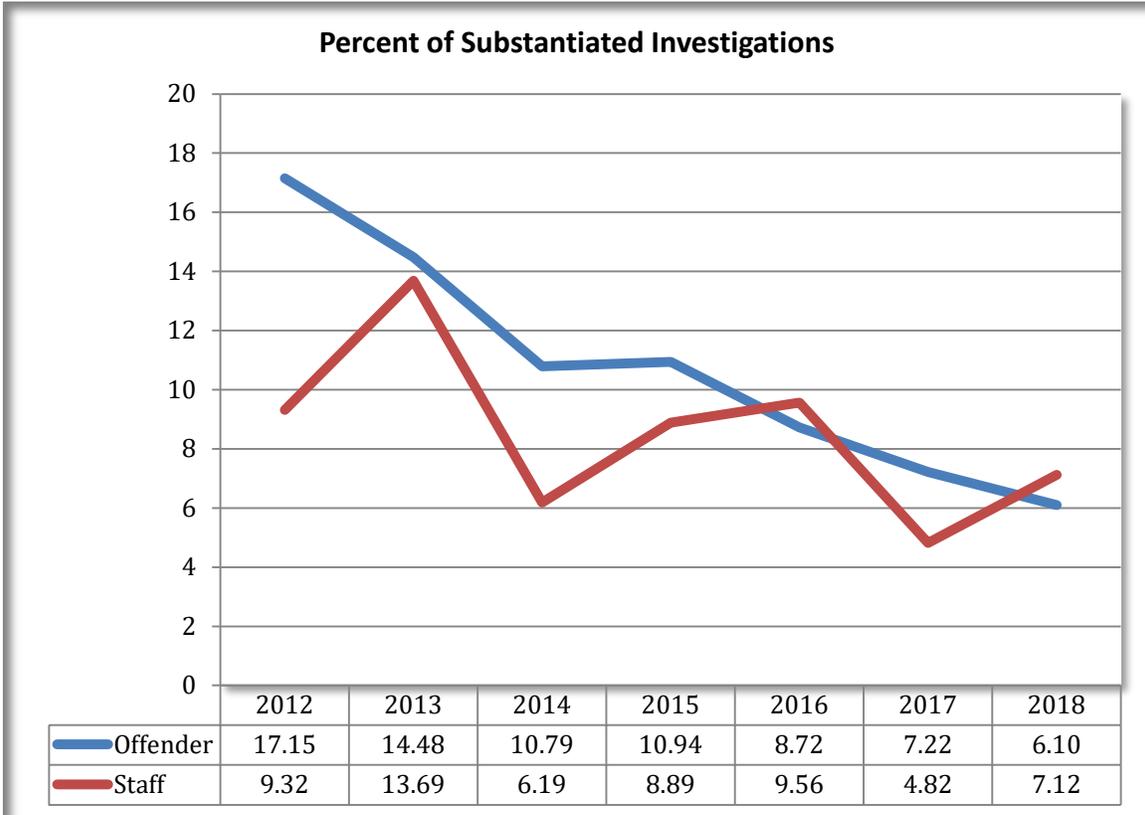
The following is the breakdown of allegations by type and finding for calendar year 2018:

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	5	28	27	14	74
ISA	4	54	54	8	120
ISH	16	102	67	31	216
TOTAL	25	184	148	53	410

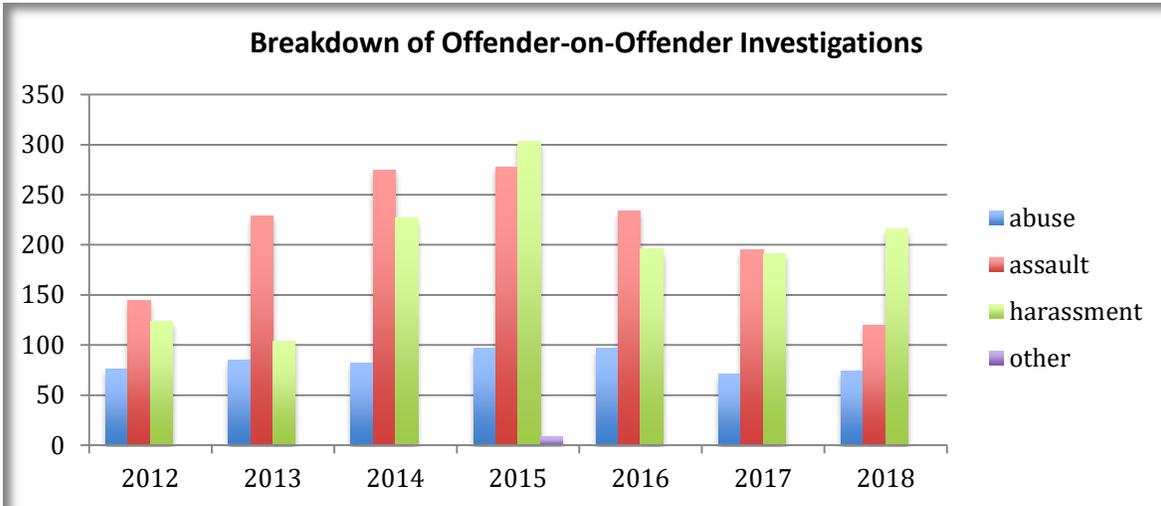
Staff-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	5	1	5	1	12
SSH	4	19	39	6	68
SSM	10	21	105	51	187
TOTAL	19	41	149	58	267

An analysis of investigation and finding information over the past seven (7) years indicates a recent decrease in the number of investigations conducted based on allegations received coupled with an overall decrease in the percent of substantiated allegations.

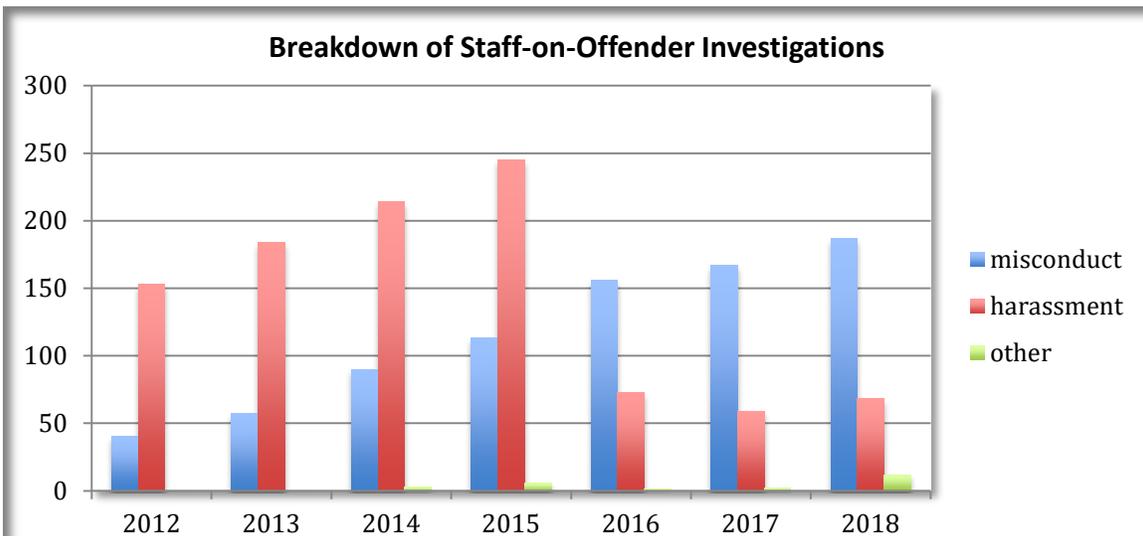
	Substantiated		Unsubstantiated		Unfounded		Open	
	Offender-Offender	Staff-Offender	Offender-Offender	Staff-Offender	Offender-Offender	Staff-Offender	Offender-Offender	Staff-Offender
2012	59	18	178	59	107	116	0	0
2013	65	33	199	48	186	160	0	0
2014	63	22	156	40	365	245	0	0
2015	61	42	256	69	367	272	2	1
2016	46	22	248	40	231	164	2	4
2017	33	11	260	53	127	122	37	42
2018	25	19	184	41	148	149	53	58



A breakdown of the 3,426 offender-on-offender investigations over the last seven (7) years by type of allegations illustrates that 582 (17%) were abuse, 1,475 (43%) were assault, 1,361 (40%) were harassment, and 8 (less than 1%) were other forms of related misconduct (e.g., retaliation).



A breakdown of the 1,830 staff-on-offender investigations over the last seven (7) years by type of allegations illustrates that 810 (44%) were sexual misconduct, 996 (54%) were harassment, and 24 (1%) were other forms of related misconduct (e.g., failure to report, retaliation, breach of confidentiality, etc.).



## HOW ALLEGATIONS WERE REPORTED

Offenders are provided with multiple venues in which to report PREA allegations. The following is a breakdown of the ways in which allegations were received for the investigations conducted in 2018:

Method by which Allegations were received which Resulted in Internal PREA Investigations	#
Discovery	35
Email (to Intelligence and Investigations Unit, and PREA Unit)	7
External report entity	38
Grievance	41
Hotline	106
Information from another jurisdiction	2
J-Pay information	1
Kiosk	13
Kite	42
Note, letter or written statement (to Community Corrections Supervisor, Corrections Specialist, Deputy Director, Intelligence and Investigations Unit, Ombudsman, and PREA Coordinator)	47
Staff report	4
Telephone call (to Sergeant)	1
Verbal report to Staff (detail following)	340
TOTAL	677

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

All staff members are mandated to accept and report allegations received, including those made verbally, in writing and by third parties. Verbal reports to staff account for 50% of the total number of allegations received that resulted in an internal administrative investigation. The following table illustrates the position of the staff member receiving these verbal reports:

Internal Investigation Allegation Verbally Reported to...	#
Adult Corrections Cook	1
Associate Superintendent	3
Chemical Dependency Counselor	1
Classification Counselor	75
Community Corrections Officer	6
Community Corrections Supervisor	2
Contract Staff	2
Correctional Industries Staff	6
Correctional Officer	65
Correctional Unit Supervisor	21
Corrections Specialist	7
DOJ PREA Auditor	3
Hearing Officer	3
Investigator	6
Jail / Other Correctional Jurisdiction Staff	8
Lieutenant	26
Medical Staff	14
Mental Health Staff	42
Sergeant	41
Sex Offender Treatment Specialist	5
Warehouse Staff	1
Work / Training Release Staff	2
TOTAL	340

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



Offenders also used available reporting methods to report allegations about jurisdictions outside of WADOC:

Method by which Allegations were received regarding other Jurisdictions	#
Discovery	13
Email (PREA Coordinator, PREA mailbox)	3
External Report Entity	1
Hotline	23
Kite	2
Letter or written statement (to Auditor, Assistant Secretary, and PREA Coordinator)	5
Verbal report to Staff	95
TOTAL	142

## DEMOGRAPHICS

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

Total Prison and Work Release Population as of 12/31/2018	
19,369	
Gender	
Male	91.9%
Female	8.1%
Race	
American Indian / Alaska Native	5.5%
Asian / Pacific Islander	4.2%
Black	18.1%
White	69.1%
Other	2.2%
Unknown	0.9%
Average Age	
39.1 years	

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

Substantiated Offender-on-Offender Sexual Abuse, Assault and Harassment				
Total number of substantiated administrative investigations = 25				
Total Number of Victims = 32				
Total Number of Perpetrators = 25				
Gender	Victim		Perpetrator	
Male	29	91%	21	84%
Female	2	6%	2	8%
Transgender	1	3%	0	0%
Unknown / not documented	0	0%	2	8%
Race	Victim		Perpetrator	
American Indian / Alaska Native	1	3%	0	0%
Asian / Pacific Islander	0	0%	1	4%
Black	4	12%	7	28%
White	27	84%	15	60%
Other	0	0%	0	0%
Unknown / not documented	0	0%	2	8%

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Age	Victim		Perpetrator	
< 18	0	0%	0	0%
18 – 24	4	12%	1	4%
25 – 29	6	19%	5	20%
30 – 34	6	19%	5	20%
35 – 39	4	12%	2	8%
40 – 44	3	9%	1	4%
45 – 54	7	22%	2	8%
55 +	2	6%	7	28%
Unknown / not documented	0	0%	2	8%

Substantiated Offender-on-Offender Sexual Abuse, Assault and Harassment Location (NOTE: There may be more than one location per investigation)		
Cell	9	32%
Classroom	1	4%
Dayroom	4	14%
Kitchen	4	14%
Public area (breezeway, hallway, living unit, outside unit, tier)	6	21%
Recreation area (gym, yard)	3	11%
Restroom	1	4%

Substantiated Offender Perpetrator Sanctions (NOTE: More than one sanction may have been applied to a perpetrator)	
Confinement to cell / room	3
Extra work duty	1
Loss of Good Conduct Time	6
Loss of Privileges (to include correspondence and electronic device restriction)	5
Segregation	7
Separation from victim	11
None (infraction dismissed, specific perpetrator not identified)	2
Infraction pending	2

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PREA allegations involving staff, contractors and volunteers can involve individuals from any facet of agency operations. The following shows the breakdown of these individuals named as the accused in PREA investigations of staff sexual misconduct and staff sexual harassment during 2018:

Position	Substantiated SSM, SSH, SOM	Unsubstantiated SSM, SSH, SOM	Unfounded SSM, SSH, SOM	Open SSM, SSH, SOM	Total SSM, SSH, SOM
Chaplain	0	0	1	0	1
Chemical Dependency Treatment Provider	0	0	1	1	2
Classification Counselor	0	1	4	3	8
Community Corrections Officer	0	0	7	5	12
Contract Staff	5	4	4	1	14
Cook / Cook Supervisor	0	0	1	1	2
Correctional Industries Staff	0	5	1	0	6
Correctional Officer	9	24	99	25	157
Correctional Program Manager	0	0	0	2	2
Correctional Unit Supervisor	0	1	3	6	10
Corrections Specialist	0	0	1	0	1
Laundry	0	0	0	1	1
Lieutenant	0	0	3	1	4
Maintenance	0	1	1	2	4
Mental Health Counselor	0	0	2	1	3
Nurse	2	0	3	1	6
Physician / Physician Asst.	0	0	2	0	2
Psychology Assoc. / Psychologist	0	0	6	1	7
Recreation Specialist	0	1	1	0	2
Sergeant	1	2	3	4	10
Sex Offender Treatment Program Therapist	0	0	0	1	1
Superintendent	0	0	1	0	1
Unknown / not documented	0	1	3	1	5
Volunteer	2	1	2	1	6
<b>TOTAL</b>	<b>19</b>	<b>41</b>	<b>149</b>	<b>58</b>	<b>267</b>

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

Substantiated Staff-on-Offender Sexual Misconduct, Harassment, and Other Misconduct				
Total number of substantiated administrative investigations = 19				
Total Number of Victims = 23				
Total Number of Perpetrators = 19				
Gender	Victim		Perpetrator	
Male	20	87%	7	37%
Female	3	13%	12	63%
Transgender	0	0%	0	0%
Unknown / not documented	0	0%	0	0%
Race	Victim		Perpetrator	
American Indian / Alaska Native	0	0%	0	0%
Asian / Pacific Islander	0	0%	2	11%
Black	3	13%	4	21%
White	17	74%	13	68%
Other	1	4%	0	0%
Unknown / not documented	2	9%	0	0%
Age	Victim		Perpetrator	
24 and younger	3	13%	4	21%
25 – 29	5	22%	2	11%
30 – 34	5	22%	4	21%
35 – 39	1	4%	1	5%
40 – 44	5	22%	2	11%
45 – 54	2	9%	5	26%
55 +	0	0%	1	5%
Unknown / not documented	2	9%	0	0%

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Substantiated Staff-on-Offender Sexual Misconduct, Harassment, and Other Misconduct Location (NOTE: There may be more than one location per investigation)		
Closet	1	4%
Community setting	8	32%
Common Area	1	4%
Exchange of Electronic Mail / Written Communication	4	16%
Living Unit	1	4%
Program Area	2	8%
Staff Office / Work Area	2	8%
Telephone Communication	1	4%
Tier	1	4%
Unknown / not documented	4	16%

Substantiated Staff Perpetrator Years at Facility	Staff Sexual Harassment & Staff Other Misconduct		Staff Sexual Misconduct	
	Count	Percentage	Count	Percentage
Less than 6 months	1	11%	0	0%
6 months to 1 year	2	22%	2	20%
1 to 5 years	2	22%	8	80%
5 to 10 years	1	11%	0	0%
More than 10 years	0	0%	0	0%
Unknown / not documented	3	33%	0	0%

Substantiated Staff Perpetrator Job Classification		
Contract Staff	5	26%
Correctional Officer	9	47%
Nurse	2	11%
Sergeant	1	5%
Volunteer	2	11%

Substantiated Staff Perpetrator Sanctions	Staff Sexual Harassment & Staff Other Misconduct		Staff Sexual Misconduct	
	Count	Percentage	Count	Percentage
(NOTE: More than one sanction may have been applied to a perpetrator)				
Letter of Reprimand	3		0	
Resignation prior to Completion of Investigation	3		9	
Supervisory meeting	1		0	
Termination / Discharge / Contract not Renewed	1		1	
Training	1		0	

## LAW ENFORCEMENT REFERRALS

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

During calendar year 2018, a total of 52 allegations were referred to local law enforcement officials for possible criminal investigations. The results of those referrals are as follows:

Results of Referral	#
Declined by law enforcement officials for criminal investigation	42
Accepted by law enforcement officials for criminal investigation but pending prosecutorial decision / no information regarding prosecutorial decision documented	4
Accepted by law enforcement officials for criminal investigation but declined by prosecutors	3
Outcome of referral to law enforcement officials still pending	3

## FORENSIC MEDICAL EXAMINATIONS

Agency policy requires that when a sexual assault is alleged to have occurred within the last 120 hours and involve penetration or the exchange of body fluids, the offender is transported to a partnered community medical center for the completion of a forensic medical examination. These examinations are generally conducted by a specially trained Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). During 2018, eighteen (18) offenders were transported for forensic medical examinations. The results of those examinations are as follows:

Exam conducted	Administrative investigation closed as substantiated	2
	Administrative investigation closed as unsubstantiated	1
	Administrative investigation closed as unfounded	7
	Administrative investigation open and ongoing	4
Exam not conducted (e.g., offender recanted, offender refused, exam not indicated per SAFE/SANE)		4

## LOCAL REVIEW COMMITTEES

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

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

During 2018, a total of 119 local review committees were held across the agency. Of these, 19 resulted in some form of action plan. Elements included in action plans include, but are not limited to:

- Evaluation of the custody staff presence on the upper floor of a housing unit.
- Review camera locations.
- Review with staff process for reporting outside employment.
- Review with staff the policy on reporting offender contact.
- Clarify with staff that persons on community supervision are under DOC jurisdiction.
- Include in Place Safety Muster a discussion regarding reporting requirements when information involves other staff members.
- Implement a formal separation between identified offenders.
- Review post orders and staffing plans for identified areas.



## CONTRACTED FACILITIES

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

Currently WADOC contracts with the following public agencies:

- Washington Department of Rehabilitation Administration – This agency operates multiple facilities for housing juveniles as delinquent. The agency also houses under state law and interagency agreement with WADOC those offenders under the age of 18 who have been sentenced as adults.
- Yakima County Jail – This agency currently holds female offenders transferred from the Washington Corrections Center for Women in an overflow bed capacity. Females housed at the Yakima County Jail are able to participate in residential therapeutic community setting for substance abuse treatment.

WADOC regularly monitors both of these organizations to ensure continued compliance with standards and works with the agency to resolve any identified issues or gaps.

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

Calendar year 2017		Chehalis Facility	Cozza Facility	Mission Facility
Client-Client Sexual Abuse	Substantiated	0	0	1
	Unsubstantiated	0	0	0
	Unfounded	0	0	3
Staff – Client Sexual Abuse	Substantiated	1	2	5
	Unsubstantiated	0	0	0
	Unfounded	1	0	1

Calendar year 2018		Chehalis Facility	Cozza Facility	Mission Facility
Client-Client Sexual Abuse	Substantiated	0	2	1
	Unsubstantiated	0	2	1
	Unfounded	0	0	0
Staff – Client Sexual Abuse	Substantiated	1	3	4
	Unsubstantiated	1	2	1
	Unfounded	0	0	0

## VICTIM ADVOCACY SERVICES

Through collaboration with the Department of Commerce Office and Crime Victim's Advocacy (OCVA) and the Washington Coalition of Sexual Assault Programs (WCSAP), WADOC has successfully expanded PREA response services for incarcerated sexual assault survivors by adding in-person advocacy for offenders during internal investigations where there is an alleged aggravated sexual assault.



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



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

During the reporting period, the Department of Correction has continued to partner with the Office of Crime Victim's Advocacy and the Washington Coalition of Sexual Assault Programs to ensure that sexual assault advocacy services are available for incarcerated persons statewide. Washington has built a robust advocacy response system for offenders who are seeking advocacy services. Community based advocates offer confidential advocacy services through an unrecorded, toll-free telephone call or at scheduled in-person appointments. Advocate services are also available to any offender transported to a hospital for a sexual assault forensic examination or those participating in an internal investigatory interview.

There has been a steady rise in usage of advocacy services. Last year the state had a 20% increase in utilization. We anticipate the number of those requesting support services will continue to grow as offenders further understand the difference between the agency's PREA reporting line and the external confidential community advocacy hotline.

Since our last report, we introduced in-person support at investigations. Provision of this in-person support was a natural extension of in-person advocacy services already being provided at facilities. Having an advocate available during an interview provides a victim with necessary

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support, can lower anxiety, mitigate additional trauma, increase victim participation in moving through and remaining engaged in internal processes, and can contribute to overall facility safety.

We also have also been diligently working on the creation of a video that will be shown to offenders at intake and during the course of their incarceration. The video outlines confidential advocacy services, how advocacy services are unique and what inmates can expect if they seek support services. We anticipate the video ready for launch in the spring of 2019. We believe the video will help educate inmates by providing them valuable information to make informed decisions about their healing.

Whether it's in-person advocacy or over the phone, victims who have obtained external confidential community PREA advocacy services report having an increased sense of safety, decreased isolation, and renewed hope. They report that efforts by the Department, OCVA and WCSAP to remove barriers to access external advocacy is important to them. Many have shared that advocacy has been life saving for them. They also report that it has helped them to understand the impacts of victimization, to know what resources are available to them, what to expect when and if they report, that it's provided them with invaluable coping mechanisms, and that it has given them hope. Resoundingly inmates report having an advocate available to talk with is extremely meaningful and helpful.

Support service data for calendar year 2018 is as follows:

Month	Total calls to OCVA	PREA-Related	Not PREA Related	Connections to local Community Sexual Assault Program
January	41	40	1	9
February	33	32	1	13
March	33	30	3	10
April	27	26	1	7
May	37	37	0	14
June	34	33	1	12
July	20	20	0	4
August	36	33	3	12
September	29	27	2	8
October	23	22	1	3
November	32	32	0	5
December	48	44	4	6
TOTAL	393	376	17	103

### Spotlight on the Washington State Penitentiary Advocacy Program:

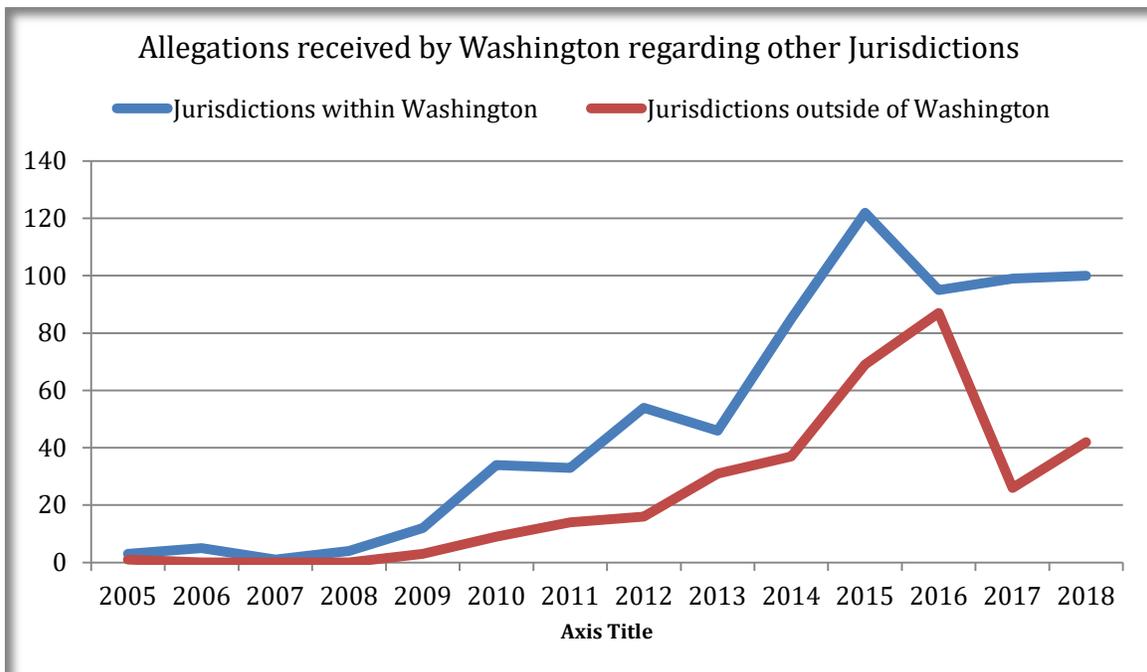
In 2014, the Washington State Penitentiary and the Walla Walla YWCA began building their partnership to provide victim advocacy for incarcerated survivors of sexual assault. One of the most important aspects of this relationship is understanding each other's mission. This can be accomplished through meetings, education and the sharing of policies.

The YWCA advocate who provides services to WSP was apprehensive at first and had never been inside of a prison. To ease any fears, we provided a tour of the facility and answered all of her questions. We shared our policies and the YWCA helped us to understand what an advocate does. We talked about confidentiality and strategized how to communicate (from both sides) without violating the privacy of the incarcerated survivor. So, instead of talking about specifics, we focus on the process and our respective policies.

To maintain a successful advocacy program, it is also important to have a dependable facility contact and escort, have direct contact information, support effective communication and resolve issues as they occur. WSP and the YWCA are committed to providing confidential advocacy services for incarcerated survivors.

## SHARING ALLEGATION INFORMATION with other JURISDICTIONS

Standards require that the agency immediately forward any allegations received regarding other applicable jurisdictions. This fosters continued collaboration between these agencies. During calendar year 2018, WADOC received and forwarded a total of 142 allegations about other jurisdictions, 100 of those regarding agencies within the State of Washington, including city, county, regional and tribal correctional entities. An additional 42 allegations were received regarding agencies outside Washington.



## STRATEGIC PLANS / AGENCY ACTION PLANNING –



Based on a review of incident data and audits completed, the following strategic plan is developed for 2019 to further incorporate PREA principles and standards into agency culture:

- Continuation of a comprehensive training plan, to include:
  - Revision to PREA Training for Health Services;
  - Development of training for Shift Commanders and Duty Officers, PREA Response Teams, and First Responders as well as a module regarding red flag behaviors; and
  - Development of LGBTI and transgender awareness training.
- Continued collaboration with the Washington State Patrol (WSP) in the development of a statewide sexual assault kit tracking system, overseen by WSP, which will also allow access by offender victims; ensuring compliance with House Bill 2530.
- Continued work by the transgender policy workgroup to develop policies for transgender staff and for transgender and intersex offenders; formalize agency processes regarding searches, urinalysis testing, property, pronoun use, etc.; to be accompanied by agency-wide training regarding incarcerated transgender individuals.
- Development of tools to assist in tracking and audit preparation, to include updated and consolidated document lists, updates to interview questions, and standardized spreadsheets to track and detail employees, contractors, and volunteers; additionally, a full-day workshop is planned for early 2019 to assist preparers and ensure consistency across the agency;
- Revisions to data collection systems to provide better analysis of advocacy services by type;
- Addressing identified gaps in evidence collection and documentation with the development of targeted informational presentations for investigators, shift commanders and other applicable stakeholders; and
- Publication of an offender video regarding victim advocacy support services.



## AIRWAY HEIGHTS CORRECTIONS CENTER

Airway Heights Corrections Center (AHCC) is a correctional facility that houses approximately 2100 male incarcerated individuals that are Medium and Minimum custody. It is located 10 miles west of Spokane and has been open since 1992 employing over 700 employees.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	1	4	1	4	10
ISA	0	11	6	2	19
ISH	1	15	1	1	18
TOTAL	2	30	8	7	47

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	2	3	0	5
SSM	0	2	3	2	7
TOTAL	0	4	6	2	12

### Corrective / Continuing Action from 2017

- AHCC Goals for 2017:
  - The MI3 units in the main portion of the facility are to receive a new camera system.
  - Hire a PREA Specialist.
  - Solidify all processes when PREA Specialist position is filled.
  - Prepare documentation for the upcoming Federal audit.
- Accomplishments 2017:
  - PREA Compliance Specialist brought online March 2017.
    - Put in place processes to track documentation required to maintain compliance with all DOJ Federal Standards. These include tracking PREA Risk Assessments, NCIC background checks, training records and offender mental health referral forms.

- Camera systems updated in all MI3 Units and in the Food Factory.
- Federal Auditor was provided all PREA documentation.

#### Accomplishments for 2018

- AHCC passed the DOJ Federal PREA Audit.
- Resulting from ongoing audits of the designated areas throughout the institution, it appears the culture of AHCC is adhering to the PREA guidelines.

#### Assessment of Facility Progress

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

LGBTQ Population: We are currently housing 22 transgender offenders and have had as many as 24. Two have successfully transitioned through custody levels and achieved minimum camp status. Most are actively programming. We have a support group called PRIDE that meets the 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of every month. Any offender is allowed to attend by signing up and being placed on the callout. Staff are also welcomed to attend.

Training: AHCC has transitioned to a new training method for all volunteers. Volunteers now have the ability to watch a DVD presentation on PREA facilitating effective communication with offenders that does not promote manipulation or unsafe situations.

Partnerships: AHCC partners with local law enforcement agency Airway Heights Police Department and with Lutheran Community Services North West for any cases that require outside response. Yearly meetings with the PREA response team and the above listed agencies are required by Federal PREA Standards. On May 30<sup>th</sup>, 2018, the PREA Response team was assembled to meet and walk through the process of responding to a sexual assault. Members from the facility, Airway Heights Police Department and Lutheran Services walked through the steps that we would take during an assault. On August 24, 2018 the Advocate group came for a tour of the facility to give them an idea of the living conditions and how the population in supervised.

#### Things that are working:

- The PREA Risk Assessments are being completed in a timely manner both the initial and the follow up.
- Mental health referrals are being completed within time frames.
- Staff communication regarding PREA related topics has improved and continues to increase.
- Shift commanders' engagement and understanding of PREA compliance has improved specifically relating to their ability to screen allegations utilizing the PREA tab in OMNI.
- Consistency on unit procedures and the decrease in staff resistance.

#### Currently Identified Areas for Improvement

- The transfer of transgender individuals

- At times, PREA investigations are not completed timely due to a variety of reasons, to include law enforcement involvement, inability to contact offenders once they leave the institution, staff involved allegations and work load issues.
- Time frames for getting investigation information from Airway Heights Police Department is slow and hard to obtain.
- Shift commanders placing potential PREA victim's into segregation for investigation and/or protection.

**Critical Objectives for 2019**

- Sustain and Maintain processes to ensure compliance with DOC Federal PREA Standards to include a PREA action plan that identifies the standards and practices supporting a culture of compliance.
- Identify and process items from 2018 vulnerability assessment.
- Hire an Office Assistant 3 to assist the PREA Specialist, in maintaining the collection of documentation needed for adherence to Federal PREA Standards and DOC Policies.
- Identify ways to measure the culture change.
- Airway Heights Corrections Center will start gathering documentation for their next Federal PREA Audit starting July 31<sup>st</sup> 2019 and will end August 1<sup>st</sup> 2020. The next scheduled Federal PREA Audit is October 2020.

*Yesterday I received the out-brief from the DOJ PREA auditors and wanted to share with you my thoughts. First, some of the comments from the auditors included:*

*The auditors commented repeatedly about the hospitality of the staff at the facility. They remarked about how much work was done with regard to the audit specifically but also about implementing PREA and embedding it into culture.*

*Staff were also impressive with their dedication and knowledge.*

*There were a great many informal leaders throughout the facility.*

*The auditors commented on how impressive the security of the facility was, from the time one entered the front door; they indicated that the security was higher than they had ever seen in any facility, even the federal ones they had been in, but that staff appeared very comfortable with their jobs and the facility had a very calm feeling.*

*I could go on but suffice it to say the auditors were extremely impressed with the facility safety, security and staff!*

*PREA is a complex set of standards that alone is difficult to achieve compliance. Without a collective effort from every employee representing each of our divisions who work at AHCC, you would not receive this type of outcome! The results of this audit, as with past results is again an example of the dedicated, committed workforce at AHCC. Your commitment to running a sexually safe facility is evident in the results of this audit and every one of you should be extremely proud of the environment you have created and maintained.*

*I am proud to be your colleague! You should all take a moment to reflect on all your great efforts and congratulate each other. The results are truly an example of a great team effort!*

*Thank you for all you do in all facets of the work - Rob Herzog Assistant Secretary*



## CEDAR CREEK CORRECTIONS CENTER

Cedar Creek Corrections Center (CCCC) is a minimum custody prison is comprised of 480 adult male offenders who have four years or less to serve on their prison sentence. The facility employs approximately 139 fulltime staff. Cedar Creek provides an exceptional “work camp” environment that offers all offenders the opportunity to fulfill their required work responsibilities in preparation for community re-entry. Cedar Creek consist of 2 units. Cascade is a one story 238 bed living unit with 58 beds in A Tier, 124 beds in B tier, 56 beds in C Tier and 8 beds in the Secured Housing Unit. It also consist of 3 dayrooms one multipurpose room one officer control/work area and a recreation yard. Olympic is a two story 242 bed living unit that consist of 48 two-man rooms, four dorms containing 148 beds. It also has four dayrooms, two officer stations and a recreation yard.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	2	0	2
ISA	0	1	1	1	3
ISH	0	0	4	0	4
TOTAL	0	1	7	1	8

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	1	1	0	2
SSM	0	2	3	8	13
TOTAL	0	3	4	8	15

**Corrective / Continuing Action from 2017**

1. A PREA Risk Assessment Database was implemented at CCCC to streamline process and identity gaps.
2. We added mirrors and windows to vulnerable areas of the facility.
3. Created PREA Binders for each Unit Resource Room with policies, forms, out of state report forms/envelopes, advocacy information, and low comprehension orientation materials. The binders are updated quarterly. Will be placing the binders in the units later in March 2019.
4. PREA signage throughout facility, updated quarterly as needed
5. CCCC hired a Temporary Full-Time PREA Compliance Specialist

**Assessment of Facility Progress**

6. The PREA Compliance Manager and PREA Compliance Specialist provided informational meetings and trainings for each Department. Electronic folders were created to store required documentation. This was done in an effort to ensure ongoing sustainability between audits.
7. PREA in-service training year ending June 30, 2019, is now a classroom-setting course at all DOC facilities. These classes are being facilitated by current DOC staff that were trained in the curriculum by DOC Training Development Unit personnel.
8. The PREA Compliance Specialist attends the facility management meeting every Monday to provide updates on how the facility is doing in compliance with PREA standards, documentation, and upcoming PREA audit prep.
9. All CCCC Shift Commanders, the PREA Compliance Manager, and the PREA Compliance Specialist now have access to the PREA database in OMNI. Allowing access to Shift Commanders will eliminate duplicate IMRS's.
10. We created folders for each unit and placed PRA spreadsheet to track their own offenders to try to assist with completing initials and follow-ups within allotted timeframes. There is a spreadsheet that tracks all violators that come to the facility and what units is responsible for doing the PRA that month.
11. It was brought to our attention we needed PREA Response kits in each of the fire trailers. We have ordered the items for the kits.

**Currently Identified Areas for Improvement**

- Ensuring that PREA Risk Assessments are done on time both Initials and Follow-ups.
- Continuation of staff training and knowledge regarding PREA processes and policy with the intent of informing new strategies to increase awareness.
- Continue to work with Classification Counselors that 13-509's are tracked and met within time frames.

**Critical Objectives for 2019**

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

**Safe Place**

CCCC continues to have a great relationship with Safe Place, the locally partnered advocacy program. Safe Place provides services for offenders who have been victims of sexual assault. Below are some quotes from two of our Victim Advocates:

- "I started working with PREA clients in 2015. Since that time, I have really been honored to work with these individuals on coping skills to assist them in not only with the trauma of assault they are presently dealing with, but also the sexual trauma from childhood that has manifested in various ways throughout their lives."  
– Simon Conrad
- "All survivors deserve support when dealing with sexual trauma. Incarcerated survivors are no different. I thank them for trusting me with their story or current or past trauma. It starts to create a space where healing can begin." – Simon Conrad



## CLALLAM BAY CORRECTIONS CENTER

Clallam Bay Corrections Center is a 900 bed male facility located on the point of the Olympic Peninsula. It is 50 miles west of Port Angeles and looks out over the Strait of Juan de Fuca at Vancouver Island. This facility houses medium and close custody offenders. CBCC also operates an Intensive Management Unit and is developing step down programming to assist offenders in returning successfully to general population.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	2	0	2
ISA	2	3	3	0	8
ISH	0	1	10	2	13
TOTAL	2	4	15	2	23

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	1	1
SSH	0	0	4	0	4
SSM	1	0	13	0	14
TOTAL	1	0	17	1	19

### Corrective / Continuing Action from 2017

- Not only was CBCC successful at implementing a Committee dedicated to PREA Sustainability, CBCC also created a Team Charter with the purpose statement of *“Through the development and implementation of policy and procedure in accordance with Federal PREA Standards, with continued education of staff and offenders, we will strive to develop a zero tolerance culture within our prison”* The goals this Committee came up with were; Educate Staff on PREA Standards and processes, PREA a priority as a Prison Culture for the

safety and security of all offenders and staff, Reduction of liability and to reduce the number of substantiated PREA incidents..... Each of these goals were completed through deliverable measures not limited to pocket guides, table top presentations, education material and training and institutional drills. The team currently consists of 23 staff members representing different job classes and meets once a month on the 3<sup>rd</sup> Monday for approximately 2 hours.

- Engage staff knowledge to create a culture comfortable with PREA practices - Staff knowledge was a difficult goal to measure, however during our last drill in August of 2018 it was showed how comfortable staff were with PREA and how far we have come in regards to knowing what to do in a split second. We were able to identify areas which could be worked on but there were few. Engaging staff on PREA practices is a facility wide accomplishment driving from the amount of education and discussion CBCC has completed this year as well as making PREA information a prioritized knowledge base amongst the entire facility.

Sustainability at CBCC has been much easier to accomplish through the Sustainability Committee. Continuing to manage the practices put into place has been key to immediately identifying issues or areas of concern and correcting them on the spot.

#### **Assessment of Facility Progress**

Training at CBCC has continued to improve during 2018 with the help of getting information in the form of classroom rather than LMS. CBCC had a large number of employees interested in teach PREA go through the T4T training and who are currently gaining good results with the classes they are teaching, some of the feedback has been that employees get a lot more out of the classroom through means of discussion and questions then they ever did completing it on the computer.

CBCC recently held a law enforcement meeting on September 27 which included WSP troopers, Clallam County Sherriff, Clallam County Jail, Victims' Advocates, Specialty Team Members and staff at CBCC. This was a great way to bring representation to one location for the purpose of partnerships. CBCC has a great working relationship with all of the above. CBCC has had multiple tours offered and given with all of these community partners which drives great conversation. CBCC also works closely with OCC and offers assistance either direction when it comes to PREA issues or concerns.

#### **Currently Identified Areas for Improvement**

When completing areas for improvement at CBCC they are immediately addressed. One area for improvement this last year was to add an additional mirror to the Business Office for better visual when offender porter is approaching from the hallway. CBCC is currently addressing the Food Services offender restroom which has a mirror, door and other improvements being approached and in the works. CBCC is good at addressing issues when they arise and planning to achieve safety, security and PREA into every conversation surrounding the physical plant. CBCC has some building repairs, camera updates and new areas being addressed currently and has taken into account all PREA aspects through in depth conversation with key players prior to the ground level work.

**Critical Objectives for 2019**

Some gaps and issues CBCC faced during 2018 were a few back slides with some of the information which was required to be logged in the log books...however this was immediately identified and reminded staff how important it is to continue our strides of moving forward while being able to provide examples when asked. Other gaps identified were training for new Sergeants through LMS (DOC PREA Risk Assessment housing) making sure they got properly trained in a timely manner, to mitigate this CBCC Roster/Captain's office now notifies the PCS when a new Sergeant is promoted or hired so the coordination of the training can begin.

The LGBTI population here at CBCC has been a challenge mostly with transgender offenders. Some of the transgender population which has arrived at CBCC are immediately removed from mainline and have to be placed in Safe Harbor or IMU. CBCC needs to identify the reasons so we can create a plan of action for safety of this population of offenders.



## COYOTE RIDGE CORRECTIONS CENTER

Coyote Ridge Corrections Center (CRCC) is located in Connell, Washington and opened in 1992. It houses between 2,500 and 2,600 adult male individuals in medium, minimum, and long term minimum living units which includes ambulatory individuals (assisted living/nursing). The facility employs over 700 staff and 450 contract staff and volunteers who support and mentor the facility population.

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

A review of the substantiated staff on offender sexual misconduct found that that there was a need for more specific training regarding the definition of an offender, to include individuals who are currently on supervision or within 6 months of completing their DOC supervision. Health Service supervisors are ensuring that Health Services staff have a full understanding of this definition.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	2	2	0	4
ISA	1	7	3	0	11
ISH	3	9	14	0	26
TOTAL	4	18	19	0	41

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	1	0	1
SSH	1	0	2	0	3
SSM	2	0	5	0	7
TOTAL	3	0	8	0	11

**Corrective / Continuing Action from 2017**

During 2017, CRCC was working on preparing for the 2018 Department of Justice (DOJ) compliance audit. Many areas were identified during the completion of the vulnerability assessments and corrections action was taken to address areas of concern. New processes were developed to continue to work towards supporting the goal of indoctrinating PREA into the culture.

**Assessment of Facility Progress**

During 2018, CRCC completed the DOJ compliance audit. During the course of the preparation of this audit and during the audit itself, CRCC found several infrastructure and process issues that have been addressed. Changes ranged from ensuring porter closets remain closed and locked, removing blinds from windows, and modification to restroom facilities to ensure privacy. CRCC worked closely with the facility manager to complete the Corrective Action Plan required for the assessment.

During interviews conducted by the DOJ audit team, it was found that there was some confusion concerning the difference of an unannounced round and opposite gender announcements, concerns over staff keying radio mics when supervisory staff are making rounds, staff being unaware of methods to report PREA privately, along with concerns about staff not understanding the requirements for searching of transgender offenders and proper crime scene preservation. CRCC issued reminders in written format concerning these areas and have incorporated discussions around these topics in annual in-service training and place safety musters.

Additionally, training was established to address pat search requirements and crime scene prevention for all custody staff.

**Currently Identified Areas for Improvement**

CRCC has completed several process changes incorporating Correctional Industries staff, facilitated conversations with Correctional Industry staff to be aware of how they store items to prevent blind spots, conversations with Custody staff on the importance of supervising porter closets and remaining professional with the incarcerated individuals we are charged with keeping safe.

Additionally, as a result of this audit, many internal processes were improved to include the comprehensive education completion during the orientation process, PREA Risk Assessment tracking and completion rates, referrals for mental health to include the documentation and retaliation monitoring.

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

**Critical Objectives for 2019**

CRCC plans to review current processes for the following areas and will modify to address any issues found.

- Create a long-term, sustainable tracking and distribution process for documentation so CRCC is “audit ready” at all times.
- Education of staff through annual in-service training, incorporation of PREA related topics in Monthly Place Safety Musters and conduct drills (full scale and tabletop).
- Continued education and awareness of PREA standards with the incarcerated population.
- Maintain compliance with the DOJ PREA standards at all levels and within all areas of the institution.



## LARCH CORRECTIONS CENTER

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

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	1	2	0	3
ISH	0	0	2	2	4
TOTAL	0	1	4	2	7

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	2	2
SSM	0	1	5	0	6
TOTAL	0	1	5	2	8

No real trends were identified in the cases that occurred at Larch Corrections Center. However, what we have realized at Larch is that several of our complaints have come from pat searches. This stems from newly trained academy graduates completing thorough pat searches in accordance with PREA expectations, while older personnel are not as thorough causing an increase in complaints against new staff. We have instructed our staff to review the pat search video and asked questions if they are not clear about a situation. Additionally, although staff complete the online and classroom PREA training, the Lieutenant is working with the PCM to conduct scheduled Place Safety Musters and revisit how to conduct PREA pat searches consistently across the board to avoid disparities and differences in how new and seasoned staff perform searches. This is expected to reduce PREA complaints over the next year.

#### **Corrective / Continuing Action from 2017 and Assessment of Facility Progress**

- Continuity of PREA orientation briefing for new incarcerated individuals
- Monthly PREA phone reporting checks
- Timely PREA investigations followed by suggested corrective actions
- Addressing vulnerabilities through video coverage, staff presence, and/or mirrors.
- Efficient and accurate tracking of PREA housing chronological entries upon arrival and also with bunk moves ensuring safe placements for residents.
- Documentation of meeting minutes when discussing new construction or remodels to include our PREA prevention conversations.
- Installation of additional cameras pending fiscal approval for 2020 FY.
- Installation of additional mirrors or other corrective actions required upon completion of vulnerability assessments and staffing plans (May 2019).
- “Management by Walking Around” to include unannounced PREA checks on all shifts by Administrators and Managers.
- Increase in functional PREA drills on different shifts on quarterly basis.
- Performance Advisory Committee for Sustainable PREA Practices (PCM Miller is Project Manager)
- Quarterly reports by PCM during Joint Operations to address any PREA concerns, new standards, information sharing from Statewide PREA PAC (all supervisors/managers/administrators attend)
- Consistent training for conducting PREA pat searches to match academy standards and improve how all staff conduct pat searches. Will be added to annual Control Tactics training.

#### **Currently Identified Areas for Improvement**

Review of substantiated/unsubstantiated sexual abuse cases – review any corrective action recommendations and track completion. As stated, Larch had a total of 2 cases that fell into the substantiated/unsubstantiated section; one was in the bathroom and the other was in the waste water treatment (WWTP) area. No cameras are currently available for the WWTP, but we have increased staff presence and the requests for cameras are pending. Five cameras have been added to each living unit with additional cameras pending approval.

During the audit, errors were identified in how PREA Risk Assessments were being completed. The staff member involved was placed under investigation and all responsible parties were reminded of the policy expectations, followed by documented conversations with their direct supervisors. A directive requiring the completion of assessments with the offender present and

inclusion of a comment in the final narrative block regarding meeting with the offender was distributed to all LCC Classification Counselors. Counselors are also required to place assessed offenders on call-outs or schedule assessment appointments via kiosk messages.

Our documentation for retaliation monitoring was not meeting standard. Our Corrections Specialist is now tracking all required retaliation monitoring and maintain documentation of proof of practice. This includes facility transfers to the receiving Appointing Authorities.

**Critical Objectives for 2019**

- Complete vulnerability assessments and review staffing plan after next phase of cameras are installed.
- Improve documentation of strip log compliance
- Improve training to address concerns for offsite PREA incidents, i.e., improve deterrence strategies, video capabilities, increase unannounced offsite supervisor visits, etc.
- Create additional PREA training to be taught with Control Tactics annually
- Increase number of emergency tabletop drills and quality of quarterly functional drills on all shifts

## MCNEIL ISLAND CORRECTIONS CENTER

McNeil Island Corrections Center is no longer an operational facility however, all allegations reported by offenders regarding the facility continue to be investigated regardless of the operational status of the facility.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	1	0	1
ISH	0	0	0	0	0
TOTAL	0	0	1	0	1

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	0	0
SSM	0	0	0	0	0
TOTAL	0	0	0	0	0



## MISSION CREEK CORRECTIONS CENTER for WOMEN

Mission Creek Corrections Center for Women (MCCCW) is located in a remote area south of Bremerton, Washington, four miles outside of Belfair city limits, and has been open since 2005. MCCCW is a minimum security reentry facility and houses women who are classified as minimum custody. MCCCW maintains an average daily population of 277. MCCCW employs approximately 135 state employees and contractors and has approximately 167 active volunteers.

Incarcerated individuals participate in academic programming, and when qualified, in the Therapeutic Community program. Most individuals are assigned jobs after arriving, including community service crews, Trades Related Apprenticeship Coaching (TRAC). MCCCW is dedicated to easing the transition for women from higher custody settings to either a Work Release program or direct release to the community via the Graduated Reentry Program (GRE) or Electronic Home Monitoring.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	1	1	1	0	3
ISA	0	0	0	0	0
ISH	0	5	1	1	7
TOTAL	1	6	2	1	10

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	0	0
SSM	0	0	0	0	0
TOTAL	0	0	0	0	0

**Corrective / Continuing Action from 2017**

- MCCCW continued to work on Vulnerability Assessment items. This is an ongoing process that is effected by the budget, new construction, and a continuing effort to improve the facility.
- MCCCW continues to ensure staff are reporting PREA allegations correctly to the Shift Commanders. This is an ongoing process, as there will always be new staff to educate here at MCCCW and we continue to educate all staff on changes in the PREA process.
- MCCCW continues to streamline the 13-509 PREA Mental Health Notification process is understandable.
- MCCCW continues to ensure staff are reporting safety and security concerns through the local security advisory committee.

**Assessment of Facility Progress**

- MCCCW has completed the Trades Related Apprenticeship Coaching building, taking into consideration all potential PREA vulnerability areas into account.
- MCCCW has completed working on the additional butterfly house for the facility, again taking into consideration all potential PREA vulnerability areas into account.
- MCCCW continues to have conversations about PREA in our leadership meetings to improve the facility.
- In order to simplify the PREA standard 115.15 d, and DOC policy 490.800, the Agency will be moving toward a doorbell system. When you hear the doorbell, you will know that a staff member who does not identify with the gender of the facility is entering the housing unit. Additionally, the doorbells being installed will be equipped with a unique light that will also alert deaf and hard of hearing individuals to the entry of the staff member. MCCCW has received their doorbells and is implementing the installation process.

**Currently Identified Areas for Improvement**

Areas of improvement include:

- Placing windows in our solid wooden doors that did not have a visual capacity. This ensures we have better visibility into rooms.
- We have added automatic lights switches to offices and closets throughout the facility.
- We have added more mirrors for better visibility into rooms.
- Permanent signs about how to report PREA by each inmate phone.
- Permanent signs about male and female staff working in area (English/Spanish)
- Installation of doorbells in each living unit.

**Critical Objectives for 2019**

- MCCCW plans to review current process for 13-509, and will modify to address any issues found. We need to define the process to make it more understandable
- Continue to work on Vulnerability Assessment items.
- Continue to educate new staff on PREA
- Continue to provide updated PREA information to all staff.
- Continue to identify blind spots that need to be addressed.
- MCCCCW will review current process for the doorbells, and will modify to address any issues found.
- Continue better sustainability in the document process.
- Prepare for the next PREA audit.



## MONROE CORRECTIONAL COMPLEX

The Monroe Correctional Complex (MCC) is comprised of five facilities, with a population of nearly 2,500 incarcerated individuals and approximately 1,200 staff. The complex provides three major services for Washington’s correctional system: housing and treatment for acutely mentally ill incarcerated individuals; housing and treatment for sex offenders; and primary referral and treatment center for complex health-related issues.

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

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	9	5	4	16
ISA	0	6	20	0	26
ISH	6	23	16	5	50
<b>TOTAL</b>	<b>6</b>	<b>38</b>	<b>39</b>	<b>9</b>	<b>92</b>

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	1	0	5	1	7
SSM	0	1	19	8	28
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>24</b>	<b>9</b>	<b>35</b>

**Corrective / Continuing Action from 2017**

- MCC had a Corrective Action Plan to improve the number of PREA Risk Assessments being completed on time.
  - MCC has a 99 % compliant rate for Initial (completed within 72 hours) PRA.
  - MCC has a 98 % compliant rate for Follow up (completed between 21-30 days after arrival at facility) PRA's.
- MCC also had a Corrective Action Plan to improve the Mental Health Referral Tracking for offenders.
  - MCC has a 100% compliant rate for tracking mental health referrals.
- The Monroe Correctional Complex achieved compliance by implementing an updated process to provide regular/frequent reports from headquarters to the facilities concerning offenders who score positive results on their initial screenings. This includes new formats for record keeping and tracking. The updated procedure ensures referrals and follow ups are conducted and completed within the 14 day required per standard 115.81.

**Assessment of Facility Progress**

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

- A delay in funding the state's capital budget has pushed the schedule for project completion back. The goal is to get installation accomplished by the end of 2019.
  - Currently MCC's camera project will modify or replace many of the existing cameras within MCC. Existing analog cameras will be attached to an encoder that allows the footage to be stored digitally on the server. If the existing camera does not have the acuity or range needed for the area it covers, or if that camera is obsolete, we will replace it with a new digital camera.
  - The project will also install additional cameras in TRU, MSU, and WSR (in order of priority). Funding will not permit installation of additional cameras in SOU or in IMU/SEG.
  - Decrease areas of limited visibility through deployment of mirrors and cameras through areas of population housing and programming.
- MCC Shift Commanders now have access to the PREA database in order to limit the number of repeat IMRS entered. The new process involves the Shift commander checking every allegation against the database and having 3 points of verification in order for the allegation to be sent to DOC PREA Triage as an appended case. This new process which started 2/26/18 has already resulted in a significant decrease in the number of IMRS submitted.
  - The culture at MCC regarding PREA has risen significantly during this year. During MCC's Pre PREA Audits and most recent DOJ audit, staff and offenders were interviewed regarding PREA standards and their knowledge was outstanding. After a successful completion of our second DOJ PREA audit, staff at MCC continue to ensure that PREA remains part of the facility culture.

**Currently Identified Areas for Improvement**

The following are areas identified during previous PRE PREA Audits and DOJ audits in which The Monroe Correctional Complex needed to focus on and what we have done to address those concerns.

- Ensuring sustainability of compliance with PREA Risk Assessment (PRA) Completion within timelines. This was accomplished by assigning a staff member to track all incoming offenders and send out daily emails to counselors and units noting due dates for all PRA's.
- Ensuring sustainability of mental health referrals. A staff member has been assigned to utilize the report sent from headquarters every week and ensure all mental health referrals that were required have been submitted. This individual will track down any that are missing by contacting the counselor who completed the PRA.
- Our self-audits have improved our compliance with PREA risk assessments to the point of 98% ensuring that all incarcerated individuals at MCC are being assessed upon arrival and follow-ups are completed within 30 days of arrival. Staff awareness has also improved due to self-audit.
- Self-audits have improved our PREA orientation process, ensuring every incarcerated individual entering MCC receives PREA orientation upon arrival and within 30 days. MCC is 100% compliant in offender orientation.
- As of 12/20/18 MCC's final DOJ audit results are in with 100% compliance and no corrective action plan needed.
- During the DOJ Audit that occurred November 6<sup>th</sup>, 2018 through November 10<sup>th</sup>, 2018, the on-site portion of the audit went extremely well. Prior to the on-site audit the MCC executive staff executed a plan of action and through their coordinated efforts and team work made this audit flow efficiently with very few delays allowing this audit to be completed in 4 days.
- MCC had some physical plant deficiencies which required some corrective action. MCC was able to correct these during the onsite review by the DOJ Auditors and did not need a long term corrective action plan.

This DOJ auditor reviewed each standard and all documents provided pre on-site audit, information received from interviews during on-site audit and documents received post on-site audit to determine compliance of each standard.

**Critical Objectives for 2019**

- MCC will striving to remain 100% compliant on all DOJ PREA Standards. Our goal is to provide PREA knowledge throughout MCC ensuring the culture elements of PREA is everyone's responsibility. Doing this will maintain a safe and healthy work environment for staff and incarcerated individuals.
- With the transition of the PREA compliance manager to the CPM's at each unit, we will focus on ensuring the Compliance Managers know and understand their roles, with the goal of them becoming the subject matter experts locally. We will also focus on updating the Operations Manuals ensuring facility staff are aware of this change and becomes familiar with the new processes.
- We are also in the process of receiving and installing doorbells for each living unit as the designated knock and announce option for opposite genders coming into areas where incarcerated individuals may be unrobed. We will focus on ensuring staff and incarcerated individuals understand this new process and its purpose.



## OLYMPIC CORRECTIONS CENTER

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

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	2	0	2
ISA	0	0	0	0	0
ISH	2	1	0	0	3
TOTAL	2	1	2	0	5

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	1	0	0	0	1
SSM	0	1	2	0	3
TOTAL	1	1	2	0	4

**Corrective / Continuing Action from 2017 and Assessment of Facility Progress**

- We decreased areas of limited visibility in multiple areas around the facility through deployment of additional mirrors and cameras in the Ozette Living unit.
- We successfully maintained a comprehensive tracking mechanism to ensure timeliness of 72 hour and Follow-Up PREA Risk Assessments.
- We began delivery of PREA training for staff in a facilitated setting, to increase staff awareness and population safety.
- An OCC staff member completed the DOJ PREA auditor training/field training.

**Currently Identified Areas for Improvement**

OCC had one unsubstantiated case in a location with high staff visibility, however the camera in the area was inoperable limiting evidence to support a more conclusive finding, this issue has been addressed and the camera repaired.

**Critical Objectives for 2019**

- Establish PREA drills to be conducted on all shifts to practice real life scenarios to ensure that we are ready and responsive in the event of a sexual assault.
- Provide supplemental information to the population on services provided by OCVA relative to (115.53) Inmate access to outside confidential support services.
- Provide Increase population awareness of the availability of Third Party Reporting (115.54)
- Seek additional funding for structural enhancement for inmate privacy and safety, including updating shower stalls.

**PINE LODGE CORRECTIONS CENTER FOR WOMEN**

Pine Lodge Corrections Center for Women is no longer an operational facility however, all allegations reported by offenders regarding the facility continue to be investigated regardless of the operational status of the facility.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	0	0
SSM	0	0	0	0	0
TOTAL	0	0	0	0	0



## STAFFORD CREEK CORRECTIONS CENTER

Stafford Creek Corrections Center (SCCC) is an all-male adult medium-custody facility located on 210 acres in Aberdeen, Washington. It has been continuously operated since 2000. The current operating capacity is 1936 offenders, which also includes maximum-custody beds at SCCC’s Intensive Management Unit (IMU), with a total facility average daily population of 1958.

The majority of our Offender on Offender cases happen in the offender’s cell where they are not viewable by video or due to lack of evidence/corroborated information, most are Unsubstantiated.

We had a substantiated staff other misconduct with a Volunteer and the Local Review Committee addressed the issue by having the volunteer attend PREA In-Service with DOC staff. We had one substantiated staff sexual misconduct case, the former staff quit working at SCCC to work for the county. Once SCCC had heard of the relationship we had alerted the county of the relationship.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	5	1	2	8
ISA	0	5	3	0	8
ISH	0	22	7	4	33
TOTAL	0	32	11	6	49

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	1	0	0	0	1
SSH	0	3	2	0	5
SSM	1	3	4	1	9
TOTAL	2	6	6	1	15

**Corrective / Continuing Action from 2017**

12. A PREA Risk Assessment Database was implemented at SCCC to streamline process and identity gaps.
13. We added cameras and mirrors to vulnerable areas of the facility.
14. Created PREA Binders for each Unit Resource Room with policies, forms, out of state report forms/envelopes, advocacy information, and low comprehension orientation materials. The binders are updated quarterly.
15. PREA signage throughout facility, updated quarterly as needed
16. SCCC hired a Full-Time PREA Compliance Specialist

**Assessment of Facility Progress**

17. The PREA Compliance Manager and PREA Compliance Specialist provided informational meetings and trainings for each Department. Electronic folders were created to store required documentation. This was done in an effort to ensure ongoing sustainability between audits.
18. PREA in-service training year ending June 30, 2019, is now a classroom-setting course at all DOC facilities. These classes are being facilitated by current DOC staff that were trained in the curriculum by DOC Training Development Unit personnel.
19. The PREA Compliance Specialist attends the facility management meeting every Thursday to provide updates on how the facility is doing in compliance with PREA standards, documentation, and upcoming PREA audit prep.
20. The PREA Response Team has added three new members. The Response Team recently conducted training on evidence collection, new policy updates, and reporting processes.
21. All SCCC Shift Commanders, the PREA Compliance Manager, and the PREA Compliance Specialist now have access to the PREA database in OMNI. Allowing access to Shift Commanders will eliminate duplicate IMRS's.
22. We created folders for each unit and placed PRA spreadsheet to track their own offenders to try to assist with completing initials and follow-ups within allotted timeframes. There is a spreadsheet that tracks all violators that come to the facility and what units is responsible for doing the PRA that month.
23. Additional cameras have been added throughout the facility to increase coverage.
24. It was brought to our attention we had been using different variations of strip search forms for logging processes. We have since created a standardized form for tracking strip searches.

**Currently Identified Areas for Improvement**

- Ensuring that PREA Risk Assessments are done on time both Initials and Follow-ups.

- Continuation of staff training and knowledge regarding PREA processes and policy with the intent of informing new strategies to increase awareness.
- Continue to work with Classification Counselors that 13-509's are tracked and met within time frames. An issue was found with the Mental Health follow up referrals which meetings have been held with key stake holders to identify breaks in the process and solutions going forward.

#### **Critical Objectives for 2019**

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

#### **"Community" – LGBTI Support Group at SCCC**

Each month the group meets for two hours and has a locker with DOC approved resources and materials group members can check out. There are approximately 25 community members. During each meeting, an offender presents to the group on an approved topic. At the end of each meeting the offenders do a round table where members can openly discuss any issues they are experiencing or questions they may have.



2018 SCCC LGBTI "Pride" Event:

*"I'm so proud to be a sponsor of our 'Community' group at SCCC. Everyone involved, both staff and incarcerated individuals, truly have a passion for sharing knowledge and eradicating stereotypes. The group genuinely cares for the safety of everyone at SCCC." – PREA Compliance Manager/Associate Superintendent Jeneva Cotton*

#### **Beyond Survival**

SCCC continues to have a great relationship with Beyond Survival, the locally contracted advocacy program. Beyond Survival provides services for offenders who have been victims of sexual assaults. Below are some quotes from two of our Victim Advocates:

- "I started working with PREA clients in 2015. Since that time, I have really been honored to work with these individuals on coping skills to assist them in not only with the trauma of assault they are presently dealing with, but also the sexual trauma from childhood that has manifested in various ways throughout their lives." – Maddie Graves-Wilson
- "All survivors deserve support when dealing with sexual trauma. Incarcerated survivors are no different. I thank them for trusting me with their story or current or past trauma. It starts to create a space where healing can begin." – Andrea Pinnell

*"The work that we have put into PREA standards have made a huge impact on the safety of the incarcerated individuals and staff alike"* – Superintendent Ronald Haynes

*"Success and effectiveness of the Prison Rape Elimination Act absolutely depends on incarcerated adults and all staff understanding and trusting the process."* – Associate Superintendent Tim Thrasher



## WASHINGTON CORRECTIONS CENTER

WCC is comprised of the Reception and Diagnostic Center, the General Population and the Intensive Management Unit (IMU). The Reception and Diagnostic Center is the receiving unit for all male felons sentenced to prison in Washington State, except for those sentenced to the death penalty. The Reception and Diagnostic Center is comprised of six living units and currently houses 1926 incarcerated individuals. It is a close custody facility with the primary responsibility to process, test, and classify all adult male felons. Once classified, incarcerated individuals are placed in one of the 12 Department institutions that best meets their needs. This may include placement in the WCC Training Center which is comprised of two general population living units. The Intensive Management Unit has 124 maximum custody beds designed to be used for incarcerated individuals who adjust poorly to institution rules and policies.

The cases involving sexual abuse and incarcerated individuals were centered in incarcerated individual's cells, which are not viewable by video. These cases have happened while staff were completing their duties and completing cell checks regularly.

The cases involving staff were determined unfounded in regards to the PREA allegations. One incarcerated individual had multiple sexual harassment allegations against staff which were proved unfounded with evidence.

There were two substantiated Staff Other Misconduct allegations with regards to utilizing appropriate reporting mechanism. This issue was addressed in a facility Place Safety Muster that addressed the reporting mechanism for staff referencing policy requirements.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	1	2	13	0	16
ISA	1	4	10	1	16
ISH	1	5	5	1	12
TOTAL	3	11	28	2	44

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	2	1	0	0	3
SSH	0	0	13	0	13
SSM	0	1	6	2	9
TOTAL	2	2	19	2	25

**Corrective / Continuing Action from 2017**

- WCC was placed on a Corrective Action Plan to improve the number of PREA Risk Assessments being completed on time, this went into effect 12/1/2017 and continued through 6/30/2018.
  - WCC has a 99.3% compliant rate for Initial (completed within 72 hours) PRA.
  - WCC has a 99.8% compliant rate for Follow up (completed between 21-30 days after arrival at facility) PRA's.
- WCC was placed on a Corrective Action Plan to improve the Mental Health Referral Tracking for incarcerated individuals. This went into effect 12/1/2017 and continued through 5/15/2018.
  - WCC has a 100% compliant rate for tracking mental health referrals.
- Camera upgrades have started at WCC and the infrastructure work to support the cameras is currently taking place. Substantial completion is scheduled for May 31, 2018. The PREA Specialist attended meetings to give input on placement and to keep abreast on changes dictated by logistical issues and funds.
  - The camera infrastructure is up and running and many cameras have been purchased. Installation will continue over the next few years as funds allow.

**Assessment of Facility Progress**

- 100% compliance with our DOJ PREA Audit as of July 9, 2018
 

*Quote from DOJ PREA Final Audit report July 9, 2018 - "WCC is a very unique facility with a mission that is very complex. WCC staff should be commended for the phenomenal job that they do daily. During the on-site visit the audit team was welcomed by staff that was very respectful, hospitable and professional. All staff that the audit team encountered during the on-site visit was friendly, available for questions and provided general information related to their post assigned. During the on-site tour the audit team was escorted by WCC executive team which provided the auditor the opportunity to gain more insight and information about the mission of the facility. Having all the staff available and participating reflected how proactive they are not only to sexual*

*safety of incarcerated individuals but the safety and security for all incarcerated individuals and staff. It is with great pleasure that this auditor finds WCC in full compliance.”*

- Ensuring sustainability of compliance with PREA Risk Assessment (PRA) Completion within timelines. This was accomplished by assigning a staff member to track all incoming incarcerated individuals and send out daily emails to counselors and units noting due dates for all PRA’s.
- Ensuring sustainability of mental health referrals. A staff member has been assigned to utilize the report sent from headquarters every week and to ensure all mental health referrals that were required have been submitted. This individual will track down any that are missing by contacting the counselor who completed the PRA.
- WCC Shift Commanders now have access to the PREA database in order to limit the number of repeat Incident Management Reporting Systems (IMRS) reports entered. The new process involves the Shift commander checking every allegation against the database and having 3 points of verification in order for the allegation to be sent to DOC PREA Triage as an appended case. This new process which started 2/26/18 has already resulted in a significant decrease in the number of IMRS submitted.
  - There have been a total of 333 allegations made since 2/26/2018. 179 allegations that have generated Incident Management Reporting System (IMRS) and 154 that with the new process have moved to the new re-report system, which has reduced the percent of IMRS reports by 46.25%.
  - WCC requested two Classification Counselor 1 positions that were secured temporarily to address the 72 hour PREA Risk Assessment be made permanent.
    - This is still in progress.
- WCC continues to have a strong working relationship with our SafePlace Victim Advocate partners. These individuals provide services to those incarcerated individuals who have been a victim of sexual assault. Simon Conrad, Sexual Assault Program Manager, has heard the following from incarcerated individuals at WCC who were victims of sexual assault over the last few years.
  - *“Thank you for being here and believing me”*
  - *“Everyone is being nice, I feel safe”*
- WCC is the initial starting point for all incarcerated individuals entering the state system including transgender individuals. One individual, Stephanie McWilliams stated the following, *“The majority of the people have treated me very well, exactly like I want to be treated, they call me Ma’am, Mrs.”, she says, “...that makes me feel good it’s nice to be acknowledged”. She also enjoys the fact that she can shower alone and doesn’t have to worry about others while she showers. Overall she says, “I’ve had a pretty good experience and I’m enjoying my time here”.*

#### **Currently Identified Areas for Improvement**

- WCC has started the determining which processes are sustainable and which ones need improvement to ensure that information is not missed/documented.
- WCC will implement adding an element of PREA to one Place Safety Muster a quarter. To ensure basic elements are reinforced for all staff.

**Critical Objectives for 2019**

WCC is planning to create a PREA sustainability committee that is reviewing current processes and Washington Department of Corrections policy's in order to ensure that we are documenting and maintaining a sustainable process.

*“The Prison Rape Elimination Act (PREA) has changed the way we do business in the Department of Corrections for the better. While many staff initially felt that PREA created unnecessary processes and were overwhelmed by the initial implementation work, PREA has now become a part of the organizational culture. The PREA standards have become more of a tool to inform the work that we do and the processes that we follow, rather than being the work itself. The realization is now taking root that consistent application of PREA standards are just as beneficial as any other core Correctional practices in ensuring safety and security for both staff and the incarcerated population.”* Dean Mason, WCC Associate Superintendent and PREA Compliance Manager



## WASHINGTON CORRECTIONS CENTER for WOMEN

Washington Correction Center for Women (WCCW) is a Department of Corrections women’s prison located in Gig Harbor, Washington and is surrounded by Washington State Route 16, and McCormick forest park, and has been open since 1971. In 1992, a minimum-security facility was constructed, adding 272 minimum security bed spaces. In 1994 and 1996, a 102-bed Close Custody Unit and 256-bed Medium Security Unit, and in addition we currently house at the Yakima County Jail (YCJ). WCCW has served as both the female Reception and Diagnostic Center and as a corrections center housing Maximum, Close, Medium and Minimum custody inmates. The average daily population is 1002, ranging in age from 18 to 93.

WCCW is Washington’s only major correctional facility for adult women. WCCW, like the rest of the prisons in Washington State, have a fundamental responsibility to protect the public by separating inmates from the community. They also enhance public safety by providing inmates with programs proven to reduce the likelihood of committing new crimes after release from confinement. Such programs include academic programming, therapeutic community program, job-skills training, chemical dependency, and mental health treatment.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	4	0	4	8
ISA	0	1	1	0	2
ISH	1	5	0	10	16
TOTAL	1	10	1	14	26

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	2	2
SSM	1	3	4	11	19
TOTAL	1	3	4	13	21

**Corrective / Continuing Action from 2017**

- Added cameras and mirrors in vulnerable areas of WCCW.
- Contract with Yakama County Jail due to the population growth.
- Additional 20 beds added in 2017 due to the population growth.
- Complete vulnerability assessment 2017.

**Assessment of Facility Progress**

- Complete vulnerability assessment February 2019 for WCCW current audit period.
- Continue corrective action and document.
- PREA signage throughout facility, updated quarterly as needed.
- Need to hire permanent full-time PREA compliance Specialist.

**Currently Identified Areas for Improvement**

- Streamline the PREA Risk Assessment (PRA) tracking process to ensure PRA's are completed in the time frames required and ensure our PRA completion rates is 98% or higher.
- WCCW goal is to ensure our PRA completion rates is 98% or higher.
- Sustain and maintain processes to ensure compliance with DOC Federal PREA Standards
- Create a culture of awareness and knowledge of PREA standards throughout the facility

**Critical Objectives for 2019**

- Plan for future Department of Justice (DOJ) compliance audit targeted for 2022
- Continue establishing sustainable practices and documentation standards to enhance the culture of understanding, awareness, and commitment.
- Engage staff knowledge to create a culture comfortable with PREA practices
- Maintain compliance with PREA standards in all areas.



## WASHINGTON STATE PENITENTIARY

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

There was a significant drop in Inmate-on-Inmate PREA cases during 2018 (55) compared to 2017 (74). The number of sexual harassment cases remained the same but the number of sexual abuse and sexual assault cases dropped by 19 (2017 – 44 vs 2018 – 25). Typically, some type of separation between inmates is put in place for substantiated and unsubstantiated cases and the perpetrator is infracted when a case is substantiated (unless mitigating circumstances exist).

Staff-on-Inmate PREA cases increased by 10 in 2018 (2017 – 41 vs 2018 – 51). The majority of the increase was in Staff-on-Offender Sexual Misconduct cases but 21 of the cases were determined to be unfounded and 8 remain open. In the substantiated case of Staff-on-Inmate Sexual Misconduct, the volunteer was terminated. No corrective action was taken in the unsubstantiated cases.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	1	1	0	0	2
ISA	0	15	4	4	23
ISH	2	16	7	5	30
<b>TOTAL</b>	<b>3</b>	<b>32</b>	<b>11</b>	<b>9</b>	<b>55</b>

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	4	0	4
SSH	0	6	6	0	12
SSM	1	5	21	8	35
TOTAL	1	11	31	8	51

### **Corrective / Continuing Action from 2017 and Assessment of Facility Progress**

In 2018, the facility completed the following:

- Completed the 2<sup>nd</sup> Department of Justice PREA Audit
- Conducted management reviews of the PREA Risk Assessment completion at least twice a month
- Installed updated PREA posters throughout the facility
- Installed updated victim advocate posters throughout the facility
- Completed the installation of shower doors in Baker and Rainer Units
- Obtained funding for and installed additional cameras in the BAR Unit pantry areas
- Installed cameras in the Walla Walla Community College Vocational Education/ Building Maintenance Technology building
- Obtained access to the PREA database for Shift Lieutenants and other select staff and provided appropriate training

### **Currently Identified Areas for Improvement**

The following corrective action items have been identified for completion in 2019:

- Eliminate a blind spot in the Motor Pool Oil Room by installing a mirror.
- Replace door locks that have no key access from outside or can only be opened by a hex key in the following areas:
  - ✓ Automotive Vehicle Technical area
  - ✓ Movement Control/East Clinic
  - ✓ Engineering Building
  - ✓ Delta, Echo, Fox and Golf Units
  - ✓ West Complex Community College area
  - ✓ South Complex offender bathroom
  - ✓ West Complex Shift Office area
- Cage off a blind spot in the alley to the right of the paint booth in the Paint Shop
- Install a window in an office door in the East Complex Administration Building
- Remove the slide locks in the East Complex Administration Building and the HR Hallway
- Add a mirror to the janitor closet in Unit 8 to eliminate a blind spot
- Remove the first toilet in the CI Laundry area or install a partition for privacy

### **Critical Objectives for 2019**

Critical objectives for 2019 include:

- Continue management reviews of PREA Risk Assessments to ensure timely completion
- Enhance staff awareness and understanding of issues related to the LGBTI population
- Identify additional staff to complete Administrative Investigations training
- Provide refresher training for PREA investigators focusing on completing a comprehensive report

- Audit facility processes (e.g., strip searches, risk assessments, mental health referrals, offender orientation, housing and program assignments, physical plant modifications, volunteer program, training, etc.) to ensure compliance with policy and PREA Standards



## AHTANUM VIEW WORK/TRAINING RELEASE

Ahtanum View Work/Training Release (AVWTR) facility is co-ed and currently houses up to 60 minimum custody offenders; the program will be expanding to add another 41 for a total of 101 residents. Residents may be in the program for up to 12 months. All participants work in the Yakima area and pay room and board, restitution, legal fees, and family support when applicable.

We offer a comprehensive program that focuses on managing offender transition from prison to the community. DOC working in partnership with The Transition House Incorporated (THI), provides offender accountability, a safe and secure environment and quality programming to support and encourage offender change.

There were no cases involving inmate on inmate sexual abuse, assault or harassment. There were no cases involving staff 'other' misconduct. There was 1 case of staff on inmate sexual harassment that was substantiated. There was 1 case of staff on inmate sexual misconduct that was open at the time of the report (01-28-19).

The case involving staff on offender sexual harassment involved comments made by a staff member towards a resident. The staff member is no longer an employee. The case involving staff on offender sexual misconduct was open at the time of the reported statistics and involved possible contact with a resident who was no longer in the program.

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	1	0	0	0	1
SSM	0	0	0	1	1
TOTAL	1	0	0	1	2

**Corrective / Continuing Action from 2017**

AVWTR was placed on a Corrective Action Plan to improve the number of PREA Risk Assessments (PRA's) being completed on time, this went into effect in July 2018 and continues currently. Staff were directed to utilize the PRA Tracker to assist with assuring the timely completion of assessments and follow ups.

**Assessment of Facility Progress**

AVWTR continues to use the PRA Tracker tool as a job aid regarding assessments. Staff have struggled with some completions due to work load and staffing levels.

**Currently Identified Areas for Improvement**

- 95.6% compliance with DOJ PREA Audit as of November 8, 2018. We met or exceeded 44 of the 46 standards.
- Ensuring that staff are aware of the requirement to utilize the language line for communication with residents will be signed off on by 04-01-19.
- The Rule of 3 will be implemented in the kitchen storage area to address blind spots; this will require 2 staff with one resident or two residents with 1 staff. Signage to be posted and the directive/requirements signed off by all staff by 04-01-19.
- Utilizing the DOC staffing pattern template specific to work/training release will be done for the 2019 staffing plan and completed by 06-01-19.
- Ensuring that staff are aware of the way to privately report PREA information to the Appointing Authority or Duty Officer was completed 02-05-19.

**Critical Objectives for 2019**

AVWTR is continuing to utilize the PREA Tracker to assure compliance with time frames for completion. AVWTR will complete the corrective action items and reinforce expectations about PREA awareness and culture with staff, residents and the community.



## BELLINGHAM WORK/TRAINING RELEASE

Bellingham Work/Training Release (BWTR) is a 50-bed co-ed facility operating in two side-by-side buildings in a downtown college area of Bellingham, WA. BWTR is a partnership with the Department of Corrections (DOC) and Community Work Training Association (CWTA). BWTR has operated since 1976 and has been in its current location since 1981. The resident population consists of 8 women, 41 men and one ADA (American with Disabilities Act) resident of either gender. Residents at BWTR attend work, training and treatment in the community. Our 1127 building is a 112 year old Victorian home with a basement and 3 stories consisting of 4 offices, a recently upgraded kitchen, dining and living room, weight/laundry room and dormitory style rooms. BWTRs 1125 building is a two-year old facility with a basement and 3 floors consisting of an administrative wing with 3 offices, an ADA room and 3 floors of dormitory style rooms. Each resident floor has a living area and some recreational equipment. Both buildings are equipped with numerous new digital cameras strategically placed to increase vigilance of resident activity while on facility grounds.

BWTR had no substantiated Offender–on–Offender PREA allegations in 2018. Given there have been so few substantiated allegations in BWTR’s history, a trend has not been noted. However in order to prevent future PREA allegations, both facilities had a significant number of digital cameras installed within the past two years. During the remodel of our 1127 building, 5 additional cameras were added. These provided camera coverage on all 3 stairwells, expanded coverage in the living room and a view of the sidewalks between the two buildings. The new camera providing coverage of the basement stairwell provides an egress and ingress view of a bedroom which previously had no view of incoming and outgoing traffic.

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

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	0	0
SSM	0	0	0	0	0
TOTAL	0	0	0	0	0

**Corrective / Continuing Action from 2017 and Assessment of Facility Progress**

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

BWTR’s 2018 Vulnerability Assessment for buildings 1125 and 1127 did not contain corrective or continuing action.

**Currently Identified Areas for Improvement**

There were no substantiated sexual abuse allegations in 2018.

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

Although currently there aren’t any formal identified areas for improvement, BWTR remains vigilant in adhering to PREA standards, continuing to educate staff and utilizing new tools to increase PREA compliance. Statewide all work releases are submitting a quarterly PREA tracking document to ensure work releases are meeting PREA expectations and deadlines. Locally some

of the tools utilized to increase PREA compliance include the quarterly PREA tracking sheet submitted to DOC's PREA Coordinator, PREA training roster, PREA checklists and case audits.

**Critical Objectives for 2019**

Having expanded BWTR from 25 to 50 residents in September 2018, our goal is to continue to maintain a safe environment and assess our needs as they present themselves. With a much improved camera system and additional staffing, BWTRs goals are to utilize our new technology to reduce risk to the residents.

BWTR's goals for 2019 include increased communication at monthly staff meetings about PREA and staffing and facility issues. For example, during our February 2019 all-staff meeting we discussed a PREA scenario and agreed upon the appropriate steps to take in that scenario. BWTR is also seeking improvements to the lighting in the staff parking lot and have increased communication about how to mitigate potential blind spots, for example viewing the resident on camera while they are discarding trash on facility grounds. BWTR staff will also participate in the first mandatory in-class PREA training session this year, which serves to increase our PREA knowledge and awareness. BWTR's PREA Compliance Manager, along with prison and work release PCM's, attended the first all-day in-class PREA training session in January 2019. This training helped to ensure PREA compliance 365 days a year, learn systems to mitigate risk and adopt tracking systems that improve documentation between audit periods.



## BISHOP LEWIS HOUSE WORK/TRAINING RELEASE

Bishop Lewis House Work/Training Release (BLHWTR) is located at 703 8<sup>th</sup> Ave, Seattle, WA 98104. This facility is operated by the Department of Corrections, Contract Staff & the building is owned by Pioneer Human Services (PHS). Bishop is located in the heart of downtown Seattle, houses 69 adult males that consists of 47 state residents & 22 county boarders. This facility was built in 1910 & became a work release in 1968. BLHWTR is a 3-story facility along with a full basement that includes a laundry/weight room for the resident population. In addition to the regular visiting & socials program, we offer Family Friendly events during specific times of year in support of family unity. Reentry programming such as what is offered in work release are crucial in assisting individuals in their return to society via employment, housing, programming, reunification with family & loved ones & assisting them in gaining a level of stability as they return to society.

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

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	1	0	0	0	1
SSH	0	1	0	0	1
SSM	1	0	0	0	1
TOTAL	2	1	0	0	3

**Corrective / Continuing Action from 2017**

Bishop Lewis House Work/Training Release has addressed previous Corrective/Continuing Action plans from prior years by adding additional security mirrors in some blind spots, administratively addressed &/or imposed additional training for staff issues where substantiated findings were made.

Additionally, BLHWTR has on numerous occasions requested surveillance cameras be repaired for current downed cameras as well as have on several occasions requested additional cameras due to the number of blind spots that currently exist. The most recent meeting took place in February 2019 with Aronson Security and those in charge of video equipment within DOC in effort to create an updated proposal for the repairs of current equipment as well as additional cameras and equipment to address the need. The proposal is still pending.

**Assessment of Facility Progress**

Bishop Lewis House Work/Training Release continues to strive to improve our processes for safety & security of the facility, residents, staff & visitors. Those attempts include the requests additional surveillance cameras & equipment to address those expectations. Staff are aware that they should always be aware of their surroundings, carry with them at all times when walking through the facility, their assigned Motorola Radio & report any questionable behavior using appropriate radio call-signs. Staff are trained to use caution, report & document incidents & use good judgment.

**Currently Identified Areas for Improvement**

Areas that are considered blind spots or in need of improvements have continually been areas where additional cameras have been requested. BLHWTR has had some downed cameras for years now, a few were brought back up, and a few remain down. Additional cameras have been requested and once again a proposal from Aronson Security is in the works. When deemed necessary, as other cameras had needed additional repairs, additional walkthroughs by Contract staff have been initiated. Prior audit information needs were addressed by adding additional mirrors in areas to assist in visibility.

**Critical Objectives for 2019**

Bishop Lewis House Work/Training Release WR CCS has requested additional funding for cameras that remain in the pending stage. Last meeting with DOC Electronics Security System Administrator and Aronson Security in request of an updated proposal for additional cameras as well as some replacement cameras to assist in monitoring the facility. The WR Administrator is aware of the need and matters currently in review.



## BROWNSTONE WORK/TRAINING RELEASE

Brownstone Work/Training Release is a partial-confinement reentry facility housing up to 84 adult males serving the last 6-12 months of their prison sentence. The facility is a three story building located in downtown Spokane, Washington. Brownstone's second and third floors are resident housing units, while the main floor is designated for offices, a kitchen and dining area. The basement area is designated recreation and television rooms along with a laundry facility and maintenance office. Brownstone is operated by staff employed by the Department of Corrections and contract staff employed by Transition House Incorporated. Brownstone employs 6 Department of Correction's staff and 11 TTH staff. TTH staff perform food service, maintenance, and safety and security work within the facility. Community Corrections Officers cover case management of the offenders by completing classifications, orientations, risk assessments, release and transition planning. Community Corrections Officers refer residents to worksource employment classes, employers, treatment and counseling services.

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

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Brownstone Work/Training Release had one report of Staff-on Inmate Sexual Misconduct that was found to be substantiated.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	0	0
SSM	1	0	0	0	1
TOTAL	1	0	0	0	1

**Corrective / Continuing Action from 2017**

- During review of the PREA training for contract staff it was found that not all contract staff had completed required PREA training prior to assignment. Due to the level of contact and job requirements for these contract staff this auditor expressed concerns about the time frame between dates of hire and the time contract staff received comprehensive training.
- Brownstone Work/Training Release CCS and The Transition House, Inc. Director developed a plan to monitor hiring and training records and made immediate revisions to the hiring process to ensure training requirements are met.
- Beginning December 2017 on a monthly basis up to March 26, 2018, monthly tracking reports and contract staff training acknowledgements were sent to the auditor. Auditor reviewed documentation and if needed contacted agency PREA coordinator for clarification. BSWTR CCS did a phenomenal job during the corrective action monitoring time and working diligently meeting compliance and continued to meet compliance over the months being monitored.
- During review of a sexual abuse allegation which required monitoring it was found that when the resident was transferred to another facility there was no documentation to show that the receiving facility was notified to continue monitoring for retaliation. This was placed into corrective action to develop a process to ensure notification is made to the facility that the residence is being transferred to. It was also requested that there be a training/instruction provided to all the CCS and CS staff regarding the updated procedure. February 12, 2018, the agency PREA coordinator emailed revised policy 490.860 reflecting the updated procedures, investigative checklist, meeting agenda and list of CCS staff in attendance via skype. After review of documentation provided, the facility met this standard.

**Assessment of Facility Progress**

- Brownstone could improve PREA safety and security by installing/adding a camera monitoring device inside the laundry room.
- Locked cases with PREA information and hotline numbers will be installed above resident phones on the second and third floors as PREA information from those areas continue to be removed. These secured cases should improve the PREA information to be readily available to all residents and remain intact at these identified locations.
- Locked cases with PREA information and hotline numbers will be installed at the main Brownstone Work/Training Release entrance. PREA information will be posted and available for review prior to entering the secured area of Brownstone.

**Currently Identified Areas for Improvement and Critical Objectives for 2019**

- Brownstone Work/Training Release staff will continue to discuss/review PREA requirements that will address but not limited to, zero tolerance for sexual misconduct, sexual abuse, sexual assault, sexual harassment and related retaliation.
- Brownstone Work/Training Release revamped the Key Control process. Modifications were made by the Key Control Manager to address issues. These changes will ensure a safe and secure living environment for the residents and work environment for staff.
- Windows were installed in all Brownstone Work/Training Release staff office doors. Maintenance plans on installing additional windows in the kitchen storage room, janitor closet doors and the door leading directly to DOC staff and their offices.
- Maintenance staff will install shower curtains (with clear fabric only at head/feet area) to improve visibility of residents.



## ELEANOR CHASE WORK/TRAINING RELEASE

Eleanor Chase House Work Training Release is a 40 bed female facility that is operated by staff employed by the Department of Corrections (DOC) and contract staff employed by The Transition House Incorporated. Residents can spend the last 6-12 months of their prison sentence at work release prior to release to the Graduated Reentry Program or release from confinement. During their stay at work release residents are expected to secure employment, engage in education and/or training programs while establishing positive support networks with family, friends, and the community. Each resident is assigned to a DOC Community Corrections Officer who assists them, through an individual case plan, with the transition from prison to the community. Eleanor Chase offers in-house evidence based programming, as well as, has established relationships with community partners that provide; medical, mental health, dental, chemical dependency treatment, and education.

Eleanor Chase had one report of Staff-on Inmate Sexual Harassment that was found to be unsubstantiated.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	1	0	0	1
SSM	0	0	0	0	0
TOTAL	0	1	0	0	1

**Corrective / Continuing Action from 2017 and Assessment of Facility Progress**

- During a review of the PREA training for contract staff it was discovered that not all contract staff had completed required PREA training prior to assignment. Due to the level of contact and job requirements for these contract staff the auditor expressed concerns about the time frame between dates of hire and the time contract staff received comprehensive training. ECHWTR Community Corrections Supervisor and The Transition House, Inc. Director developed a plan to monitor hiring and training records and made immediate revisions to the hiring process to ensure training requirements are met. TTH is now using an OJT checklist during the first 40 hours of employment and a copy of the completed checklist will be sent to the Community Corrections Supervisor for review. The TTH Director also updates the New Hire Spreadsheet that tracks PREA Training and the CCS reviews.
- Beginning December, 2017 on a monthly basis up to March 26, 2018 monthly tracking reports and contract staff training acknowledgments were sent to the auditor. Auditor reviewed documentation and if needed contacted agency PREA coordinator for clarification. The corrective action plan was closed out 04/13/2018.

**Currently Identified Areas for Improvement**

During the facility audit it was found that LGBTI residents were questioned by staff at the front desk about their privacy needs and were not given information regarding OCVA. Director Jim Gants has addressed this issue by sending out a memo to staff in regards to resident privacy and OCVA. This was also covered again in the staff meeting on 10/30/2018.

**Critical Objectives for 2019**

- Eleanor Chase House Work Training Release plans to review the current pat search procedure. The current camera system will be upgraded and/or replaced by June of 2019. New cameras will be installed to ensure pat searches can be performed in view of the camera system.
- Eleanor Chase House Work Training Release revamped the Key Control process. Modifications were made by the Key Control Manager to address issues. Key control is one way of controlling where staff and residents can go within the facility and removes some areas from access by line staff without supervisory authorization. These changes will ensure a safe and secure living environment for the residents and work environment for staff.
- Windows were placed in all staff office doors. Maintenance plans to put an additional windows in the Kitchen Storage Room and the Janitor Closet. This is projected to be complete by June 30, 2019.



## LONGVIEW WORK/TRAINING RELEASE

Longview Work Training Release is a partial-confinement facility housing up to 55 adult male and 7 adult female offenders serving the last 6-12 months of their sentence. The facility is entirely on one floor with separate wings for male and female offenders as well as separate recreation rooms for male and female offenders. We are a regional facility that serve residents from Cowlitz, Clark, Lewis, Pacific, and Wahkiakum counties. We work with several employment agencies that can employ our residents throughout Southwest Washington. We offer a comprehensive program that focuses on managing offender transition from prison to the community. Our goal is to effectively intervene in the risk an offender may pose to the community while assisting the offender to become a more positive and productive members in the community. Our outlook is to focus on positive re-entry and transitioning into the community by providing positive role modeling while the residents stay here. Showing them how achieve a positive release and become productive in the community while reducing recidivism. On November 1st, 2016 we switched over to a fully ran Department of Corrections state staff facility which employs 1 Supervisor, 2 clerical staff, 2 sergeants, 14 corrections officers, 2 community corrections officers 1 maintenance and 4 food service. We have increased our family friendly activities and encourage the residents to stay in positive connection with their families and children.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	0	0
SSM	0	0	0	0	0
TOTAL	0	0	0	0	0

**Corrective / Continuing Action from 2017 and Assessment of Facility Progress**

- Longview found that Community Corrections Officers were not completing PREA Risk Assessments in accordance with policy timeframes and a new procedure was implemented with weekly review by the supervisor to ensure compliance. Based on the number of intakes per month it took the facility about 6 months to reach the 96% completion rating. This process continues and staff have found it a valuable way to track the need to complete assessments.
- Longview’s camera system had a complete failure for about 3 months. While the system was down we instituted additional security rounds which were documented in our facility log. A new system was installed that included an additional 7 cameras to improve coverage of existing blind spots identified in the 2016 vulnerability assessment.
- The PREA Staffing Plan (Standard 115.213) was not documented on the correct template. The Staffing Plan has been updated on the correct template.
- During the DOJ PREA Audit in October 2018, the auditor identified that the training used for PAT Searches did not meet the PREA Standard. All staff who conduct PAT searches have now been trained using the correct materials.
- During the DOJ PREA Audit in October 2018, the auditor identified that the lock on the janitor closet in the kitchen could not be opened from the outside. The lock was replaced.
- During the DOJ PREA Audit in October 2018, the auditor identified that staff expressed a lack of knowledge regarding accessing contracted interpreter / translator services when needed. A memo dated January 3, 2019 was distributed to all staff with specific directions to the service was distributed to all staff. The memo is maintained in our facility procedure book.
- During the DOJ PREA Audit in October 2018, the auditor identified that a majority of staff did not indicate they would secure the scene and most did not know where the PREA response kit was. The PREA response kit continues to be kept at the duty desk. All staff are now trained on first responder responsibilities related to PREA.

**Currently Identified Areas for Improvement**

At this time Longview needs to continue to educate staff on LGBTIQ offenders and our obligations when allegations arise.

**Critical Objectives for 2019**

Longview has the following goals for 2019:

- Community Corrections Officers will complete a minimum of 1 field, 1 office and 1 collateral contact for each offender each month.

- Custody staff will increase the percentage of Behavior Observation Entries by 25% over 2018. Behavior observation entries document interactions by staff other than the case manager. The case manager is then notified that an entry has been made. This will allow the case manager to identify any behaviors that indicate a resident is off-baseline and can then meet with the resident to determine the cause of the behavior change.
- Quarterly custody staff meetings will include information and education on LGBTIQ.



## OLYMPIA WORK/TRAINING RELEASE

Olympia Work/Training Release is a 26 bed facility that houses 19 male and 7 female Minimum Custody level felony offenders that are transitioning for prison to the community. While there, offenders are able to work, attended college classes, complete work training programs, participate in substance abuse treatment, parenting classes and other offenses specific or self-help classes.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	0	0
SSM	0	0	0	0	0
TOTAL	0	0	0	0	0

**Corrective / Continuing Action from 2017**

Olympia Work/Training Release is currently completing one correction action that was found in the 2018 DOJ PREA Audit. The facility is currently working on a Staffing Plan for 2019 providing documentation associated with existing staffing plans is insufficient to demonstrate compliance (e.g., participation of facility staff, involvement of the RPEA Coordinator, etc.)

**Assessment of Facility Progress**

Olympia work/Training Release staffing Plan is due to the DOJ auditor by 4/1/19. In April 2018, a camera system was installed at the work release to enhance staffs ability to better monitor resident behavior and safety. The installation of cameras is the most significant addition for the enhancement of safety and security since the establishment of the work release in Olympia since the 1970's.

**Currently Identified Areas for Improvement**

There were zero substantiated and unsubstantiated PREA cases in 2018. Olympia Work/Training Release is working to improve PREA staff training prior to staff working at the facility. Staff are now being trained on PREA 101 and PAT down training with training videos and provided a certificate as acknowledgement once the training is completed. Staff will then receive a more enhanced version of the training within the years when they complete the Work Release Academy.

**Critical Objectives for 2019**

Olympia Work/Training Release plans to review current process for the yearly staffing plan and will modify to address any issues found.



## PENINSULA WORK/TRAINING RELEASE

Peninsula Work/Training Release is a 60 bed facility that houses 54 male and 6 female Minimum Custody level felony offenders that are transitioning for prison to the community. While there, offenders are able to work, attended college classes, complete work training programs, participate in substance abuse treatment, parenting classes and other offenses specific or self-help classes.

There have been zero Offender-on-Offender allegation and one Staff-on-Offender allegations.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	1	0	0	1
SSM	0	0	0	0	0
TOTAL	0	1	0	0	1

**Corrective / Continuing Action from 2017**

There are no corrective action plans ongoing.

**Assessment of Facility Progress**

There are no corrective action plans ongoing.

**Currently Identified Areas for Improvement**

There were zero substantiated and unsubstantiated PREA cases in 2018. Peninsula Work/Training Release is working to improve PREA staff training prior to staff working at the facility. Staff are now being trained on PREA 101 and PAT down training with training videos and provided a certificate as acknowledgement once the training is completed. Staff will then receive a more enhanced version of the training within the years when they complete the Work Release Academy.

**Critical Objectives for 2019**

Peninsula Work/ Training Release plans to review current process for the yearly staffing plan and will modify to address any issues found.



## PROGRESS HOUSE WORK/TRAINING RELEASE

Progress House Work Training Release (PHWTR) is located in the northern area of Tacoma bordering the water of the Puget Sound area. The facility is surrounded by well-established local businesses in a residential community. Progress House Work Training Release has served the community since 1976 and in the past earned accreditation from the American Correctional Association. WADOC staff and contractors of the Progress House Association work together to supervise the residents at Progress House Work Training Release. Progress House Work Training Release is a co-ed 90 bed facility for adult residents. Housing at present 74 males and 12 females, ranging in age from 18-65 years old. The goal is to improve public safety by providing the residents with the knowledge and skills necessary for success in the community.

Progress House Work Training Release has had one (1) substantiated staff misconduct allegation, and one (1) open staff on inmate sexual misconduct. There are no indications of trends noted with the two allegations. Continuous inspection of the facility for areas of concern have been previously noted, and or action taken to include; additional blind spot convex mirrors, and an additional camera in areas that may pose significant risks.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	1	0	0	0	1
SSH	0	0	0	0	0
SSM	0	0	0	1	1
TOTAL	1	0	0	1	2

**Corrective / Continuing Action from 2017 and Assessment of Facility Progress**

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

PHWTR found that safety and security checks were not done or done in a timely manner as to the overall safety and security of the facility. It was noted that staff at the control access area had multiple task and that the additional duties was a distraction. To implement and improve the safety and security of the facility, the facility with the assistance and funding of the Progress house Association implemented a bar code scanning system. The bar codes are generated by PHWTR affixed to an area of the facility and staff area required to randomly walk around the entire facility with a cell phone scanner. The staff scan the area and annotate safety, security, and maintenance concerns. The information is then down loaded into a standalone computer and checked for areas that are vulnerable. This report is then shared with staff at muster or pass down.

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

**Currently Identified Areas for Improvement**

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

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

**Critical Objectives for 2019**

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



## HELEN B. RATCLIFF WORK/TRAINING RELEASE

Helen B Ratcliff Work/Training Release (WTR) is comprised of 47 female beds which includes 2 beds reserved for the Residential Parenting Program (RPP) individuals and their babies. Upon arriving at HBRWTR residents have two weeks to secure employment, training and/or education. HBRWTR has a Child Visitation Program that allows moms to spend quality time with their children including overnight visits, if eligible. The Work/Training Release program encourages the development of life skills to include various parenting programs and access to resources in the community to meet basic needs. The goal of the program is gradual reentry into the community. Programs residents have access to include: employment, job readiness programs, GED education and college education, substance abuse treatment, as well as various health and cognitive behavioral programs. While these programs are important in successful transition, there is a focus on family reintegration.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	0	0
SSM	0	0	0	0	0
TOTAL	0	0	0	0	0

**Corrective / Continuing Action from 2017**

Helen B Ratcliff WTR has, over the past year, continued to focus on training staff, identifying systems and processes for audit readiness, and reporting concerns with cameras to the Information Technology staff. In addition, the facility contract staff is working on implementing a documented walk through process involving QR Code verification. This ensures staff are actively surveilling and interacting with the residents at the facility, providing additional safety and security.

**Assessment of Facility Progress**

Helen B Ratcliff WTR continues to strive to improve processes for safety and security of the residents at the facility. Monthly in house resident meetings increase communication and address issues in a timely manner. The residents report feeling safe at the facility due to continued vigilance for sexual safety.

**Currently Identified Areas for Improvement**

In 2018, there was no reports of PREA, or opened investigations. However, there is always room for improvement. While all staff completed their annual online PREA training in 2018, this upcoming year the training format has moved to the classroom. The 24/7 operations of the facility, will provide challenges with ensuring all staff complete the training with the limited number of classes scheduled.

The volunteer program, in 2018, suffered some setbacks as the PREA training moved from an online format. This makes it more difficult to schedule volunteers for the material. Over the course of the year, the original format has been made available online; the volunteer orientation process is being overhauled, at the facility level, for compliance with required training and oversight.

**Critical Objectives for 2019**

Helen B Ratcliff WTR has requested additional funding to fix and upgrade the camera systems. This has been reviewed by executives and pending budget approval. While there are some issues with the camera system, the implementation of random QR coded walk throughs will enhance safety. The facility is in the process of preparing for their third Department of Justice PREA Audit in October 2019.



## REYNOLDS WORK/TRAINING RELEASE

Reynolds Work Training Release (RWTR) is located at 410 4<sup>th</sup> avenue, Seattle, WA 98104 and is centrally located in the heart of the downtown Seattle corridor near the famous Pioneer Square district. We are also within walking distance of many attractions including the Pike Place Market. The facility is a six story brick building and was constructed in the early 1900's as a hotel and converted to a work release program in 1978. Its capacity is 92 residents and houses offenders returning from prison to the community and serves males ranging in age from 18 to 60+. The facility includes a full basement, a recreation room, dining room, kitchen, file room, staff offices and a laundry room. RWTR provides security, food service, maintenance, and sanitation and have developed a comprehensive series of programming, placing special emphasis on schooling, family reintegration, positive social skills and post release planning. RWTR also works with community support groups such as the Washington Literacy Program and Alcoholics Anonymous and is designated as an ADA (Americans with Disabilities Act) facility. Many of the residents complete their GED, college courses, tutoring, and vocational training during their stay.

RWTR had no substantiated Offender-on-Offender or Staff-on-Offender allegations in 2018. Given that, a trend has not been noted. However, in order to prevent future PREA allegations, RWTR continually seeks to improve visibility in all areas and conducts semi-annual sexual safety walk throughs. During the last sexual safety walk though conducted in October 2018, a potential blind spot was noted on the first floor between the pool table and the microwave. Subsequently a convex mirror was installed to improve visibility in this area.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	0	0	0	0	0
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	0	0	0	0	0

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	0	0
SSM	0	0	1	0	1
TOTAL	0	0	1	0	1

**Corrective / Continuing Action from 2017 and Assessment of Facility Progress**

RWTR has not received a corrective action plan. However, as noted below as a result of a sexual safety walk through a potential blind spot was discovered in the gaming area between the pool table and the resident microwave. As a result, a convex mirror was installed to improve visibility in that area.

**Currently Identified Areas for Improvement**

Although there were no current areas identified for improvement, RWTR continues to be vigilant in adhering to PREA standards, and continually looks for areas of improvement to ensure the safety of the residents, staff, and visitors. Staff are aware that they are to adhere to proper processes and protocol in their daily duties to include ensuring they have the required communication device, i.e. their Motorola radios and are to immediately report any questionable behavior. There is ongoing communication with staff regarding expectations surrounding sexual and general safety, reporting requirements, being aware of their surroundings, and using caution and good judgment in handling situations. We also listen to and take seriously all staff input and concerns so it is a full-facility effort to maintain sexual safety.

**Critical Objectives for 2019**

Reynolds Work Training Release plans to review the cameras (number and placement) to ensure they are being utilized in the most effective manner, and will take steps to add additional cameras if found to be beneficial and/or necessary. The camera company will be called and an appointment made to review placement of the camera’s to ensure maximum visibility and utilization of coverage of each area. We will also continue to be mindful and vigilant about staff education and training and to ensure that their input and concerns are addressed and that they are aware of all expectations surrounding their role in the sexual and general safety of all residents, staff, and visitors.



## TRI-CITIES WORK/TRAINING RELEASE

Tri-Cities Work Training Releasing is a minimum-security facility, which opened in June of 1999. It is the one of three state-operated Work Releases in Washington State that is solely staffed by the Department of Corrections employees. It is a single level, 12,500 square foot building on a 1.37 acres, located one block south of the Columbia River in east downtown Kennewick. Currently, this work release population is comprised of up to thirty-four male and six female residents for a total of forty residents in this facility. Each wing accommodates handicap accessible living quarters. The facility includes a recreation room, laundry room, separate male and female television rooms, fitness center, large industrial kitchen and dining room, and a visitation room for family and friends. In the back of facility, we have a large, landscaped yard with a half court allowing residents to play basketball, volleyball, bocce games and have barbeques for residents, family and friends during our Family-Friendly events held year-round. We invite them to celebrate the 4<sup>th</sup> of July, Halloween, Thanksgiving, Christmas and Easter. We have three picnic tables for residents, family and friends to sit and enjoy the festivities.

Offender-on-Offender Allegations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	1	0	0	0	1
ISA	0	0	0	0	0
ISH	0	0	0	0	0
TOTAL	1	0	0	0	1

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Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	0	0
SSM	0	0	0	0	0
TOTAL	0	0	0	0	0

The incident occurred in front of a camera in the men’s hallway. The use of the video monitoring system was able to capture the incident to support the allegation.

**Corrective / Continuing Action from 2017**

No Corrective action plan created in the previous year since there were no substantiated cases.

**Assessment of Facility Progress**

Although there was no correction action plan, we continue to strive to improve our protocols and request additional video enhancements. In the past two years, I have reminded staff to always be aware of their whereabouts in relations to the residents and camera locations. They should never place themselves in situations where they are alone with residents without a sight of a camera or other staff or residents present unless there are extenuating circumstances.

**Currently Identified Areas for Improvement**

The substantiated sexual abuse case occurred at the end of the men’s hallway. This hallway is used by with many residents walking to and from their rooms. The hallways is brightly lit and a video camera is placed at the end of the hallway. Considering the abuse was captured on video, we cannot identify any improvements to this location.

**Critical Objectives for 2019**

In this past year, a high risk area for sexual abuse was identified in the dining area. There was a blind spot where residents could hide from the line of sight from staff. Once it was identified, I informed the WRA Theo Lewis, WR Oversight Administrator Carrie Trogdon-Oster and PREA Coordinator Beth Schubach to request approval and funding to physically move a large appliance to a different location to prevent the obstruction of line of sight by staff. The move was approved and completed on 1/16/19. In the coming year, we will review the current placement and the number of cameras for the video monitoring system and will request additional cameras for the facility due to the expansion in bed numbers. In addition, we ordered convex mirrors for the men and women’s tier. The increase in the number of cameras and mirrors will assist in continuing to keep residents safe.

The Community Corrections, Correctional Industries, and Health Services oversee only staff-on-offender PREA investigations. Any investigation into allegations of offender-on-offender sexual misconduct would be conducted by either local law enforcement for offenders on community supervision or by the facility administrator for offenders incarcerated in a prison or work release facility. As such, these divisions will only be reporting data regarding staff-on-offender investigations.

## COMMUNITY CORRECTIONS DIVISION

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

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	0	0	0	0
SSM	0	0	6	5	11
TOTAL	0	0	6	5	11

### Currently Identified Areas for Improvement

Current data reveals that there have been 11 PREA allegations made in CCD during this reporting period. Of the 11 six were unfounded and 5 are presently under review. Mechanisms to hold individuals on supervision accountable for making false allegations against staff have been instituted. The Conditions, Requirements and Instructions form, which is reviewed and signed at intake, contains specific language that informs individuals on supervision that submitting a PREA allegation that provides false or misleading information during the course of a PREA investigation may result in sanctions through the violation process. Present challenges are relative to the PREA policies and associated forms and processes as they are primarily designed for Prison/Work Release. A recommendation for this reporting cycle will be for the PREA Unit/Coordinator to create a separate policy for the Community Corrections Division.

### Critical Objectives for 2019

- Ensure all division staff are compliant with annual in service PREA training.
- Encourage CCD Staff/Administration to provide policy and process recommendations to the WADOC PREA Coordinator that align and are applicable within the Community Corrections

Division.

- Designate/maintain a PREA Coordinator for each section within the division's three regions.

## CORRECTIONAL INDUSTRIES

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

The total number of staff-on-offender allegations decreased from ten (10) in 2017 to eight (8) in 2018. The number of substantiated allegations in 2018 was zero, consistent with 2017 allegations. The number of unsubstantiated and unfounded allegations increased from two (2) in 2017 to five (5) in 2018 and zero (0) in 2017 to two (2) in 2018 respectively. The number of open allegations decreased from eight (8) in 2017 to one (1) in 2018.

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	3	2	1	6
SSM	0	2	0	0	2
TOTAL	0	5	2	1	8

### Corrective / Continuing Action from 2017

In 2017, staff-on-offender allegations totaled ten (10).

- To increase awareness and compliance with DOC PREA policy, CI implemented supplemental PREA staff training.
- Additionally, DOC security management continued to conduct program audits and assessments of CI worksites to improve security, mitigate risks, and increase staff awareness. Audits and assessments are reported under Results Prisons PD01.a

### Assessment of Facility Progress

The CI HR team completed staff supplemental PREA training at three (3) facilities in 2018 – AHCC, CRCC, and WCC. The total number of allegations decreased from ten (10) in 2017 to eight (8) in 2018.

### Currently Identified Areas for Improvement

In 2018, there were five (5) total instances of unsubstantiated PREA allegations involving CI staff members. There were no substantiated PREA allegations in 2018.

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Case #	Opened	Closed	Location	Allegation	Accused Position	Finding
18-17442	1/4/2018	7/12/2018	CI MCC	SSH	A/C Cook, CISA	Unsub
18-17527	2/7/2018	12/20/2018	CI MCC	SSH	A/C Cook, CISA	Unsub
18-17560	2/21/2018	10/12/2018	CI CRCC	SSH	A/C Cook, CISA	Unsub
18-17622	3/20/2018	10/12/2018	CI CRCC	SSM	A/C Cook, CISA	Unsub
18-17666	3/26/2018	5/28/2018	CI WCC	SSM	A/C Cook, CISA	Unsub

Upon completion of the investigations, local review meetings were held in accordance with DOC PREA policy and to proactively plan for mitigating future concerns.

**Critical Objectives for 2019**

In 2017 and 2018, the number of unsubstantiated allegations was higher than the number of unfounded allegations. Overall, the agency trends in the opposite direction with higher numbers of unfounded than unsubstantiated allegations.

The objective for 2019 is to continue to provide supplemental PREA training to CI staff on the specific risks, signs of comprise, and best practices related to CI operations. CI worksites with food service operations will be the primary focus, followed by the remaining CI worksites.

The objective for supplemental training is increases PREA awareness and fewer unsubstantiated PREA allegations.

## HEALTH SERVICES DIVISION

The Health Services Division is comprised of over 800 healthcare professionals and support personnel and approximately 30 onsite contract staff. Health Services includes medical, mental health, dental and pharmacy services. All health services are provided in accordance with all applicable department policies and the Health, Environmental, and Safety Standards established under RCW 43.70.130(8).

Staff-on-Offender Allegation	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	0	0	0	0	0
SSH	0	1	1	0	2
SSM	2	0	13	4	19
TOTAL	2	1	14	4	21

Health Services did note in two of the substantiated cases involving nurses that the employee failed to correctly interpret DOC policy that states that staff are prohibited from having a relationship with individuals that are currently under or within six months of agency supervision. Education on the policy has been recommended for nursing orientation to ensure that the interpretation of the policy is clear.

### **Corrective / Continuing Action from 2017**

The Health Services Managers worked closely with the facility Superintendent, supervisors, maintenance team, and others to complete Corrective Action Plans when areas of improvement were identified. Changes this past year include installation of cameras in the Health Services Unit area at Clallam Bay Corrections Center. The Health Services Administrators and Managers also reviewed current processes and policies for gaps and improvement opportunities. Staff training has been recommended during on the job orientation to clarify any misunderstandings or misconceptions regarding relationships with those incarcerated, under community supervision, or the families of such individuals.

### **Assessment of Facility Progress**

A meeting with the vendor to install cameras took place in the last week of January 2019 at CBCC

### **Currently Identified Areas for Improvement**

Staff boundaries with incarcerated individuals continues to be a concern for Health Services staff. Currently, DOC has a veteran mental health provider assigned to home who has allegedly been compromised. . In addition, two other female clinicians were investigated due to boundary issues with incarcerated or community supervised individuals. This is a high priority for retraining of current staff and onboarding new staff.

### **Critical Objectives for 2019**

The Health Services Division will work towards a culture of understanding, awareness and commitment. We support ongoing education/training and awareness of PREA standards, policy

and processes with our staff. The Health Services Leadership has taken an active role in reviewing current processes and will modify to address any gaps in managing such cases.

## DEFINITIONS

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

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

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

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

- A. **Aggravated Sexual Assault** includes sexual acts perpetrated by either staff or an offender that occurred within the previous 120 hours and involve penetration or exchange of body fluids.
- B. **Offender-on-Offender Sexual Assault** is an incident in which one or more of the following acts occurs between 2 or more offenders without an offender's consent or when an offender is unable to consent or refuse:
  1. Contact between genitalia (i.e., penis, vagina) or between genitalia and the anus involving penetration, however slight. This does not include kicking, grabbing, or punching genitals when the intent is to harm or debilitate rather than sexually exploit.
  2. Contact between the mouth and the penis, vagina, or anus.
  3. Penetration of the anal or genital opening of another person by a hand, finger, or other object.
  4. Coerced sexual activity in response to pressuring, offer of protection, payment of debt, etc.
- C. **Offender-on-Offender Sexual Abuse** includes sexual contact between 2 or more offenders without an offender's consent or when an offender is unable to consent or refuse, including intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttock of the victim. This does not include kicking, grabbing, or punching when the intent is to harm or debilitate rather than sexually exploit.
- D. **Staff Sexual Misconduct** includes the following acts when performed by staff:
  1. Engaging in sexual intercourse with an offender.
    - a. Sexual intercourse includes vaginal, anal, and oral intercourse, as well as the penetration of an offender's vagina or anus with an object, when such penetration is not performed for the purpose of providing medical care or is without a legitimate penological purpose.
  2. Allowing an offender to engage in sexual intercourse as defined above with another staff.
  3. Intentionally touching, either directly or through clothing, the genitalia, anus, groin, thigh, or buttock of an offender or the breast of a female offender without a legitimate penological purpose.

4. Compelling or allowing an offender to touch the genitalia, anus, groin, thigh, breast, or buttock of a staff or another offender, either directly or through clothing, without a legitimate penological purpose.
  5. Kissing an offender, or allowing oneself to be kissed by an offender.
  6. Knowingly exposing one's genitalia, anus, groin, thigh, breast, or buttock to an offender.
  7. Voyeurism - Observing an offender's partially or fully naked body or an offender engaging in a sexual act with him/herself or another offender without legitimate penological purpose. This does not include inadvertent or unavoidable observation or when such observation is the result of offender initiated actions (e.g., flashing).
  8. Engaging in any of the following acts for the purpose of gratifying the sexual desire(s) of any person or getting an offender to engage in staff sexual misconduct, or when the act has sexual undertones (i.e., can reasonably be inferred to be sexual in nature, judged according to a reasonable person's reaction to a similar act under similar circumstances):
    - a. Writing letters, showing pictures, or offering gifts or special privileges to an offender.
    - b. Engaging in a personal relationship with an individual known to be under Department jurisdiction, without legitimate penological purpose unless expressly authorized by the Secretary/designee.
    - c. Pat or strip searches conducted in violation of DOC 420.310 Searches of Offenders, 420.325 Searches and Contraband for Work Release, DOC 420.390 Arrest and Search, and/or operational memorandums.
  9. Threatening, bribing, or coercing an offender to engage in staff sexual misconduct.
  10. Attempting to engage in staff sexual misconduct.
  11. Purposefully helping another person engage in staff sexual misconduct.
  12. Discouraging or preventing offenders and/or staff from making good faith reports of staff sexual misconduct.
- E. **Sexual Harassment** includes:
1. Deliberate and repeated, unsolicited statements or comments of a sexual nature directed to any individual, including demeaning references to gender or derogatory comments about body or clothing, to include:
    - a. Comments made by staff about an offender's body with intent to abuse, humiliate, harass, degrade, or arouse any person.
    - b. Demeaning or sexually oriented statement/gestures made by staff in the presence of an offender.
    - c. Staff threatening, intimidating, coercing, or using abusive language toward an offender.
  2. Repeated profane or obscene language/gestures of a sexual nature.
  3. Threats of sexual misconduct made by one offender to another offender.