



Washington State  
Department of  
Corrections Annual  
PREA Report  
Calendar Year 2021

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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.

This report is intended to provide information for calendar year 2021.

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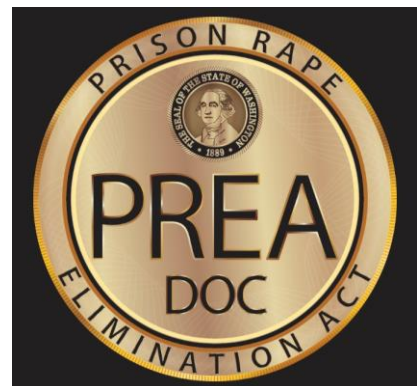
Cheryl Strange  
Secretary

## 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 lockups and other confinement facilities for adults and juveniles.

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

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



## PROGRESS IN ADDRESSING SEXUAL ABUSE

During 2021, the Washington Department of Corrections (WADOC) has accomplished the following regarding PREA prevention, detection, and response strategies:

- The agency fully transitioned from a paper audit system to the DOJ On-Line Audit System (OAS) with training to stakeholders, revisions to all document lists and development of applicable job aids.
- The agency established a Gender Responsive Administrator, responsible for addressing transgender concerns and oversight of all housing reviews. During the calendar year, the agency provided effective responses to transgender issues such as sweat lodge, make up provision, clothing, etc.
- The agency continued with the rolling audit process to continually assess sustainable compliance, reevaluating the process and related reports at the end of the year with modifications to better meet need and be responsive to recent audit findings.
- The agency was awarded a grant from the Department of Justice, which will include:
  - a. The establishment of an agencywide contractor / volunteer tracking system,
  - b. The development and provision of transgender awareness training and subsequent training based on expressed need and identified issues, and
  - c. Refresher training for current investigators with the development of a quality review process.
- The agency was able to catch up with a majority of the 2019 audits postponed due to COVID, condensing the audits identified for two years into one.
- The PREA Advisory Council led the updates made to all PREA posters and brochures, ensuring refreshed publications for the agency and compliance with ADA requirements. Also included was a review and updated all job aids and related materials accessible to agency staff via the internal website.
- The Training and Development Unit established a weekly training compliance report to allow continuous compliance assessment by facility of staff training.
- The PREA Advisory Council created and distributed informational job aids and presentation materials for PREA response teams and updates to PREA response kits.
- The agency developed and launched PREA training specific to the Community Corrections Division.
- The agency was effective in the use of Teams in venues such as meetings, on-site audits, housing reviews, incident review committees, investigator training, etc. to ensure staff safety, allowing the effective management of PREA-related activities in the midst of COVID restrictions.
- The agency partnered with the Office of Crime Victim Advocacy to provide advocate access via Teams since COVID restricted access to facilities.
- Although determined to be ineffective, the agency conducted a pilot for the use cellphone photographs to document unannounced rounds made by identified management staff.
- The agency established processes to ensure complete and timely PREA training for all short term and reassigned individuals from the Community Corrections Division and agency Headquarters coming into facilities to provide support during COVID, particularly in health services.
- The agency secured funding for PREA Compliance Specialists to support PREA Compliance Managers at the four (4) minimum custody standalone camps.

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Airway Height Corrections Center	100% compliance achieved in 2015, 2017, and 2021 audits; 2020 audit delayed due to COVID restrictions
Ahtanum View Reentry Center	100% compliance achieved in 2015, 2018, and 2021 audits
Bellingham Reentry Center	100% compliance achieved in 2015, 2018, and 2021 audits
Bishop Lewis Reentry Center	100% compliance achieved in 2014, 2017 and 2019 audits
Brownstone Reentry Center	100% compliance achieved in 2015 and 2017 audits; 2020 audit delayed due to COVID restrictions
Cedar Creek Corrections Center	100% compliance achieved in 2014, 2017 and 2019 audits
Clallam Bay Corrections Center	100% compliance achieved in 2015, 2017, and 2021 audits; 2020 audit delayed due to COVID restrictions
Coyote Ridge Corrections Center	100% compliance achieved in 2015,2018, and 2021 audits
Eleanor Chase Reentry Center	100% compliance achieved in 2015, 2017, and 2021 audits; 2020 audit delayed due to COVID restrictions
Helen B. Ratcliff Reentry Center	100% compliance achieved in 2014, 2017 and 2019 audits
Larch Corrections Center	100% compliance achieved in 2015 and 2018 audits; corrective action in progress for 2021 audit
Longview Reentry Center	100% compliance achieved in 2016 and 2018 audits; 2021 audit scheduled
Monroe Correctional Complex	100% compliance achieved in 2016 and 2018 audits; 2021 audit scheduled
Madison Inn Work Release (Facility no longer in operation)	100% compliance achieved in 07/2014 audit
Mission Creek Corrections Center for Women	100% compliance achieved in 2014, 2017 and 2019 audits
Olympia Reentry Center	100% compliance achieved in 2016 and 2018 audits; 2021 audit scheduled
Olympic Corrections Center	100% compliance achieved in 2015, 2017, and 2021 audits; 2020 audit delayed due to COVID restrictions
Peninsula Reentry Center	100% compliance achieved in 2015, 2017, and 2021 audits; 2020 audit delayed due to COVID restrictions
Progress House Reentry Center	100% compliance achieved in 2015, 2017, and 2021 audits; 2020 audit delayed due to COVID restrictions
Rap House / Lincoln Park Work Release (Facility no longer in operation)	100% compliance achieved in 2015 and 2017 audits
Reynolds Reentry Center	100% compliance achieved in 2014, 2017 and 2019 audits
Stafford Creek Corrections Center	100% compliance achieved in 2014, 2017 and 2019 audits
Tri-Cities Reentry Center	100% compliance achieved in 2015, 2018, and 2021 audits
Washington Corrections Center	100% compliance achieved in 2015, 2017, and 2021 audits; 2020 audit delayed due to COVID restrictions

# WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

Washington Corrections Center for Women	100% compliance achieved in 2014, 2017 and 2019 audits
Washington State Penitentiary	100% compliance achieved in 2016, 2018, and 2021 audits

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

## GOVERNOR CERTIFICATION

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

- Certification that the state and all applicable facilities are in full compliance with the National Standards to Prevent, Detect, and Respond to Prison Rape, 28 C.F.R. Part 115.
- Assurance that the state/jurisdiction will use not less than 5 percent of grant funds as identified by the Department of Justice to enable the state/jurisdiction to adopt and achieve full compliance with the National Standards to Prevent, Detect, and Respond to Prison Rape, 28 C.F.R. Part 115.
- 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 2021, Washington Governor Jay Inslee provided an assurance that the state of Washington was working toward compliance in all applicable facilities. The penalty grant funds will be reallocated toward a temporary Corrections Specialist position and the implementation of the rolling audit process for all prison facilities to ensure continuous and sustainable compliance and move the Agency toward use of the Department of Justice’s On-Line Audit System (OAS).

## AGGREGATE DATA

**NOTE: All investigation data included in this report is as of 03/16/2022.**

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

Inmate-On-Inmate	Staff-On-Inmate
ISA = Sexual Assault	SSH = Sexual Harassment
IASC = Sexual Abuse	SSM = Sexual Misconduct
ISH = Sexual Harassment	SOM = Other Related Misconduct
IOM = Other Related Misconduct, to include Retaliation	

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

During calendar year 2021, the Washington DOC conducted investigations into 376 inmate-on-inmate allegations and 257 staff-on-inmate allegations, for a total of 633 formal investigations. With an incarcerated population of 13,457 in prison and reentry center facilities (12/31/2021), this results in a rate of 47.04 formal investigations per 1,000 individuals.



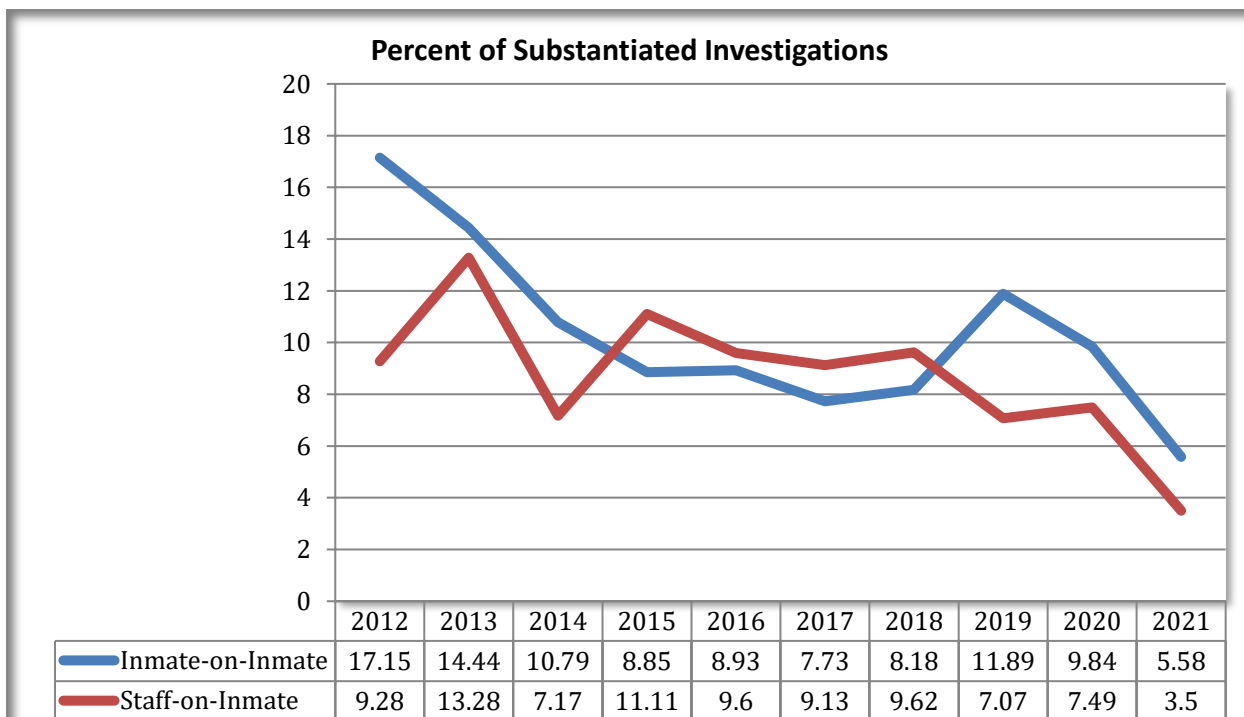
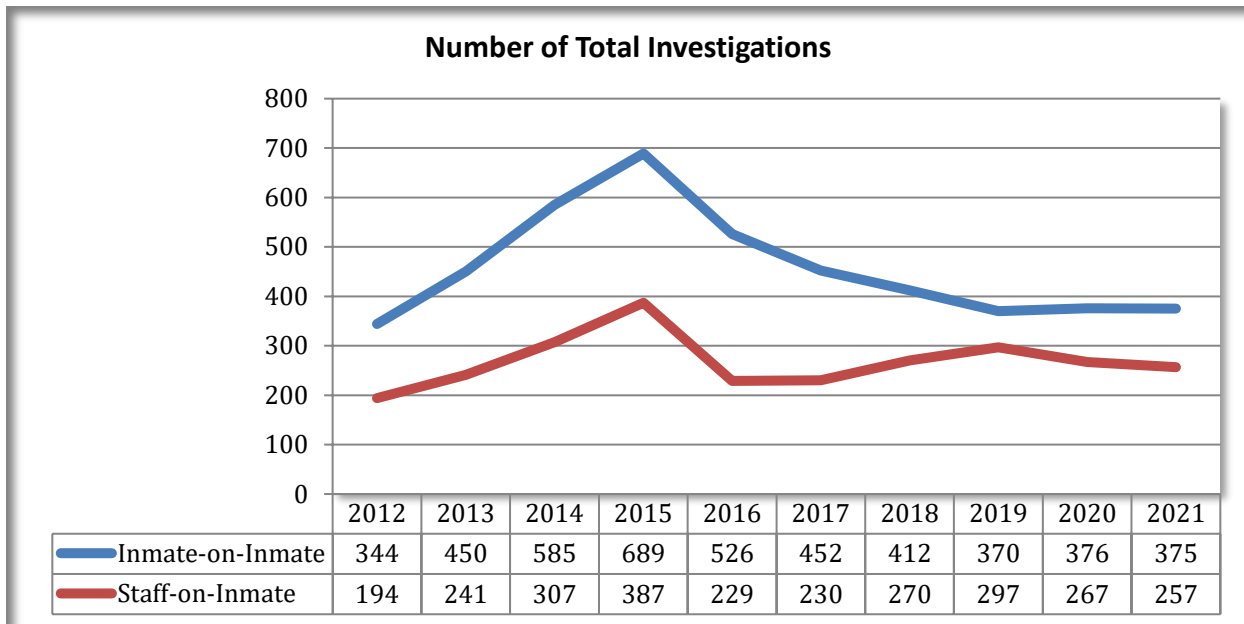
## AGENCY SEXUAL ABUSE DATA

The following is the breakdown of allegations by type and finding for calendar year 2021:

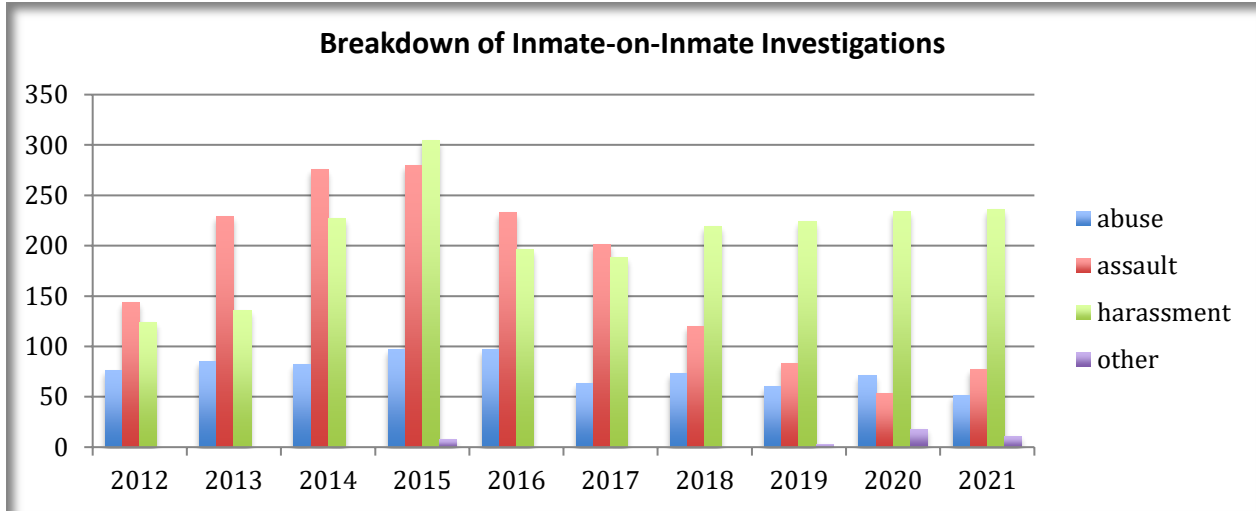
Inmate-on-Inmate Investigations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	3	19	8	21	51
ISA	2	22	18	35	77
ISH	15	123	26	72	236
IOM	1	8	0	2	11
<b>TOTAL</b>	<b>21</b>	<b>172</b>	<b>52</b>	<b>130</b>	<b>375</b>

Staff-on-Inmate Investigations	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	1	8	11	17	37
SSH	2	11	24	47	84
SSM	6	20	40	70	136
<b>TOTAL</b>	<b>9</b>	<b>39</b>	<b>75</b>	<b>134</b>	<b>257</b>

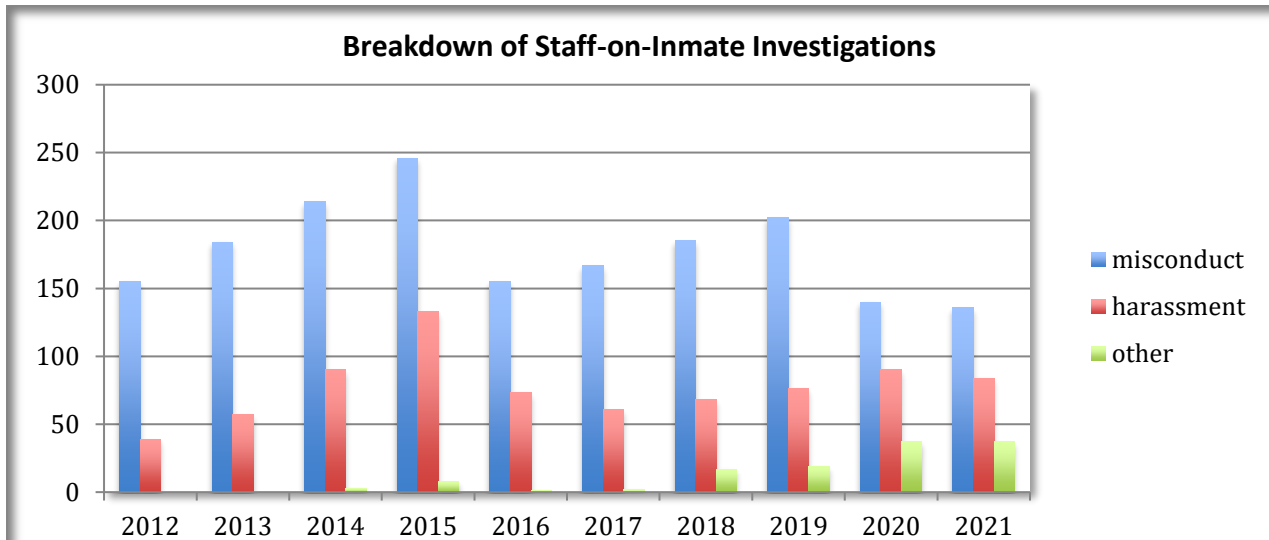
Year	Substantiated		Unsubstantiated		Unfounded		Open		TOTAL
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	
2012	59	18	178	60	107	116	0	0	538
2013	65	32	199	49	186	160	0	0	691
2014	63	22	156	40	366	245	0	0	892
2015	61	43	258	71	370	273	0	0	1076
2016	47	22	248	41	231	166	0	0	755
2017	37	21	278	69	137	139	0	1	682
2018	35	26	219	52	156	191	2	1	682
2019	44	21	212	56	112	216	2	4	667
2020	37	20	254	94	72	140	13	13	643
2021	21	9	172	39	52	75	130	134	632



A breakdown of the 4,579 inmate-on-inmate investigations over the ten (10) years by type of allegations illustrates that 755 (16%) were abuse, 1,696 (37%) were assault, 2,088 (46%) were harassment, and 40 (1%) were other forms of related misconduct (e.g., retaliation).



A breakdown of the 2,679 staff-on-inmate investigations over the last ten (10) years by type of allegations illustrates that 1,784 (66%) were sexual misconduct, 771 (29%) were harassment, and 124 (5%) were other forms of related misconduct (e.g., failure to report, retaliation, breach of confidentiality, etc.).



## HOW ALLEGATIONS WERE REPORTED

Incarcerated individuals are provided with multiple venues in which to report PREA allegations. The following is a breakdown of the ways in which allegations were received for the investigations conducted in 2021:

Method by which Allegations were received which Resulted in Administrative PREA Investigations	Number
Discovery	48
Email (public PREA mailbox, Ombudsman)	5
External report entity	19
Grievance	53
Hotline	107
Kiosk	5
Kite	23
Letter (to the PREA Coordinator)	8
Telephone call	5
Tort claim	8
Verbal report to staff (detail following)	304
Written statement	47
<b>TOTAL</b>	<b>632</b>

## 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 48% of the total number of allegations received that resulted in an internal administrative investigation. The following table illustrates the position of the classification of the staff member receiving these verbal reports:

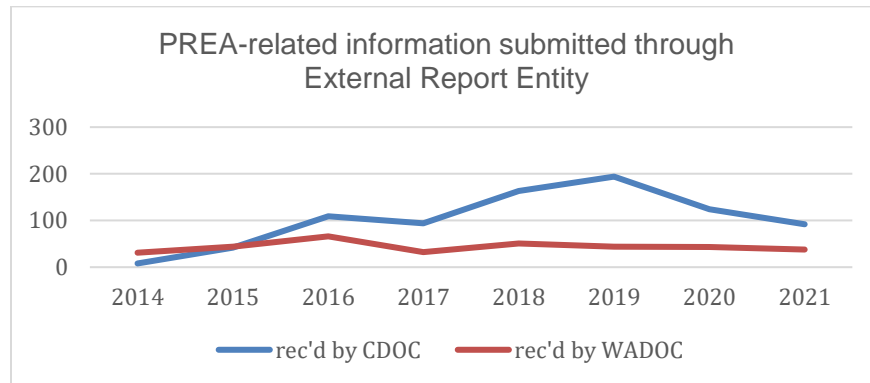
Internal Investigation Allegation Verbally Reported to	Number
Associate Superintendent	1
Chemical Dependency Counselor	1
Classification Counselor	57
Community Corrections Officer	3
Contract Staff	1
Correctional Industries Staff	7
Correctional Officer	54
Correctional Program Manager	1
Correctional Unit Supervisor	15
Corrections Specialist	5
Investigator	2
Lieutenant	29
Medical Staff	24
Mental Health Staff	27
Other agency or jurisdiction	3
Sergeant	72
Sex Offender Treatment Specialist	2
<b>TOTAL</b>	<b>304</b>

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



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Standard 115.51 / 115.251 requires that inmates can submit PREA-related information to an entity external to and independent of the Washington DOC. The standard also requires that this information be received and immediately forwarded to a designated Washington DOC agency official for review and investigation as applicable. The Washington DOC has partnered with the Colorado Department of Corrections to serve as each other's unaffiliated entity. During 2021, DOC received and forwarded 38 letters from Colorado's incarcerated individuals, while Colorado forwarded 92 letters back to DOC.



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

Method by which Allegations were received regarding other Jurisdictions	Number
Discovery	3
Email (PREA Coordinator, public PREA mailbox)	8
External Report Entity	3
Hotline	16
Kiosk	1
Kite	1
Letter (to the PREA Coordinator)	3
Verbal report to Staff (Classification Counselor, Community Corrections Officer, Correctional Officer, Correctional Unit Supervisor, Investigator, Lieutenant, Medical, Mental Health, Sergeant, and Sex Offender Treatment Specialist)	63
<b>TOTAL</b>	<b>98</b>

## DEMOGRAPHICS

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

Total Prison and Work/Training Release Population as of 12/31/2021	
13,457	
Gender	
Male	94.4%
Female	5.6%
Race	
American Indian / Alaska Native	4.9%
Asian / Pacific Islander	4.3%
Black	17.8%
White	55.5%
Other	0.4%
Unknown	0.7%
Average Age	
40.8 years	

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

Substantiated Inmate-on-Inmate Sexual Abuse, Assault and Harassment				
Total number of substantiated administrative investigations = 21				
Total Number of Victims = 22				
Total Number of Perpetrators = 21				
Gender	Victim		Perpetrator	
Male	12	55%	17	81%
Female	6	27%	4	19%
Non-binary	1	4%	0	0%
Transgender	3	14%	0	0%
Unknown / not documented	0	0%	0	0%
Race	Victim		Perpetrator	
American Indian / Alaska Native	1	4%	0	0%
Asian / Pacific Islander	1	4%	2	10%
Black	1	4%	3	14%
White	19	86%	16	76%
Other	0	0%	0	0%
Unknown / not documented	0	0%	0	0%

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Age	Victim		Perpetrator	
< 18	0	0%	0	0%
18 – 24	6	27%	2	10%
25 – 29	5	23%	1	5%
30 – 34	2	9%	7	33%
35 – 39	2	9%	1	5%
40 – 44	2	9%	1	5%
45 – 54	3	14%	4	19%
55 +	2	9%	5	24%
Unknown / not documented	0	0%	0	0%

Substantiated Inmate-on-Inmate Sexual Abuse, Assault and Harassment Location (NOTE: There may be more than one location per investigation)		
Cell	8	28%
Close observation cell	1	3%
Dayroom	7	24%
Dormitory room	1	3%
Kitchen	1	3%
Public area (breezeway, foyer, rotunda area, tier, walkway)	4	14%
Recreation area (gym, yard)	1	3%
Residence	1	3%
Restroom (inmate)	1	3%
Segregation	1	3%
Shower (inmate)	2	7%
Transport vehicle	1	3%
Not documented / unknown	0	0%

Substantiated Inmate-on-Inmate Perpetrator Sanctions (NOTE: More than one sanction may have been applied to a perpetrator)	
Confinement to cell / room	6
Extra work duty	1
Loss of good conduct time	4
Loss / restriction of privileges	3
Reprimand / warning	2
Segregation	1
Separation	8
None (infraction dismissed, inmate found not guilty, overturned on appeal)	1
No infraction issued (medical / mental health issues, mitigation, timeline issue, deficiency in facility process)	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 2021:

Position	Substantiated SSM, SSH, SOM	Unsubstantiated SSM, SSH, SOM	Unfounded SSM, SSH, SOM	Open SSM, SSH, SOM	Total SSM, SSH, SOM
Chaplain	0	0	0	1	1
Classification Counselor	0	1	3	8	12
Clerical	1	0	1	1	3
Community Corrections Officer	0	0	6	2	8
Contract Staff	0	1	1	3	5
Cook	0	2	1	2	5
Correctional Industries Staff	0	0	0	4	4
Correctional Officer	5	20	44	64	133
Correctional Program Manager	0	1	0	0	1
Correctional Unit Supervisor	0	0	2	2	4
Corrections Specialist	0	0	4	6	10
Lieutenant	0	0	1	3	4
LPN / Medical Assistant / Laboratory Technician	0	0	0	1	1
Mental Health Counselor	0	2	0	0	2
Nurse	0	2	1	4	7
Physician / Psychiatrist	0	1	0	0	1
Program Administrator	0	0	0	1	1
Psychology Assoc. / Psychologist	0	0	1	3	4
Sergeant	2	4	5	12	23
Unknown / not documented	0	5	5	17	27
Volunteer	1	0	0	0	1
<b>TOTAL</b>	<b>9</b>	<b>39</b>	<b>75</b>	<b>134</b>	<b>257</b>

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

Substantiated Staff-on-Inmate Sexual Misconduct, Harassment, and Other Misconduct				
Total number of substantiated administrative investigations = 9				
Total Number of Victims = 9				
Total Number of Perpetrators = 9				
Gender	Victim		Perpetrator	
Male	6	67%	4	44%
Female	1	11%	5	56%
Transgender	2	22%	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%	0	0%
Black	2	22%	0	0%
White	7	78%	9	100%
Other	0	0%	0	0%
Unknown / not documented	0	0%	0	0%
Age	Victim		Perpetrator	
24 and younger	1	11%	1	11%
25 – 29	2	22%	0	0%
30 – 34	2	22%	2	22%
35 – 39	2	22%	1	11%
40 – 44	0	0%	2	22%
45 – 54	0	0%	1	11%
55 +	2	22%	2	22%
Unknown / not documented	0	0%	0	0%

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Substantiated Staff-on-Inmate Sexual Misconduct, Harassment, and Other Misconduct Location (NOTE: There may be more than one location per investigation)		
Cell	3	30%
Community setting	2	20%
Dorm room	1	10%
Education	1	10%
Telephone Communication to include electronic messaging	1	10%
Unknown / not documented	2	20%

Substantiated Staff Perpetrator Years at Facility		
Less than 6 months	0	0%
6 months to 1 year	1	11%
1 to 5 years	5	56%
5 to 10 years	0	0%
10 years or more	3	33%
Unknown / not documented	0	0%

Substantiated Staff Perpetrator Job Classification		
Clerical	1	11%
Correctional Officer	5	56%
Sergeant	2	22%
Volunteer	1	11%

Substantiated Staff Perpetrator Sanctions (NOTE: More than one sanction may have been applied to a perpetrator)		
None – addressed as a unit issue	1	
Resignation prior to Completion of Investigation	6	
Verbal reprimand	2	

## 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 2021, a total of fourteen (14) allegations / investigations were referred to law enforcement officials for possible criminal investigations. The results of those referrals are as follows:

Results of Referral	Number
Accepted by law enforcement for criminal investigation; further action pending	0
Accused criminally charged; final criminal disposition pending	1
Accepted by law enforcement officials for criminal investigation; prosecution declined or no prosecutorial decision documented	2
Criminal investigation determinations pending	5
Declined by law enforcement for criminal investigation	6

## FORENSIC MEDICAL EXAMINATIONS

Agency policy requires that when an incarcerated individual alleges a sexual assault involving penetration or the exchange of body fluids to have occurred within the last 120 hours, the department must transport the incarcerated individual to a partnered community medical center for the completion of a forensic medical examination. These examinations are generally conducted by a specially trained Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). During 2021, seven (7) incarcerated individuals were transported for forensic medical examinations, resulting in the initiation of six (6) investigations. The results of those examinations are as follows:

Exam conducted	Administrative investigation closed as substantiated	1
	Administrative investigation closed as unsubstantiated	0
	Administrative investigation closed as unfounded	1
	Administrative investigation open and ongoing	4
	Formal administrative investigation not initiated due to results of fact-finding review	1
Exam not conducted (e.g., inmate recanted, inmate refused, exam not indicated per SAFE/SANE)		0

## LOCAL REVIEW COMMITTEES

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

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

During 2021, a total of 55 local review committees were held across the agency. Of these, ten (10) resulted in some form of action plan. Elements in action plans include, but are not limited to:

- Review construction to increase visibility.
- Add expectations to position description.
- Review sound monitoring technology or sound triggering as potential options.
- Completion of updated PREA risk assessments based on investigation results.
- Implementation of a formal separation between identified incarcerated individuals.
- Address camera coverage in area.



## CONTRACTED FACILITIES

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

Currently Washington DOC contracts with the following public agencies:

- The Iowa Department of Corrections and the Minnesota Department of Corrections – Interstate compact agreements have been in place, but both agreements were amended in 2015. An interstate compact agreement allows the Washington DOC to send individuals to or house individuals from the partnered agency on a day-for-day exchange basis. It is noted that the Washington DOC maintains compact agreements with numerous other state correctional agencies, but these have not been amended since the codification of PREA standards and therefore do not fall under the requirements of this provision.

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

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

Year	Substantiated		Unsubstantiated		Unfounded		TOTAL
	Client On Client	Staff On Client	Client On Client	Staff On Client	Client On Client	Staff On Client	
2017	1	8	0	0	3	2	14
2018	3	7	3	4	0	0	17
2019	0	6	2	1	2	2	13
2020	0	3	2	1	1	2	9
2021	0	1	3	3	2	3	12

## VICTIM ADVOCACY SERVICES

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



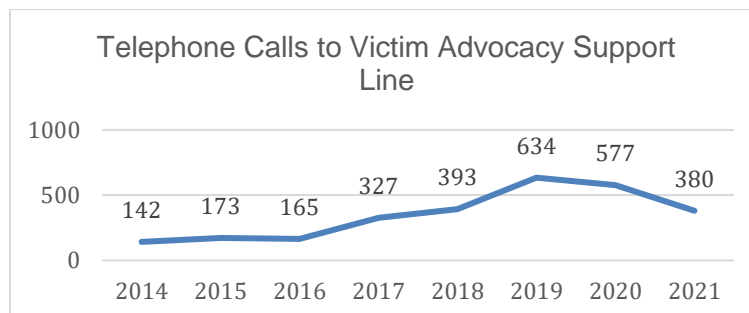
Established in 1990, OCVA serves the state by advocating on behalf of victims seeking services and resources, administering grant funds for community programs working with crime victims, assisting communities in planning and implementing services for crime victims, and advising state and local government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



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

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

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



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There has been a steady rise in usage of advocacy services since the inception of noted services. It is anticipated the number of those requesting support services will continue to grow as incarcerated individuals further understand the support services available. In communication with advocates, incarcerated survivors of sexual assault have expressed how helpful and supportive these services have been as they attempt to find healing and develop coping skills to manage their experienced trauma.

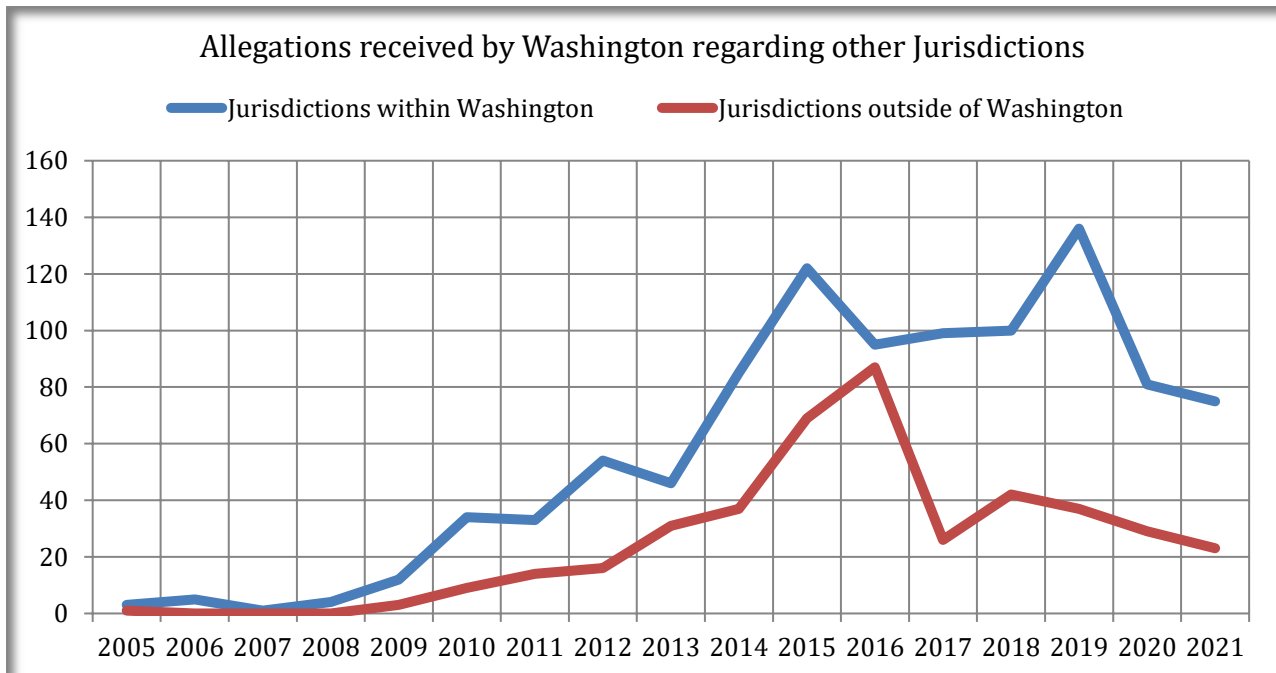
Support service data for calendar year 2021 is as follows:

Month	Total calls to OCVA	PREA-Related	Not PREA Related	Connections to local Community Sexual Assault Program
January	22	19	3	1
February	34	28	6	1
March	24	21	3	0
April	18	16	2	0
May	31	25	6	1
June	29	27	2	0
July	42	31	11	0
August	43	33	10	1
September	38	28	10	2
October	32	30	2	1
November	36	34	2	0
December	31	30	1	0
<b>TOTAL</b>	<b>380</b>	<b>322</b>	<b>58</b>	<b>7</b>



## 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 2021, Washington DOC received and forwarded a total of 98 allegations about other jurisdictions, 75 of those regarding agencies within the State of Washington, including city, county, regional and tribal correctional entities. An additional 23 allegations were received regarding agencies outside Washington.



## STRATEGIC PLANS / AGENCY ACTION PLANNING



During 2021, the following progress was made regarding the strategic plan documented in the 2020 annual report:

- Development of a centralized contractor / volunteer database – Department of Justice grant funds were awarded, to include the development of an agencywide system to address this issue.
- Development of a plan to launch transgender awareness training for all staff - Department of Justice grant funds were awarded, to include the development of an agencywide system to address this issue.
  - Completion of transition from paper audit systems to the DOJ On-line Audit System – The agency fully transitioned from a paper audit system to the DOJ On-Line Audit System (OAS) with training to stakeholders, revisions to all document lists and development of applicable job aids.
  - Managing delays in audit cycles / schedules due to COVID-related restrictions – During 2021, the agency was able to catch up with a majority of the 2019 audits postponed due to COVID, condensing the audits identified for two years into one.
- Development of a plan of training and quality review to address deficiencies identified in investigation objectivity, thoroughness, and timeliness - Department of Justice grant funds were awarded, to include the development of an agencywide system to address this issue. An investigation review process was developed, set for launch 02/01/2022.

Based on a review of incident data and audits completed, the following strategic plan was developed for 2022 to address identified deficiencies and further incorporate PREA principles and standards into agency culture:

- Deficiencies were identified with the investigation process, to include law enforcement referrals, required notifications, retaliation monitoring, investigation reports, and local review committees. An investigation review process will be established to address. This will also include refresher training for current investigators and the implementation of a quality review process as part of the Department of Justice grant awarded during 2021.
- The need to refresh and make more current the general PREA training provided to all staff and the specialty training provided to health services staff. Revisions will be made to these training venues to address the identified need.
- The agency identified gaps in the ability to pull information from the centralized OMNI PREA database due to a need to enhance information contained therein and the lack of formalized reports to pull information for specific needs. The agency will be working on enhancements

to the system to create one data source and ability to pull reports, particular for tracking and audit documentation purposes.

- An audit identified a compliance issue with processes to ensure advocate access during all abuse investigatory interviews relative to standard 115.21(e) which requires, as requested by the victim, for access to an advocate for these investigatory interviews (abuse investigations) and does not qualify that this is based on the need for a forensic exam. During 2022, revisions will be made to policy, process, and related publications to meet standard requirements.
- New PREA Compliance Managers do not have sufficient guidance to be successful with the responsibilities. The agency will establish a mentoring group for staff newly appointed to these positions while providing support to those already in these positions to ensure a thorough understanding of responsibilities, sharing of effective tools, and create a venue for communication and support.
- The Department of Justice published new auditor checklists for document review and post-audit reporting requirements for use in the On-Line Audit System (OAS) that may present challenges using existing systems and processes. Evaluation of each will be conducted and processes modified to ensure the provision of complete information in response to the publication of these tools.
- A gap in information sharing between facilities and appointing authorities outside of those facilities was identified. During 2022, enhanced processes and better collaboration with these individuals will be developed and implemented.
- Tracking of training, criminal background checks, and sexual misconduct disclosures for contractors and volunteers continues to be a challenge, with individuals providing services in multiple locations but gaps identified in information / documentation collections and distribution. A centralized contractor and volunteer database will be developed as part of the Department of Justice grant awarded during 2021.
- A deficiency in a consistent approach to ongoing notifications regarding staff as applicable to standard 115.73 was identified, especially with investigations under appointing authorities other than the superintendent. Collaboration with Human Resources and implementation of standardized systems will be explored during 2022.
- A need for transgender awareness training was identified by staff. Training will be developed along with subsequent training based on expressed need and identified issues as part of the Department of Justice grant awarded during 2021.
- Questions with processes such as searches and cross-gender announcements have been identified by non-binary staff. The PREA Advisory Council will work collaborative with Human Resources and the Gender Responsive Administrator to address questions and implement system revisions as identified.



## 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.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	10	0	21	2	7	8	0	0	38	10
2013	15	1	26	3	14	9	0	0	55	13
2014	12	0	27	2	30	17	0	0	69	19
2015	10	4	40	7	40	12	0	0	90	23
2016	1	1	38	4	10	4	0	0	49	9
2017	3	3	43	10	8	2	0	0	54	15
2018	2	0	37	4	8	8	0	0	47	12
2019	5	1	29	4	11	12	0	0	45	17
2020	1	0	25	10	9	5	4	0	39	15
2021	1	0	28	1	11	4	16	8	56	13

### Accomplishments for 2021 / Assessment of Facility Progress

- During AHCC’s 2<sup>nd</sup> pandemic outbreak, all staff were diligent in maintaining PREA screening and housing requirements. AHCC successfully completed Department of Justice PREA audit and auditors were able to be onsite even with COVID Protocols in place.

### Identified Gaps and Associated Action Plans:

- During DOJ Audit, deficiencies were found creating corrective action be taken in only a couple of areas.
  - Slide locks and key access added to staff restroom doors were Incarcerated individuals have access.
  - Blinds removed from officer station windows.
  - Mirrors installed in blind spots throughout the facility.
- Staff turnover from Vaccination proclamation created a lapse of information being passed from previous employees to the newly hired individuals.

- Newly hired staff unknowing of PREA standards and what is expected. Audit prep allowed for those individuals to ask questions they wouldn't normally think about daily.

Critical Objectives for 2022:

- Regain PREA culture that existed prior to COVID pandemic outbreak. Give PREA refreshers to current staff that have fallen into complacency. Train new staff on PREA standards and how they are utilized daily to keep in compliance with DOJ PREA Policies.



## CEDAR CREEK CORRECTIONS CENTER

Cedar Creek Corrections Center (CCCC) is a minimum custody prison, 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 two units, Cascade and Olympic. 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 consists of three dayrooms, one multipurpose room, one officer control/work area, and a recreation yard. Olympic is a two story 242-bed living unit that consists of 48 two-man rooms and four dorms containing 148 beds. It also has four dayrooms, two officer stations, and a recreation yard.

Cedar Creek had one (1) substantiated, one (1) unsubstantiated and one (1) unfounded staff sexual misconduct cases in 2021. In the substantiated case, the staff member resigned from duty. In the unsubstantiated case, a suggestion was made to provide additional training for contract to ensure better understanding of PREA and how the standards and policy apply.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	2	0	0	0	2	0	0	0	4
2013	1	0	1	1	1	0	0	0	3	1
2014	1	0	1	0	2	1	0	0	4	1
2015	1	1	0	1	9	1	0	0	10	3
2016	0	0	0	1	4	0	0	0	4	1
2017	1	1	0	0	0	1	0	0	1	2
2018	0	1	1	3	8	10	0	1	9	15
2019	2	3	3	0	0	8	2	0	7	11
2020	0	0	1	1	0	1	1	0	2	2
2021	0	1	0	1	0	1	0	0	0	3

Accomplishments for 2021 / Assessment of Facility Progress

Cedar Creek Corrections Center (CCCC) was able to hire a Corrections Specialist 3 PREA Compliance Specialist. This will allow for a single dedicated staff to manage PREA performance standards for year-round compliance. This position will ensure readiness for the 2022 DOJ PREA Audit that is scheduled for August 2022.

Cedar Creek opened nine (9) satellite housing units in order address COVID positive incarcerated individuals. These areas were reviewed by the PREA Compliance Manager to ensure the sexual safety of all individuals.

Identified Gaps and Associated Action Plans:

A challenge that CCCC has identified is the completion of required housing chronos for incarcerated individuals. During a recent Sergeants Academy, training this subject was discussed and the User Guide for completing these chronos was distributed to all individuals in the class. This process will continue to be monitored for compliance and adjusted as needed.

Critical Objectives for 2022:

- Continue to increase staff involvement in the preparation for upcoming audits and documentation gathering. Staff involvement in oversight of logbooks for unannounced rounds will continue. Also, a sergeant was identified who will track and maintain all strip search logs to sustain collection of all documentation. Other staff with knowledge and access will be identified as the year progresses.
- Continue maintenance of all PREA audit folders – the PREA Compliance Specialist will ensure organization of all PREA folders to ensure compliance of documentation with PREA standards and agency policy.



## CLALLAM BAY CORRECTIONS CENTER

The mission of the Department of Corrections is to improve public safety by positively changing lives. Our commitment is to operate a safe and humane corrections system and partner with others to transform lives for a better Washington. The vision is to work together for safer communities. Specifically, Clallam Bay Corrections Center (CBCC) is a 900-bed facility located on the point of the Olympic Peninsula. CBCC is 50 miles west of Port Angeles and looks out over the Strait of Juan de Fuca to Vancouver Island. CBCC facility houses medium and close custody offenders. CBCC operates an Restricted Housing Unit (RHU) and has developed a Intensive Transition program to better assist individuals with successfully returning to general population. Most recently, CBCC is working on repurposing Restrictive Housing beds.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	1	1	7	1	11	13	0	0	19	15
2013	5	0	9	3	9	13	0	0	23	16
2014	9	0	1	0	28	9	0	0	38	9
2015	5	2	34	0	27	25	0	0	66	27
2016	0	0	14	0	6	7	0	0	20	7
2017	1	0	11	4	4	5	0	1	16	10
2018	2	1	4	0	17	18	0	0	23	19
2019	0	0	4	1	9	2	0	0	13	3
2020	1	1	7	1	3	5	0	0	11	7
2021	1	3	3	6	3	18	1	2	8	29

### Accomplishments for 2021 / Assessment of Facility Progress

- CBCC came up with a checklist for all PREA cases that were being referred to law enforcement which assisted with evidence handling, the referral process and the findings. This has worked out well during this last year and allowed for every step to be double checked and not missed. During this time the checklist assisted CBCC with ultimately passing the Audit. Since implementation CBCC has tightened gaps and evolved with the investigation process.



- To continue with the clarification and duty requirements of the retaliation monitoring process CBCC holds meeting with the Associate Superintendent of Programs, the Correctional Program Manager all Correctional Unit Supervisors and Correctional Counselors to keep open lines of communication and discuss any changes.
- CBCC continues to proactively engage staff with PREA by walking about and asking questions to continue comfortability regarding PREA, this also allows time for questions from staff. Incarcerated Individuals continue to be educated in PREA during Parallel Community Orientation upon arrival, there after they are reminded through the utilization of posters, brochures, and discussions.
- Phase 1 of the camera project was completed and has now moved on to Phase 2.

Identified Gaps and Associated Action Plans:

- There has been a rise in Staff questions regarding PREA Investigations, this seems to come from newer staff and those who may not have ever experienced something of this nature. CBCC recognizes that throughout the pandemic training has not been as prevalent as it once was. To mitigate this CBCC would like to reestablish PREA Seminars for staff.

Critical Objectives for 2022:

- Reassess the Laundry and Clothing Exchange area to ensure improvements with construction and guidelines have been met.
- Continue with Phase 2 of the camera project which will make major improvements in assisting compliance with Standards.



## COYOTE RIDGE CORRECTIONS CENTER

Coyote Ridge Corrections Center (CRCC) is in Connell, Washington. The original minimum-security units (MSU) were opened in 1992. In 2008, CRCC expanded and opened a 2000 bed medium security complex. CRCC now houses between 2,500 and 2,600 adult male individuals. Housing units include four (4) medium security units, four (4) long term minimum living units, and two (2) minimum custody living units. CRCC also has one (1) restricted housing unit with 100 beds, consisting of 70 short-term segregation beds and 30 Intensive Management Unit (IMU) beds. Additionally, CRCC-MSU Sage unit houses ambulatory individuals (assisted living/nursing). The facility employs over 700 staff with 450 contract staff and volunteers who support and mentor the facility’s population. CRCC is currently in the process of closing (1) long term minimum unit which will drop our population by approximately 256.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	2	0	24	6	3	1	0	0	29	7
2013	0	1	17	2	5	4	0	0	22	7
2014	0	0	25	0	30	19	0	0	55	19
2015	2	2	20	1	32	14	0	0	54	17
2016	1	0	12	0	40	15	0	0	53	15
2017	0	1	12	3	25	7	0	0	37	11
2018	4	3	18	0	19	8	0	0	41	11
2019	1	0	25	2	7	7	0	0	33	9
2020	0	1	16	3	6	8	0	0	22	12
2021	2	1	18	0	7	8	0	0	27	9

### Accomplishments for 2021 / Assessment of Facility Progress

- CRCC continues to establish sustainable practices while incorporating DOC culture into day-to-day operations. Prior to the archiving unit logbooks, they will be brought to the PREA office for review to ensure unannounced rounds are completed within department expectations. The CRCC PREA office conducts weekly screenings of facility housing assignments to ensure there are no high-risk placements.

- CRCC continues to adjust and utilize Microsoft teams to complete mandatory meetings required in the management of case reviews, victim advocate services, and housing protocols for the transgender/intersex/non-binary population.
- CRCC PREA department has established a quarterly kiosk message that is sent out to the population notifying them of their ability to report via outside entity reporting and victim advocate services available to them via mail or telephone.
- CRCC classification staff have continued to complete risk assessments on time and have adjusted during covid to ensure the completion of PRAs are within DOJ/Policy timeframes.
- CRCC PREA department has sent out multiple reminders to all staff in relation to search/UA procedures for the transgender/intersex/non-binary population. This will ensure we are checking gender preference and documenting via IMRS when we are unable to meet their request.

Identified Gaps and Associated Action Plans:

- Gaps were identified in the completion of 13-509 appointments with mental health staff. Incorporated new staff into the process to ensure 13-509s are completed within the 14 day timeframes.
- Gaps were identified in the tracking of orientation completion. It is imperative that we streamline the process to ensure all incarcerated individuals arriving at CRCC complete orientation within 30 days.

Critical Objectives for 2022 include:

- Work with property/state issue to streamline the alternative clothing disbursement process.
- Establish a process to ensure all staff are completing their required annual Inservice training within identified timeframes.
- Incorporate clerical assistance to the PREA department to ensure time sensitive notifications are made if staff are on leave.
- Work with local IIU on establishing a process to ensure we track all cases forwarded to law enforcement.
- Improving the PRA tracker to add orientation completion and 13-509 completion.



## LARCH CORRECTIONS CENTER

Larch Corrections Center was opened in 1956 as an honor camp. Originally, the facility housed 108 individuals received from the Washington State Penitentiary with the primary mission of forestry-related work. Over the years, Larch Corrections Center continued to grow and by 1997 the facility’s population had reached its current level of 480 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. Daily crews are sent to clean parks, plant trees and respond to fires. Working hand and hand with the Department of Natural Resources (DNR), this workforce saves the taxpayers of Washington State millions of dollars each year and teaches positive work habits to incarcerated individuals.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	7	2	1	1	0	0	8	3
2013	0	0	2	0	1	4	0	0	3	4
2014	0	1	4	1	1	2	0	0	5	4
2015	1	1	0	0	3	5	0	0	4	6
2016	0	3	0	0	3	3	0	0	3	6
2017	0	2	7	1	4	3	0	0	11	6
2018	0	0	2	2	5	6	0	0	7	8
2019	0	0	5	1	1	3	0	0	6	4
2020	0	0	0	1	1	0	0	0	1	1
2021	0	0	0	0	1	0	0	3	1	3

### Accomplishments for 2021 / Assessment of Facility Progress

During the pandemic, great care was taken to make sure that incarcerated individuals were screened and housed appropriately per the federal guidelines. This was not an easy task many housing assignments were being made daily. Incoming transports in 2021 were limited, however when they did arrive, the process of PREA risk assessments did not change. DOC began negotiations for half closure of LCC due to a reduction in population resulting in the warm closure

of the Elkhorn living unit. LCC was audited in October of 2021 were there were multiple areas for minor improvements that were quickly addressed. LCC Like other facilities lost a number of staff due to the Governor's Vaccine Proclamation, however due to the facilities resilience was able to have minimal disruption to incarcerated individual's programs. LCC was granted funding of a PREA Compliance Specialist CS3 position in December of 2021.

Identified Gaps and Associated Action Plans:

- LCC did not identify any significant gaps during this time and were able to develop sustainable processes to address minor gaps.

Critical Objectives for 2022:

- Policies and operational memorandums were constantly changing and LCC will continue to ensure staff are aware of the changes.
- LCC adapted quickly to the increase in outgoing / releasing of the population due to the various release programs.
- Continue to ensure that staff know the process if an Incarcerated Individual reports a PREA allegation.
- Continue to discuss support provided by the Office of Crime Victim Advocacy with incarcerated individuals to ensure they are aware of the processes for initiating contact and confidentiality parameters.



## MISSION CREEK CORRECTIONS CENTER for WOMEN

Mission Creek Corrections Center for Women (MCCCW) is 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. During normal operations, MCCCW maintains an average daily population of 242. MCCCW employs approximately 135 state employees and contractors and has approximately 168 active volunteers. Some of the numbers have decreased due to COVID-19 and social distancing to an average daily population of 164 and no volunteers currently entering the facility.

Incarcerated individuals have access to academic programming, and when applicable, chemical dependency treatment. Most individuals are assigned jobs after arriving, including community service crews and Trades Related Apprenticeship Coaching (TRAC). MCCCW is dedicated to easing the transition for women from higher custody settings to either a Work Release program or direct release to the community.

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

- Training staff about reporting procedures and Shift Commanders about writing proper IRMS.
- Renewing partnerships with outside stakeholders such as the Kitsap Assault Center.
- Developing an MOU with the Mason County Sheriff's office.
- Ensuring the PREA Compliance Manager and Specialist stay updated with policy to keep the facility in compliance.
- Completing timely investigations with more detailed findings.
- Identifying isolated areas with processed implemented regarding report / radio information when staff enter these areas.
- Implementing a more detailed retaliation monitoring to ensure effective checks and balances.

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Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	2	1	4	1	1	1	0	0	7	3
2013	3	0	3	0	1	4	0	0	7	4
2014	2	1	0	2	5	7	0	0	7	10
2015	3	2	8	2	2	7	0	0	13	11
2016	2	1	4	2	4	3	0	0	10	6
2017	3	0	2	0	1	7	0	0	6	7
2018	2	0	6	0	2	0	0	0	10	0
2019	3	1	6	0	1	6	0	0	10	7
2020	1	1	3	0	0	2	0	0	4	3
2021	0	0	6	1	0	2	1	1	7	4

### Accomplishments for 2021 / Assessment of Facility Progress

The items listed below were identified as critical objectives for 2021 and the response to them:

- Ensuring compliance in PREA Risk Assessments, in 2021 MCCCW was able to reach 100% compliance.
- In March of 2021, MCCCW was able to update the camera system to ensure better monitoring of staff and incarcerated individuals.
- MCCCW was approved to hire a full time PREA Specialist to assist in keeping the facility in compliance with Department of Justice Standards.
- Developed PREA responsive culture within the facility.

### Identified Gaps and Associated Action Plans:

Some of the identified gaps and plans are:

- Processes are broken and being re-written to ensure all staff are completing tasks properly.
- Organizing PREA documentation folders on the facility shared drive, working to ensure that only the appropriate staff have access to each folder and organizing folders to make it easy to find documents.
- Ongoing training for staff on PREA reporting processes: With new staff, this will be a continuing process each year.

### Critical Objectives for 2022:

- To train staff and ensure they are completing all processes when reporting PREA allegations
- To ensure complete and more detailed PREA investigations.
- To ensure all staff complete all required PREA training, embedding PREA into daily lives of staff



## MONROE CORRECTIONAL COMPLEX

The Monroe Correctional Complex (MCC) is comprised of five facilities, with a population of nearly 1,800 incarcerated individuals and approximately 1,000 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. However, due to COVID-19, volunteer and visiting services have been canceled until further notice.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	13	3	58	9	16	16	0	0	87	28
2013	17	11	72	1	37	31	0	0	126	43
2014	15	1	32	5	89	41	0	0	136	47
2015	14	7	63	6	81	56	0	0	158	69
2016	17	1	78	3	34	25	0	0	129	29
2017	9	2	72	2	30	20	0	0	111	24
2018	9	1	46	1	38	32	0	0	93	34
2019	10	2	35	6	36	61	0	0	81	69
2020	5	5	36	16	25	36	3	2	69	59
2021	6	2	24	7	12	12	62	53	104	74

### Accomplishments for 2021 / Assessment of Facility Progress

At MCC, progress has been made in the upgrade and expansion of the existing camera system facility wide in areas identified as vulnerable by the PREA vulnerability assessment. All new cameras have been installed and noted replacements are completed throughout MCC. Existing analog cameras have been attached to an encoder that allows the footage to be



stored digitally on the server. Existing cameras that did not have the acuity or range needed for the coverage area have been replaced with a new digital camera. The project has installed additional cameras in all areas of the facility in order of priority.

Identified Gaps and Associated Action Plans:

- Policy 490.700 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision, which allows incarcerated individuals (I/I) to use their preference of a pronoun that fits their gender. Since publication, it appears that this has raised the number of staff to incarcerated individuals PREA investigations. MCC is ensuring that staff review this policy and use proper pronoun or just the individual's last name. This could eliminate PREA cases regarding pronoun use.
- Since doorbells have been installed in all units at MCC, there have been concerns raised by the population that they are not being used by staff as required. Issue will be brought forward to staff during PSM to train/update policy requirements associated with the use of the doorbells.
- 13-509 Mental Health referrals reported to staff, via PREA Hotline or to outside agency. The 13-509 forms are not always completed immediately at time of report as required. Also issues found with mental health meeting with the individual within the required 14 days and then ensuring the document is placed in the individual's medical file. New process has been implemented so all forms are sent to a mail address shared by mental health staff at each facility to ensure they are notified of the need to meet with an individual. Still developing a process with medical records to ensure the document is placed in the individual's medical file.
- The Shower doors for SOU E and F units were found to be too short at the most recent audit. Construction request has already been put in to replace the doors with taller doors that allows an individual required privacy in the shower while still maintain appropriate visual for staff to ensure safety and security.
- Retaliation Monitoring was found to be done inconsistently. New tracking process is currently being developed in the PREA office to ensure the appropriate staff are notified of required monitoring with notice being given of when the next month's monitoring form is due. Process to document that the notice of monitoring is required as already been put in place to show appropriate notice was sent to staff.
- PREA investigations. There was a backlog of over 100 plus investigations found that were initiated by HQ PREA Triage, but never sent to staff for investigation. A new tracking form has been started to now effectively track each PREA case under investigation. TDU and HQ Triage was contacted, and new investigator training courses have been added in order to increase the number of qualified investigators so the backlog of investigations can be eliminated. Expected the backlog of unassigned investigations will be eliminated by end of May 2022.
- Communication with the PREA office was identified as a problematic area as all staff would send all correspondence to previous PREA Compliance Specialist only. A new shared email address has been created so staff can send all PREA related emails to the PREA mailbox that is only accessed by the PREA Specialist assistant, PREA Specialist, PREA Manager and Superintendent. This is a more sustainable process, so information is not locked in only one person's email account.
- Tracking various PREA documents from other local stakeholders was an issue due to the staffing challenges posed by COVID the last two years. Old processes were reviewed and either re-initiated or updated to ensure PREA documents from hiring packets (HR), training packets (training) volunteers (CPP) and NCIC background checks (records) are now in place

to ensure documents required by federal standards are regularly loaded to electronic files and reviewed regularly for completeness to be in compliance with federal standards.

Critical Objectives for 2022:

- MCC is ensuring Policy 490.700, *Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision*, is reviewed by all staff who may have contact with LGBTI individuals to ensure procedures are followed appropriately.
- MCC just completed the on-site portion of our DOJ Audit and will be in corrective action status. Areas of concern are Investigations; Retaliation Monitoring; Initial PREA Risk Assessments and PREA Education (Orientation) for the incarcerated population. 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.
- MCC will continue to work on establishing and/or monitoring processes to enhance the accountability and documentation of the PREA Standards.
- MCC will strive to provide additional training opportunities to staff and the incarcerated individuals on PREA processes and Standards.
- MCC will continue to make PREA standards and procedures a priority by continuation of self-audits to improve compliance with PREA risk assessment requirements with a goal of 100% for all intake and follow-ups assessments. Staff awareness appears to have improved due to these self-audits.
- MCC is actively working on realigning duties and responsibilities in the MCC PREA Office which includes the potential of additional staff.



## OLYMPIC CORRECTIONS CENTER

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

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	2	3	1	0	0	0	3	3
2013	1	1	5	1	0	4	0	0	6	6
2014	3	1	2	2	10	3	0	0	15	6
2015	2	1	2	0	9	8	0	0	13	9
2016	1	0	2	0	2	3	0	0	5	3
2017	0	1	1	0	0	1	0	0	1	2
2018	2	1	1	1	2	2	0	0	5	4
2019	0	3	0	0	2	0	0	0	2	3
2020	0	0	3	0	0	2	0	0	3	2
2021	1	0	0	0	0	0	0	0	1	0

Accomplishments for 2021 / Assessment of Facility Progress

- OCC passed the DOJ PREA Audit without a corrective action.
- OCC established a PREA Compliance Specialist position.
- Year 2021 continued to be impacted by the COVID-19 pandemic. We used temporary housing to increase social distancing and function as isolation and quarantine living quarters for the incarcerated population. Facility housing reviews were conducted ensure the safety of the population was considered.
- OCC maintains a comprehensive tracking mechanism to ensure timeliness of 72-hour and follow-up PREA risk assessments.
- In 2021, OCC leadership met with the staff of Forks Abuse to strengthen communications related to victim advocacy Services. Due to the pandemic, access to advocates was limited to telephone interactions.
- 2021 data reflects that OCC had nine PREA complaints filed.
  - Eight of the PREA cases filed were determined by PREA Triage to be NOT PREA.
  - One PREA case was investigated and substantiated for inmate / inmate sexual assault.

Identified Gaps and Associated Action Plans:

- In 2021, the DOJ's PREA auditors noted physical plant recommendations to increase visibility to areas accessible to staff and incarcerated individuals. All recommendations were corrected within a two-week period.

Critical Objectives for 2022:

- Continue participating in the Department's "Rolling Audit" to ensure compliance with PREA Standards and DOC policies.
- Maintain audit level work and readiness at all times.
- Maintain/increase compliance rates for PREA risk assessments.
- Prepare folders and documents in preparation for the 2023 DOJ PREA Audit.
- Provide supporting documentation to the designated DOJ PREA auditor.



## STAFFORD CREEK CORRECTIONS CENTER

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

Most of the inmate-on-inmate cases occurred in the individual's cell which are not viewable by video. Due to this and/or a lack of evidence/corroborated information, most are unsubstantiated. There were no substantiated staff, contractor or volunteer cases in 2021.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	4	1	11	1	12	6	0	0	27	8
2013	4	0	10	1	23	13	0	0	37	14
2014	3	3	1	0	41	32	0	0	45	35
2015	2	4	4	2	38	17	0	0	44	23
2016	3	2	12	2	32	20	0	0	47	24
2017	7	1	39	8	16	9	0	0	62	18
2018	1	3	36	6	11	7	0	0	48	16
2019	9	1	28	7	5	19	0	0	42	27
2020	4	3	38	14	5	9	0	0	47	26
2021	1	0	20	2	2	4	9	5	32	11

### Accomplishments for 2021 / Assessment of Facility Progress

- Brought in a new compliance specialist with additional ideas and perspective regarding PREA standards and expectations

- Worked to decrease numbers of inmate-on-inmate substantiated abuse through broader communications between staff and incarcerated individuals and making the incarcerated individuals a part of the solution.
- Updated PREA signage throughout facility quarterly as needed
- Managed all required PREA standards during the pandemic with constantly changing requirements and ensuring all PREA policies were enforced as required. This was accomplished with daily communication and additional unit check-ins.
- Continued informational meetings and trainings for each department conducted by the PREA
- Continued informational meetings for the Multi-Disciplinary Team via email because of COVID concerns.
- Providing updates on how compliance with standards, documentation collection and retention, and to ensure the executive team is aware of all ongoing projects to improve the PREA department through PREA Compliance Specialist attendance at daily facility management meetings.
- Meeting PREA standard requirements during COVID response, identifying areas needed change or modification to ensure PREA compliance while complying with pandemic-related procedures
- Checking in with both staff and the incarcerated community to foster a safe and inclusive environment for all.

Identified Gaps and Associated Action Plans:

- Ensuring that PREA risk assessments are done on time both initials and follow-ups.
- Continuing staff training regarding PREA processes and policy with the intent of informing new strategies to increase awareness.
- Being able to be flexible to ensure PREA compliance is followed as well as the standards for managing the pandemic at the facility
- Increased MDT meetings via team works and email during the pandemic
- Identified and worked to prevent additional avenues of PREA violations
- Creating a PREA board for interaction and participation with all staff. The board includes information, question, and answers, and upcoming PREA news.
- Spot checking units and work areas monthly to ensure all environments are compliant with PREA standards.

Critical Objectives for 2022:

- 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.
- Continue staff training regarding PREA processes and policy with the intent of informing new strategies to increase awareness.
- Continue to keep staff apprised of any changes that occur to standards and processes, and answer questions to give staff the tools to be effective in the process
- Continue to work proactively with incarcerated individuals to decrease the number of unsubstantiated PREA investigations.



## WASHINGTON CORRECTIONS CENTER

The Washington Corrections Center (WCC) is comprised of the Reception and Diagnostic Center (RDC), the General Population (GP) and the Intensive Management Unit (IMU). The Reception and Diagnostic Center is the receiving unit for all male felons sentenced to prison in Washington State, except for those sentenced to the death penalty. The RDC is comprised of six living units and currently houses 1506 incarcerated individuals. It is a close custody facility with the primary responsibility to process, test, and classify all adult male felons.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	7	0	14	3	14	15	0	0	35	18
2013	0	0	5	0	27	15	0	0	32	15
2014	2	1	1	1	50	27	0	0	53	29
2015	7	0	9	0	69	24	0	0	85	24
2016	3	1	11	0	56	16	0	0	70	17
2017	1	2	22	4	27	18	0	0	50	24
2018	3	2	14	2	28	21	0	0	45	25
2019	1	1	18	3	13	21	0	0	32	25
2020	7	0	38	8	5	9	2	1	52	18
2021	2	0	19	5	3	4	9	11	33	20

### Accomplishments for 2021 / Assessment of Facility Progress

- WCC continued 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. With COVID 19, in person advocacy was not allowed and all advocates spoke with individuals via telephone, ensuring victims had access and support. There were staff changes within SafePlace, but communication has been key in keeping our processes running smoothly.

- WCC was impacted by the Covid-19 pandemic. During WCC's pandemic outbreak, staff was able to adjust workloads to ensure that PREA continued to be a priority. WCC's staff strived to ensure all components of PREA related responsibilities were completed in a timely manner.
- Due to the pandemic PREA training was changed from in person to online Learning Center (LC). Despite the pandemic staff worked diligently to ensure their PREA training online was completed annually.

Identified Gaps and Associated Action Plans:

- PREA investigation completed in a timely manner.  
During the pandemic, quarantine and isolation status made it difficult to conduct confidential interviews to complete an investigation. Another gap that was identified is the number of available investigators. WCC is in the process of identifying other staff who is qualified to attend Administrative Investigations Virtual Investigator Training.
- Retaliation monitoring completed in a timely manner.  
Establish a process when an investigation requires PREA retaliation monitoring and who the PREA retaliation monitoring will be assigned to. WCC is in the process of training classification counselors (case manager) to conduct PREA retaliation monitoring.
- Staff involved with PREA processes and procedures.  
WCC is in the process of identifying ways to ensure that all departments are included and how they can assist the PREA office.
- Continue to identify areas of concerns, take corrective action, and strive to remain in compliance with DOC policy and align with PREA standards.

Critical Objectives for 2022:

- Continue to ensure PREA is managed within COVID-19 protocols and limitations for the duration of the pandemic.
- Establish long-term sustainable, and workable process to assist and ensure all staff understand their role within PREA.
- Implement PREA policies, protocols, and practice in a meticulous manner to create an opportunity for long lasting impacts and continuous improvements.
- Work with all departments to establish functional and sustainable processes in their assigned areas.





## WASHINGTON CORRECTIONS CENTER for WOMEN

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

In 2021, there was one substantiated case of staff-on-inmate sexual misconduct in 2021. The case involved a staff member who at the time of report no longer worked for WA DOC. No corrective action was taken with staff-on-inmate due to the status of the staff member. In 2020, there were no substantiated cases of staff-on-inmate sexual misconduct.

There was one substantiated inmate-on-inmate sexual assault/abuse which occurred in an incarcerated individual’s cell area, which is not viewed by cameras. The case happened while staff were completing their regular cell checks and daily duties.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	9	1	8	1	25	18	0	0	42	20
2013	12	2	8	3	45	16	0	0	65	21
2014	5	3	12	2	44	22	0	0	61	27
2015	2	3	9	7	25	38	0	0	36	48
2016	3	2	22	3	10	13	0	0	35	18
2017	0	0	12	1	12	10	0	0	24	11
2018	3	2	19	9	4	10	0	0	26	21
2019	4	1	29	11	19	18	0	0	52	30
2020	10	0	50	14	12	19	0	0	72	33
2021	4	1	48	7	11	8	13	17	76	33

Accomplishments for 2021 / Assessment of Facility Progress:

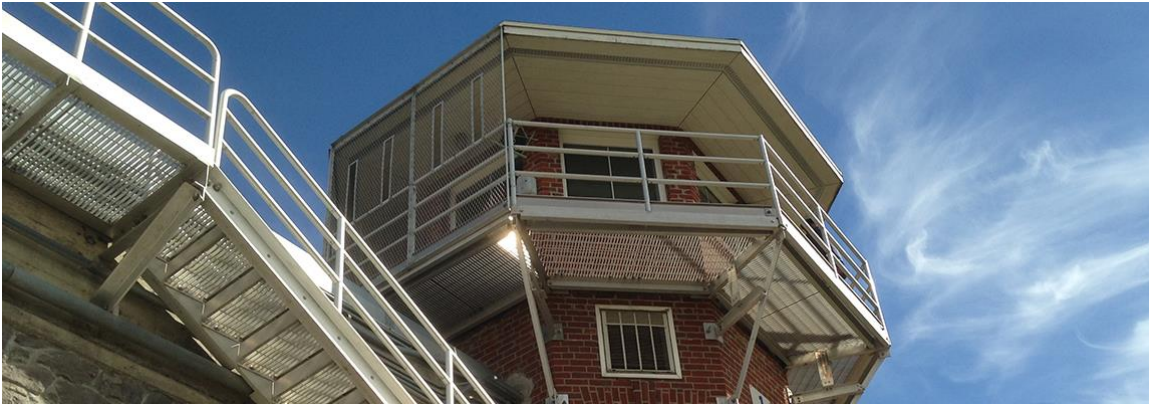
- WCCW established COVID procedures that continue to support social distancing which involved moving incarcerated individuals throughout the facility, maintaining cohorts, and relying on areas modified for housing assignment. During the response to the COVID outbreak, WCCW maintained the PREA Risk Assessments (PRA) at above the required Federal Standards. As incarcerated individuals were moved, WCCW reviewed the PRA score or chose to house the incarcerated individual alone.
- WCCW implemented a process to ensure the completion of PREA training for all staff and contract staff. The training department manager maintains a list of all staff and contract staff at the facility. The manager tracks the completion of PREA training and sends notifications as the as need to staff to maintain compliance with Federal Standards and WADOC policies.
- WCCW has fostered their relationship with the PREA advocates from Rebuilding Hope by keeping communication a priority and supporting advocate needs. WCCW has worked closely with the PREA advocates to implement a process that ensures incarcerated individuals have advocacy access. On-site appointments are still not available at WCCW, although contact information is available around the facility for access to advocates by phone.

Identified Gaps and Associated Action Plans:

- WCCW has identified the current PREA investigation process as an area that needs improvement. In 2021, the responsibility of monitoring the investigation process was moved from IIU to the PREA Specialist. Since then, the PREA department has been determining where investigations are in the process, identifying missing documentation, and moving toward the closure of open investigations. The PREA department has also been developing processes to track, maintain records, assign investigations, and ensure important documentation is collected when the allegation is received. The PREA department will be working on refreshers for shift lieutenants that highlight the initial PREA response and the collection and distribution of the related documentation. The PREA department has also been collaborating with IIU, unit staff, mental health, medical and other entities within WCCW to ensure victims and reporters get the information and support needed during the investigation process.

Critical Objectives for 2022:

WCCW has identified a few critical objectives for 2022. One of our main goals is preparation for the audit and on-site review. WCCW recently reached out to be scheduled for a PREA audit and has begun to gather information that will be necessary to show compliance. The audit will help WCCW identify any gaps in the processes established at the facility. WCCW will make any changes necessary to achieve and maintain compliance with the Federal Standards. WCCW will continually strive to develop a culture where the staff at our facility are able to recognize, understand, follow PREA standards as a part of their daily routine.



## WASHINGTON STATE PENITENTIARY

The Washington State Penitentiary (WSP) 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: East Complex – Minimum Custody – Units 6 and 8; South Complex – Medium Custody – Adams (BAR Units), Victor and Williams Units; Baker and Rainier Units (BAR Units); West Complex – Close Custody – Delta, Echo and Fox; and IMU North and South – Maximum Custody. The facility employs approximately 1,100 staff and houses an average of 2,500 male individuals.

In July of 2021 there were nearly 4,000 empty prison beds out of a total of 17,000 statewide, with that number expected to grow. The Department saw a 54% decrease in prison admissions from March 2020 to June 2021 compared to the same time frames in 2019 and 2020. This was partially due to earlier diversions, interventions, and treatments, as well as a strong focus on expanding community-based reentry center programs allowing incarcerated individuals to safely transition back to their home community.

As a result, Golf Unit (West Complex - Close Custody) was identified as a unit of consolidation by the Department through a 'phased approach'. This involved moving incarcerated individuals into other living units within the prison facility and redeploying staff without a reduction in staffing levels. The same 'phased approach' was used to identify Unit 10 (East Complex – Minimum Custody) for closure – shutting down a unit and reducing the associated staffing.

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

Staff-on-inmate PREA cases decreased significantly by 30 during 2019 (21) compared to 2018 (51). Most cases were staff-on-offender sexual misconduct and ten (10) of those cases were determined to be unfounded. The correctional officer in the substantiated case of staff-on-inmate sexual misconduct had previously separated from the department. This resulted in corrective action being assigned to the correctional unit supervisor to prevent any future incidents.

## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

In comparison to previous years, there were fewer inmate-on-inmate and staff-on-inmate PREA cases in 2021. No corrective action was required.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	7	2	16	10	14	11	0	0	37	23
2013	5	0	37	8	14	13	0	0	56	21
2014	6	4	36	9	27	31	0	0	69	44
2015	8	4	61	19	25	36	0	0	94	59
2016	13	2	51	9	27	26	0	0	91	37
2017	9	1	55	15	8	25	0	0	72	41
2018	5	2	35	12	13	38	2	0	55	52
2019	7	1	26	5	8	16	0	0	41	22
2020	8	1	36	4	6	16	3	2	53	23
2021	3	0	5	3	1	5	17	7	26	15

Accomplishments for 2021 / Assessment of Facility Progress In 2021, the facility completed the following:

- The third Department of Justice (DOJ) audit utilizing the on-line audit system (OAS).
- Removed slide locks in Recycle Warehouse.
- Removed window covering in VOC HCVAC room.
- Removed blinds and large magnet covering window in incarcerated services building.
- Replaced deadbolt and installed occupied/vacant slide sign outside staff restroom in BAR Units.
- Removed blinds in Health Service staff offices.
- Installed occupied/vacant slide sign on outside door for staff restrooms in Health Services.
- Replaced flip latch with keyable lock from the outside and egress from the inside of staff restrooms in Health Services.
- Cameras removed from monitoring screen in two medical cells.
- Added unannounced rounds to the Security Management process/form which includes a checkbox indicating the staff signed the area logbook.
- Added opaque material to window and installed occupied/vacant sign to incarcerated individual and staff restroom in Main Warehouse.
- PREA staff ended the process allowing intake PRAs to be delayed until incarcerated individuals were off quarantine and initiated paper process. PREA staff continue participating in weekly collaboration meetings with unit managers, correctional program managers and other staff to review completion of intake and follow-up risk assessments to identify trends and address concerns at least twice monthly.

Identified Gaps and Associated Action Plans:

PREA risk assessments are not being completed within required timeframes. Changes to the current process is being implemented so timeframes aren't missed.

PREA Monitoring Plan chronos during FRMT aren't entered consistently into OMN. New procedures are being implemented to ensure this is occurring.

Critical Objectives for 2022:

- To ensure all PRAs and PREA Monitoring chronos are completed and entered timely.
- Continue training new PREA office staff on standards and policy.
- To increase engagement with incarcerated individuals and obtain their input on PREA related efforts.
- Conduct PREA drills.
- Continue training staff on LGBTI issues.
- Review and update PREA files quarterly. Remove outdated information as necessary.
- Continually audit and revise processes as necessary when action is needed.



## AHTANUM VIEW REENTRY CENTER

Ahtanum View Reentry Center (AVCR) facility is co-ed and has a capacity for up to 101 minimum custody incarcerated individuals. Residents may be in the program for up to twelve (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 the transition of incarcerated individuals from prison to the community. AVRC is an all-state DOC staffed facility whose team works together in the Department’s Mission of “Improving public safety by positively changing lives”. We provide resident accountability, a safe and secure environment and quality programming to support and encourage positive change.

There were no cases involving inmate on inmate sexual abuse, assault, or harassment. There were no cases involving staff ‘other’ misconduct. There were no cases of staff on incarcerated individual sexual harassment. There was one (1) case of staff on incarcerated individual sexual misconduct that is open.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	1	0	0	0	0	0	1
2013	0	0	0	1	0	1	0	0	0	2
2014	0	0	0	2	0	0	0	0	0	2
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	1	0	0	0	1
2017	0	1	0	2	0	0	0	0	0	3
2018	0	1	0	1	0	0	0	0	0	2
2019	0	1	0	0	0	0	0	0	0	1
2020	0	0	0	1	0	0	0	0	0	1
2021	0	0	0	0	0	0	0	1	0	1

Accomplishments for 2021 / Assessment of Facility Progress

Staff are aware of how to utilize the language line for assistance in communicating with residents. The “rule of three” is the on-going expectation in kitchen storage blind spots. The 2021 staffing plan review was completed as required. Staff are aware of how to privately report any PREA information to the appointing authority or duty officer.

During the past year, the facility has continued to focus on making sure new staff are trained and all staff complete their annual PREA trainings. Throughout the COVID19 pandemic, staff have remained alert to possible PREA concerns with both the facility structure and staff/residents.

AVRC successfully completed their 2021 Audit. No items were noted that needed corrective actions plans.

Identified Gaps and Associated Action Plans:

- Complete annual PREA training for staff as required online and/or when training sessions resume.
- Complete PREA tabletop drills and ensure supervisors have a PREA topic during their quarterly staff facility meetings.

Critical Objectives for 2022:

- Additional security radios are being purchased to provide to kitchen staff to support safety and security in this area.
- Continue to use the PREA risk assessment tracker to ensure compliance with time frames for completion.
- Continue to reinforce expectations about PREA awareness and culture with staff, residents, and the community.
- Add additional security cameras throughout the facility in identified blind spots where staff and or individuals may have access to.
- Complete the 2022 staffing plan review as required.



## BELLINGHAM REENTRY CENTER

Bellingham Reentry Center (BRC) is a 50-bed co-ed facility operating in two side-by-side buildings in a downtown college area of Bellingham. BRC is a partnership with the Department of Corrections (DOC) and Community Work Training Association (CWTA). BRC has operated since 1976 and has been in its current location since 1981. CWTA gave notice to terminate their contract on 5/7/22. Currently, it is DOC's intent to convert BRC to a fully operated State facility. Work Release Administration and DOC's contract and fiscal units are working toward that goal.

BRC's resident population consists of eight women, 41 men and one ADA (American with Disabilities Act) resident of either gender. Residents at BRC attend work, training and treatment in the community. Our 1127 building is a 116-year-old Victorian home with a basement and three stories consisting of four offices, kitchen, dining and living room, weight/laundry room and dormitory style rooms. BRC's 1125 building is about a six-year old facility with a basement and 3 floors. The 1125 building consists 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. Our buildings are equipped with numerous digital cameras strategically placed to increase vigilance of resident activity while on facility grounds.

BRC had no PREA allegations in 2021. Given there have been so few substantiated allegations in BRC's history, one substantiated allegation since 2012, a trend has not been noted. However in order to prevent future PREA allegations, both of the BRC buildings had a significant number of digital cameras installed within the past seven years. During the 2018 remodel of our 1127 building, 5 additional cameras were added. These provided camera coverage on all three stairwells, expanded coverage in the living room and a view of the sidewalks between the two buildings. An assessment for additional cameras to expand some exterior views and the payphone area in our 1127 building was done in the fall of 2019, with work being completed in 2020. Lighting in the rear parking lot was also improved in 2019 in order to improve visibility after dusk.



## WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

BRC had an onsite PREA audit on 1/10/22 and met all standards. The auditor relayed that BRC's residents consistently reported feeling safe and knew the PREA reporting process well. It is noted that due to Covid-19, BRC's population was smaller in 2020 and 2021 than any time in its history.

In addition to monitoring, PREA education for staff remains a priority. BRC 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. BRC's audit in 2022 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. There was no corrective action recommended by the 2022 audit team.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	0	0	0	0	0
2013	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	1	0	1	0	0	0	2
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	1	0	0	0	1
2017	1	0	0	0	0	0	0	0	1	0
2018	0	0	0	0	0	0	0	0	0	0
2019	0	0	0	0	0	0	0	0	0	0
2020	0	0	0	1	0	0	0	0	0	1
2021	0	0	0	0	0	0	0	0	0	0

### Accomplishments for 2020 / Assessment of Facility Progress

BRC has not received a formal corrective action plan during any of the 3 prior PREA audits. However, it is our goal to continue to support PREA education and updates and monthly and quarterly staff meetings. At each of the quarterly staff meetings, staff are encouraged to report any PREA concerns or areas where we could mitigate further risk within the facility. If we are successful in converting to an all-state facility, Correctional Officers will be required to complete or attend Correctional Officer Field Training Program, which is a six-week training program and greater in length than the training for contract staff who hold Program Monitor positions in a Contracted facility.

BRC's 2020 vulnerability assessment for buildings 1125 and 1127 did not contain corrective or continuing action. We have an excellent digital camera system, with several cameras enhanced or added in over the past 7 years. DOC's IT division has a new monitoring system under consideration at this time of writing.

### Identified Gaps and Associated Action Plans:

The only PREA allegation in 2020 involving a staff and inmate was closed in 2021 and was unsubstantiated. BRC was happy to meet all PREA standards in our 2022 audit. Although BRC has met PREA standards in our past three PREA audits, there are always areas to hone. One area I noted improvement was needed during our audit documentation period was with PREA monitoring plans. We have had so few monitoring plans that the downside is that our case managers have little experience in this area. Realizing we could benefit from improved tracking and documentation in this area, staff were given additional information, tools and policy reminders

to ensure that we improve with our PREA monitoring plans. The CCS will also monitor the PREA monitoring activities upon receipt of the internal PREA checklist document that was created several years ago. It is also noted that 2 random monthly case audits will be completed on each caseload to ensure we are meeting our PREA expectations, in addition to other caseload expectations.

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

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

2020 and 2021 were a challenging year for all correctional facilities due to the pandemic. BRC increased its population from 25 to 50 in 2018. However, due to covid and social distancing requirements, BRC's population was between 20 and 30 residents in 2021 and residents were single-roomed at that time. It is anticipated that single rooms would reduce the risks and opportunities to engage in behavior that would become a PREA concern.

One of the challenges the pandemic created the past two years has been an interruption in training. There have been less opportunities to attend the Work Release Academy or the Community Corrections Officer Academy as DOC's training unit struggled to quickly find a new way to deliver training in a way that mitigated covid transmission.

Additionally due to staff illness and being screened out with covid symptoms, BRC experienced significant staff shortages from 2020 through 2022. This impacted our ability to ensure that there was always both genders and an Academy trained staff on all three of our shifts. Due to staff shortages, we remained in regular communication with our Work Release Operations Administrator to mitigate the risks that could have presented themselves with staff shortages. There were occasions where we received staffing assistance from both DOC's prisons and Community Corrections Division. It is these staff shortages, current inflation rates and increasing rates of pay by employers, that our contractor made the difficult decision to terminate their contract.

#### Critical Objectives for 2022:

If BRC gains funding to become a state-operated facility, our goal is that all full-time Correctional Officers attend the Correctional Officer Field Training Program. BRC is also implementing a charter and action steps through the Amend Program, which is a Norwegian correctional program designed to increase humanization and normalization within our facilities. BRC was a pilot site for the Amend Program last year and we are currently working on training additional staff and creating action steps and associated timelines.

It is noted that in 2019, BRC successfully obtained approval for a BFOQ male case manager position, which ensures that we have both male and female gendered case managers. This is particularly important given about 75% of our population are men. Our new case manager was

hired in June 2021 and is now fully trained and proficient in PREA and other caseload tasks. We have committed to regular communication about PREA matters, concerns and recommendations at our quarterly all-staff meetings. Another goal is to increase trauma-informed education for our staff, as well as provide coaching and mentoring to ensure that we maintain a trauma-informed work release setting.

By 05/07/22, BRC will not house residents. We will suspend operations briefly while we ramp up for our next phase of operations, hopefully as a state facility. Should BRC be funded as a state facility, we will begin hiring correctional officers, one sergeant, a food service manager, two cooks and a maintenance person. This gives BRC a streamlined chain of command and some additional consistencies with training and all staff working one division and department.



## BISHOP LEWIS HOUSE REENTRY CENTER

Bishop Lewis House Reentry Center (BLHRC) is located at 703 8<sup>th</sup> Ave, Seattle, WA 98104. This facility is operated by the Department of Corrections and contract staff; however, the building is owned by Pioneer Human Services (PHS). BLHRC is in the heart of downtown Seattle, houses 69 adult male residents, made up of 47 state Incarcerated Individuals (I/I's) and 22 county boarders. This facility has only been housing state I/I's since early 2020 due to COVID. BLHRC was built in 1910 and became a work release in 1968 which in turn with recent renaming to reentry centers. BLHRC is a three-story facility along with a full basement that includes a laundry room for the I/I population. In addition to the regular visiting and social program, we offer family-friendly events during specific times of year in support of family unity. Reentry programming offered in reentry centers are crucial in assisting individuals in their transition back to society, particularly regarding employment, housing, treatment programming, reunification with family and loved ones, and assisting these individuals in gaining a level of stability as they return to society.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	1	0	0	0	1
2013	0	0	0	3	0	1	0	0	0	4
2014	0	0	0	1	1	2	0	0	1	3
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	1	0	0	0	0	0	1	0
2017	0	0	0	1	1	2	0	0	1	3
2018	0	2	0	1	0	0	0	0	0	3
2019	0	0	0	0	0	0	0	0	0	0
2020	0	1	0	1	0	0	0	0	0	2
2021	0	0	0	0	0	0	0	0	0	0

Accomplishments for 2021 / Assessment of Facility Progress

BLHRC contract staff continue to conduct count five times per shift. This allows for regular visuals and contact with the residents, unannounced walkthroughs, and monitoring the video surveillance system. Due to COVID, the resident population has remained temporarily reduced for social distancing requirements and only one person per identified bedroom, however the population is increasing. Currently, BLHRC had only received a maximum of three new individuals per week, however those numbers have increased on numerous occasions. COVID Protocol is adhered to for all individuals and staff in-house as well as for all new arrivals.

BLHRC was operates on designated cohorted mealtimes in the facility during COVID outbreaks which require residents to comply with written designated mealtimes per floor, pick up meals and return to assigned rooms to eat. This type of cohort meal service allows for easier viewing of the facility population by staff and has been in place since the fall of 2020 due to COVID-related impacts.

Identified Gaps and Associated Action Plans:

BLHRC has increased the number of surveillance cameras as of the Spring of 2021 in effort to decrease the number of blind spots within the facility. In addition to the cameras, a larger monitor was placed at the front desk for better visibility of all cameras. Mirrors were installed several years ago to assist in viewing capabilities and remain in place.

Critical Objectives for 2021:

BLHRC continues to work towards improvements as done recently with key card access to assist in security access to the facility however the improvement continues to be worked and currently on hold. Although blind spots may still exist, with recent improvements, those locations have decreased.

We have and continue to mitigate risk throughout the facility by the regularly scheduled walk throughs, counts, and unannounced rounds. This is enhanced by the ability to monitor camera system footage.

Additionally, the community corrections supervisor is collaborating with other staff for the inclusion of new contract staff in academies as classes are made available.



## BROWNSTONE REENTRY CENTER

Brownstone Reentry Center (BSRC) is a partial-confinement reentry facility housing up to 84 adult males, serving the last six to twelve months of their prison sentence. The facility is a three-story building which was built in 1910, located in downtown Spokane next to Interstate 90. Brownstone’s second and third floors are resident housing units, while the main floor is designated for offices, a kitchen, dining area, resident resource room and visiting room. The basement area consists of recreation and television rooms, the laundry facility, a recumbent bike and yoga room, a weight room, and maintenance office. Security cameras are located throughout the inside and outside of the facility, strategically placed to assist in monitoring activities. Brownstone is operated by seven staff employed by the Department of Corrections and twelve contract staff employed by The Transition House Incorporated (TTHI). TTHI provides Brownstone Reentry Center 24-7 staffing and operations. TTHI staff perform safety and security duties, food service and maintenance operations. Community Corrections Officers (CCO) oversee case management for incarcerated individuals, to include classification action, orientation, PREA risk assessments, and release and transition planning. CCOs also refer individuals to Work Source employment classes, employers, establishing medical and dental care, treatment, and counseling services.

While at Brownstone Reentry Center, all individuals are expected to secure employment or attend training/educational programs to enhance success in transitioning into the community. Individuals are encouraged to establish positive support networks with family, friends, and the community. Upon arrival at Brownstone, each incarcerated individual is assigned to a Community Corrections Officer who assists them with the transition from prison to the community. Our goals are to decrease risk factors, increase protective factors, and encourage residents to positively contribute and be productive members of our community.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	0	0	0	0	0
2013	0	0	0	0	0	1	0	0	0	1

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Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2014	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	1	0	0	0	0	0	1
2016	0	2	0	0	0	0	0	0	0	2
2017	0	0	0	0	0	0	0	0	0	0
2018	0	1	0	0	0	0	0	0	0	1
2019	0	0	1	0	0	0	0	0	1	0
2020	0	0	0	0	0	0	0	0	0	0
2021	0	0	0	0	0	0	0	0	0	0

Accomplishments for 2021 / Assessment of Facility Progress

- BSRC had no substantiated sexual abuse allegations in 2021.
- BSRC Community Corrections Supervisor and Contract Director developed a checklist for new hires to ensure training requirements are completed within timeframes.
- Robust on-the-job training for new hires to include guidance from policy 490.700 with LGBTQI, housing assignments, and other considerations with safety and respectful and inclusive language has been adopted.
- The Community Corrections Supervisor completed weekly audits of PREA checklist forms to ensure all individuals are properly screened, follow-up assessments are within timeframes and ensuring the communication between DOC and contract staff is fluid in identifying any PREA related concerns.
- The Community Corrections Supervisor has a process to communicate ADA needs and any accommodations before individuals arrive with HIPPA considerations. Identification and Education of special statuses are discussed weekly in classification.
- In addition to extra monitoring and added benefit of camera surveillance, TTHI Staff are conducting hourly walk throughs on the living units to increase safety with their presence and observation to monitor behaviors and increase safety for individuals.
- BSRC staff reviewed and discussed PREA requirements, including zero tolerance for sexual misconduct and related retaliation. Ongoing discussions about reporting requirements have been initiated with the CCS and Contract Director to help staff identify red flags, considerations for retaliation and supporting human-centered objectives are prioritized.
- Monthly PREA Table-Top Drills in staff meetings.
- Annual PREA Vulnerability Worksheet was updated March 2022 and has identified some areas to consider more cameras, brighter lighting in the parking lot and scheduled remodel of the control station to ensure safety with COVID protocols and added security. This remodel will include plexiglass across the entire front of the control station. There will be a front-desk passthrough with ADA compliant counter height. The remodel of the control station will also address a blind spot, by moving resident mailboxes to another location, creating a squared off counter will also create more space in the hallway, supporting safety and helping with congestion at the control station. The outcome will allow better movement, line of sight vision at the intersection of the stairwell and the corner of the hallway where camera coverage is limited.
- Facility upgrades with fresh paint and furniture added in the dining area.

- New menu with healthier options (more salads and variety with weekend brunch) has been approved and implemented- very well received by the current population.
- New pool table and weight room upgrades in the basement.
- Major capital project to replace the siding and windows on the first floor will start April 4<sup>th</sup>, 2022. All masonry and details will follow City of Spokane's Historical Register requirements and added to the Spokane and National Register upon completion.
- The Contract Director created some fun educational crosswords, fill in the blank and word search tasks for staff to enhance training experiences and measure learning.
- All staff have been introduced to the Amend program and have been working on personal values and goals to help assess personal growth and development. Discussions and training for staff to include daily use of the Department's Strategic Anchors will connect staff to the values of the Department and continue supporting the vision to working together for safer communities.

Identified Gaps and Associated Action Plans:

ADT arrived on-site on 3/30/22 to quote the identified gaps in security monitoring. The schematic has been drafted and a final report is expected within a week. The Community Corrections Supervisor and the Maintenance Lead will prioritize all funds for safety and security regarding the PREA Vulnerability for the 2022 budget cycle to also include more lighting in the alley way and parking lot.

Critical Objectives for 2022:

The 2020 PREA onsite audit has been postponed due to COVID-related restrictions. The audit has been rescheduled for May 10, 2022. The Community Corrections Supervisor will continue to ensure training is conducted in a timely manner for new hires and existing staff. The Community Corrections Supervisor will ensure bulletin boards are up to date, and incoming residents are trained in reporting process and resources available to them.





## ELEANOR CHASE HOUSE REENTRY CENTER

Eleanor Chase House Reentry Center (ECHRC) is a 54-bed female facility operated by staff employed by the Department of Corrections and contract staff employed by The Transition House Incorporated (TTHI). Residents can spend the last six months of their prison sentence at the reentry center prior to transferring to the Graduated Reentry Program or transitioning to the community. During their stay at the reentry center, residents are given the opportunity to secure employment, engage in education and/or training programs, and establish positive support networks with family, friends, and the community. Residents who are employed have a mandatory savings account established which places a percentage of their earnings on hold until release to ensure they release with a savings. Each resident is assigned a community corrections officer who assists them through an individual case plan for the transition from prison to the community. Eleanor Chase has established relationships with community partners that provide medical, mental health, dental, chemical dependency treatment, and education programming.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	2	0	0	0	1	0	0	0	3	0
2013	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	1	0	1	0	0	0	2
2017	1	0	0	1	0	0	0	0	1	1
2018	0	0	0	1	0	0	0	0	0	1
2019	0	0	0	1	0	0	0	0	0	1
2020	0	1	0	1	0	0	0	0	0	2
2021	0	0	0	0	0	0	0	0	0	0

Accomplishments for 2021 / Assessment of Facility Progress

- PREA facility audit visit by DOJ auditor was conducted on 12/07/21, the facility was found to be substantially compliant in all standards and exceeded requirements in two standards.
- Installed additional cameras to enhance better visibility in the parking lot, kitchen, and the Hall A common area, where blind spots were identified.
- Exterior door alarms were activated within our camera security system to better enhance facility safety.
- Despite continue COVID restrictions, residents were able to participate in modified counseling and treatment services and employment.
- Installed new window blinds in all resident rooms.
- Installed a new generator that will support facility operating during emergent power outages.

Identified Gaps and Associated Action Plans:

- Funding requested and approved for two additional exterior cameras: one to provide more coverage of the parking lot on the southeast side of the building and the second to provide coverage of the catwalk between the third-floor administrative offices and the residents living quarters.
- The Reentry Supervisor and TTHI Director met to discuss the retention and recruitment issues of contract staff due to the impacts of COVID and a more competitive job market. TTHI Director was able to secure more funding for a higher wage and is going to set up recruitment activities with local college Criminal Justice Programs.

Critical Objectives for 2022:

- Purchase and install a new key card door locking system for resident doors.
- Continue to build a PREA educated and zero tolerance culture with staff and residents.
  - Ensure that PREA training is ongoing.
  - Ensure staff continue to stay abreast of new and/or revised policies.
  - Ensure staff complete annual PREA training.



## LONGVIEW REENTRY CENTER

Longview Reentry Center (LRC) is a partial-confinement facility housing up to 88 adult male and 12 adult female individuals serving the last six to twelve months of their sentence. The facility is entirely on one floor with separate wings for male and female residents, with separate recreation rooms for male and female residents. We are a regional facility that serve residents from Cowlitz, Clark, Lewis, Pacific, and Wahkiakum counties. We work with several agencies that can employ our residents throughout Southwest Washington. We offer a comprehensive program that focuses on managing transition from prison to the community. Our goal is to effectively intervene in the risk an individual may pose to the community while assisting the individual 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 to achieve a positive release and become productive in the community while reducing recidivism. LRC is solely operated by Department of Corrections staff. The facility employs one supervisor, two clerical staff, two sergeants, up to twenty correctional officers, three community corrections officers, one maintenance staff, and four food service staff. Even through COVID-19 response we have been creative in our continuance of family-friendly activities and encourage residents to stay in positive connection with their families and children.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	2	0	0	1	0	0	2	1
2013	1	1	0	0	0	0	0	0	1	1
2014	0	0	1	0	1	0	0	0	2	0
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	1	1	0	1	0	0	1	2
2017	0	0	0	1	0	0	0	0	0	1
2018	0	0	0	0	0	0	0	0	0	0
2019	0	0	0	0	0	1	0	0	0	1
2020	0	0	0	0	0	0	0	0	0	0
2021	0	0	0	0	0	0	0	1	0	1

Accomplishments for 2021 / Assessment of Facility Progress

- LRC had a 100% PREA initial and follow up risk assessment completion rate.
- The facility prepared for and successfully navigated a PREA audit on 03/29/2022 and 03/30/2022 for audit document range 01/16/2021-01/15/2022. According to auditors, there were no major findings through the audit process.
- A new CCS was hired on 02/01/2022. The CCS is currently in the process of policy and procedure review with the intent to ensure facility operations align with DOC requirements.

Identified Gaps and Associated Action Plans:

- A vulnerability assessment was 02/17/2022. The facility is set up well to prevent PREA. In addition to the existing preventative measures, two convex mirrors and a camera or fence were identified as possible tools to increase the ability to monitor individuals.
- During the PREA audit preparation process the CCS found it difficult to find required PREA documentation for some staff. A system was put in place to better retain PREA required documentation, to include sending to HR, saving electronically, and maintaining a hard copy binder specifically for audit purposes. Hiring managers are responsible for managing the documents as stated above, in addition to providing the CCS with copies for the binder.
- CCS implemented a reminder process to ensure required PREA refresher training was sent out and complete, and vulnerability assessments were completed annually and as needed.

Critical Objectives for 2022:

Longview has the following goals for 2022:

- Continue 100% completion of PREA initial and follow up assessments.
- Maintain/implement quarterly tabletop drills that include responding to PREA allegations and sexual assault.
- Install two convex mirrors in identified locations to increase monitoring capability
- Work with DOC IT to determine the current capabilities of our security camera system and identify areas/systems for replacement/additional cameras. In addition, possibly link door alarms to the camera system to give a visual alarm when a door is breached.



## OLYMPIA REENTRY CENTER

The Olympia Reentry Center (ORC) is a minimum-security facility, which opened in 1979 under the Department of Social and Health Services (DSHS) and became a part of the Department of Corrections (DOC) in 1981. The facility works in conjunction with A Beginning Alliance (ABA), which is a non-profit organization governed by the policies and procedures of DOC as well the laws of the State of Washington. Residents can work, attend college courses, complete training programs, participate in substance abuse treatment, attend parenting classes, and other self-improvement programs or offense-specific treatment programs for support and to assist preparing them for successful transition to the community.

ORC is a co-ed facility serving a maximum resident population of 26; 19 males and 7 females. The facility serves incarcerated individuals sentenced from Thurston, Mason County, Grays Harbor, Lewis, and Pacific Counties. In addition, there are exceptions when the facility may accept residents from outside from these counties due to unique circumstances. The facility has an outside recreation/fitness area, no-charge laundry facilities, large industrial kitchen, and a large dining area. The facility has separate male and female living quarters and is handicap accessible including an ADA bedroom for any resident that may require such service. There is an outside smoking area, beautifully landscaped grounds, and a basketball playing area.

The facility is committed to assist residents successfully transition to the community. Transition begins on the day of arrival and continues until release. Each resident receives a thorough orientation and meets with their assigned community corrections officer (CCO) within 24 hours of arrival. These processes include reviewing facility rules and expectations, visitor/sponsor information, reviewing their Judgement & Sentence and conditions of supervision, identifying attainable goals, discussing treatment and programming needs/expectations, and participating in a PREA risk assessment. Residents meet with their CCO and are also monitored via the weekly classification team process for compliance with programming expectations, employment work hours and several other areas of responsibility.

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Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	1	0	1	0	1	1	0	0	3	1
2013	0	0	0	0	0	1	0	0	0	1
2014	0	0	1	0	0	1	0	0	1	1
2015	3	0	0	0	0	0	0	0	3	0
2016	3	0	0	1	0	0	0	0	3	1
2017	0	0	0	1	0	0	0	0	0	1
2018	1	0	0	0	0	0	0	0	1	0
2019	0	0	1	0	0	0	0	0	1	0
2020	0	0	0	0	0	0	0	0	0	0
2021	0	0	0	0	0	0	0	0	0	0

Accomplishments for 2021 / Assessment of Facility Progress

- 100% compliant with all mandatory resident PREA-related intakes, interviews, orientations, and risk assessments/updates on or before the required due date.
- 100% compliant with all mandatory staff PREA-related training.
- There were no PREA-related allegations, concerns, complaints, grievances or investigations.
- The facility continues to provide numerous avenues for incarcerated residents to report any PREA-related concerns to include but not limited to verbal, telephonic, and written.
- Several video surveillance blind spots on the outside of the facility have been addressed by re-positioning certain cameras and/or changing the camera lens so an expanded view is now available to staff.
- Changed several inside door locks to the master key, which allows staff to respond quicker in an emergent situation.
- Installation of PREA compliant blinds (vision of view) throughout the entire facility to include all resident rooms.
- All PREA intakes, screenings, assessments, and re-assessments were conducted as required during ORC's COVID-19 pandemic outbreak, which included some residents being housed at an off-site Isolation & Quarantine Facility (IQF).
- Sustained resiliency through the ongoing COVID-19 pandemic with a continued education for staff surrounding PREA standards, compliance, and awareness.

Identified Gaps and Associated Action Plans:

- A request has been submitted/approved by DOC Headquarters to increase additional outside video enhancements for the area. This will consist of numerous additional cameras to increase the view of the parking lot and outside perimeter of the facility.
- Due to the population of the facility and current/past staffing plan(s), there is only one staff on duty during all graveyard shifts. This continues to be a significant gap, not only as it relates to potential PREA-related concerns/allegations, but also for the safety and well-being of staff and residents.

Critical Objectives for 2022:

- Continue to strive to improve and enhance any PREA-related protocols and safety measures.
- Increase staff involvement in the preparation for the Department of Justice (DOJ) PREA Audit.

- Receive a successful compliance score from the Department of Justice (DOJ) PREA Audit.
- Improve perimeter video enhancements/camera system to significantly expand the facility with security operations and specific PREA compliance standards.
- Continue to remind, encourage and train staff to be aware of their whereabouts in relations to residents, camera locations and any potential blind spots.
- Maintain 100% compliance with all mandated PREA-related requirements including, but not limited to mandatory PREA risk assessments and staff training.



## PENINSULA REENTRY CENTER

Peninsula Reentry Center (PRC) is an 82-bed facility that houses 74 male and 8 female minimum custody residents as well as some identified as Graduated Reentry (GRE) cases in Port Orchard WA. PRC is operated entirely by the Department of Corrections in a location that is designated as an industrial are by the city of Port Orchard. The facility transitions residents from prison to the community. Peninsula is a regional facility that serves residents from Kitsap, Mason, Jefferson Clallam, and Pierce County on the west side of the Narrows Bridge. While at Peninsula, residents can participate in re-entry programming which includes work/employment, college classes, training programs, substance abuse treatment, parenting classes, and other offense-specific or self-help classes. Peninsula’s goal is to reduce criminogenic risk factors through individualized case plans and interventions. Facility staff focus on positive reentry and transitioning back to the community by providing positive role modeling to the residents.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	1	0	0	0	0	0	0	0	1
2013	0	1	1	1	0	0	0	0	1	2
2014	0	0	0	2	0	0	0	0	0	2
2015	0	0	0	2	0	0	0	0	0	2
2016	0	1	0	0	0	0	0	0	0	1
2017	0	0	0	1	0	0	0	0	0	1
2018	0	0	0	1	0	0	0	0	0	1
2019	0	0	0	1	0	0	0	0	0	1
2020	0	1	0	0	0	0	0	0	0	1
2021	0	0	0	0	0	0	0	0	0	0



Accomplishments for 2021 / Assessment of Facility Progress

- Peninsula successfully completed a DOJ PREA audit in July 2021; this had been postponed from August 2020 due to COVID-related restrictions.
- The installation of five (5) additional new cameras June 2021. This was a project that had been delayed in 2020 due to the Covid pandemic. In March 2021, the camera installation was reapproved.
- 100% completion rate for initial and refresher PREA training for all facility staff.
- Installation of a new facility PA system in June 2021.

Identified Gaps and Associated Action Plans:

- Peninsula provided DOJ PREA auditors monthly documentation reviews and any other documentation requested from August 2020 to June 2021 to assist the auditors in preparation for the rescheduled June 2021 audit.
- Peninsula is currently not under any corrective action plans.
- In March 2021, the new and updated PA system was reapproved and installed in June 2021.
- There have been no major issues/activities associated with the annual staffing plan.

Critical Objectives for 2022:

- Completion of the Building Envelope project that will replace the roof, siding and windows at the facility. Project will include bathroom renovations.
- Ensure 100% compliance in all PREA related training.
- Review and revise the current staffing plan for 2021.
- Installation of perimeter lighting around the facility



## PROGRESS HOUSE REENTRY CENTER

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

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	1	0	0	0	1
2013	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	1	0	0	0	0	0	1
2016	0	0	0	1	0	0	0	0	0	1
2017	0	1	0	0	0	0	0	0	0	1
2018	0	1	0	1	0	0	0	0	0	2
2019	1	1	0	2	0	0	0	0	1	3
2020	0	0	0	0	0	2	0	0	0	2
2021	0	0	0	0	0	1	0	0	0	1

### Accomplishments for 2021 / Assessment of Facility Progress

PHRC continues to use the bar code scanning system. The bar codes are generated by PHRC and affixed to all areas around the facility where residents and staff have access. Staff are required to scan the bar code in each area at least four times per shift, in addition to conducting count four times on each shift to ensure an hourly walk-through of the facility is being completed. The use of the bar code scanning system and the number of counts has continued to reduce the probability of sexual abuse.

PHRC has created a movement schedule which allows residents to move in cohorts (by room) due to COVID-19. Movement by cohort has proven to be even more effective in monitoring residents throughout the facility. As such, PHRC has eliminated the titles of a “male” dayroom and “female” dayroom. Dayroom use is now a part of the movement schedule and will be utilized based on the assigned time for each cohort.

Identified Gaps and Associated Action Plans:

PHRC had previously identified a blind spot just outside of the control booth heading down the hallway to the community corrections officer, administrative and the community corrections’ supervisor offices. A request was made to have a convex mirror placed in this area so staff can see down the hallway. Instead of a mirror, an additional camera was placed in this spot which allows staff to view the area on the monitor in the control office.

All facility cameras are functional; however, some of the cameras on the second floor need to be readjusted, so when viewing via monitor, the camera is not pointed toward the floor which makes some areas hard to see. To address this issue, new analog cameras were installed to replace the existing ones which provide for a better angle and broader camera view.

Critical Objectives for 2022:

PHRC will continue to monitor current camera placement, safety and security, and training. Convex mirrors will be added as risk areas are identified. The community corrections officers and supervisor will continue to coach/mentor and work with contract staff on pat/room and area searches as COVID-related procedures become less restrictive.



## HELEN B. RATCLIFF REENTRY CENTER

Helen B. Ratcliff Reentry Center (HBRRC) is an all-female minimum-security facility which opened in 1988. The house is in Seattle's Beacon Hill neighborhood located at 1531 13<sup>th</sup> Ave South, on the main bus line. The Department of Corrections in conjunction with Pioneer Human Services operated the facility until August 2017. Beginning September 1<sup>st</sup>, 2017, Progress House Association assumed the contract until November 30, 2021. While closed, the facility is receiving several interior and exterior upgrades, reopening is scheduled for July 2022.

The layout of the facility consists of a basement, main floor and 2<sup>nd</sup> floor holding up to 53 incarcerated individuals. The main floor has 5 resident rooms, 4 of which share 2 half bathrooms, all rooms share 1 full bathroom and there are administrative offices. The 2<sup>nd</sup> floor has 15 resident rooms, 4 of which share 2 half bathrooms and there are 4 resident shared full bathrooms. The basement has administrative offices, conference room, laundry room, recreation/computer lab and a child visit room.

Facility operations include security staff, food service, free laundry service, recreation room with commercial grade equipment, multiple computers for resident access, ability to purchase personal cell phones and visit areas. HBRRC supports gender responsive reentry offering access to both facility and community gender centric programs. A strong emphasis is placed on reconnecting and building stronger relationships with children, family, and community support. The home consists of a child friendly play area both inside and outside, allows overnight visits with children and visitor areas. Computer and cell phone access allow the resident to video conference and talk to loved ones and positive support, employment/resource search, attend college/education and training programs, treatment, support groups and more.

When incarcerated individuals arrive to HBRRC, they complete a comprehensive orientation, intake process and PREA risk assessment screening. Individuals meet with their Community Corrections Officer (CCO) several times a week for guidance and questions regarding their program plan, treatment, support, community navigation and much more. They are expected to program a minimum of 32 hours a week, this may include employment, college/education, or job re/training. HBRRC partners with community employers, educators, and medical and treatment providers. Residents earn privileges through a Three-Step Advancement system based on programming a minimum of 32 hours a week, good behavior and more.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	0	0	0	0	0
2013	0	0	0	0	0	0	0	0	0	0
2014	0	1	0	0	0	0	0	0	0	1
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	0	0	0	0	0	0	0
2018	0	0	0	0	0	0	0	0	0	0
2019	0	0	0	0	0	0	0	0	0	0
2020	0	0	1	0	0	0	0	0	1	0
2021	0	0	0	0	0	0	0	0	0	0

Accomplishments for 2021 / Assessment of Facility Progress

- 100% compliant with mandatory PREA training.
- There were no PREA allegations, concerns, complaints or grievances.
- The facility continues to provide multiple ways to report a PREA concern or incident by conducting the Transfer and Follow-up PREA assessments, reminding and reassuring residents of PREA policies and procedures to include the PREA information boards posted around the facility.

Despite the COVID19 pandemic, staff have continued to remain alert to possible PREA concerns by conducting regular walkthroughs and counts. Staff regularly use the convex mirrors placed in key areas of the facility and consistently view the security cameras, many of which were added in 2019. The vulnerability assessment for the facility continues to be completed annually and reviewed on a bi-annual schedule or as needed.

Identified Gaps and Associated Action Plans:

- A recent vulnerability assessment identified areas of improvement needed to keep residents and staff safe. Identified gaps and ways we can continue to improve are.
- Install a security camera in the conference room which will be used for future resident programming. A request has been made and there is a pending estimate for installation.
- The contractors had several low staffing issues. In July 2022, the facility will have all DOC staff therefore a focus will be on ensuring adequate staff are working on each shift including at least 1 female.

Critical Objectives for 2022:

- Continue to educate residents and staff to remaining alert and ways to report PREA.
- Improve video enhancements with additional security cameras and improved camera placement around the facility.
- Continue to monitor the camera security system.
- Continue to provide staff PREA updates.



## REYNOLDS REENTRY CENTER

Reynolds Reentry Center (RRC) is a 92 bed all-male facility that houses minimum custody residents as well as some identified as Graduated Reentry (GRE) cases. Reynolds is located at 410 4<sup>th</sup> Avenue in downtown Seattle. The facility is operated entirely by the Department of Corrections and is a six-story brick building that was constructed in the early 1900's as a hotel. It was converted to a work release in 1978. The facility has a full basement that is used for storage. The first floor contains a library, weight room, pool table area, visiting area, and the kitchen/dining room. The second floor is comprised of administrative offices. Floors three through six are living areas, housing up to 23 residents in a combination of single and double-person rooms. Reynolds is also designated as an ADA facility and floors three and four have ADA rooms/bathrooms. Reynolds serves residents from King and Snohomish counties. While at Reynolds, residents can participate in reentry programming. This includes work/employment, college/vocational classes, substance abuse treatment, parenting classes, and other programming that assists residents with their reentry plans. Reynolds seeks to meet individual needs and assists residents with barriers to reentry, using the "whole person" approach with an emphasis on trauma based/centered care.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	2	0	0	0	0	0	2
2013	0	1	0	2	1	0	0	0	1	3
2014	0	0	2	0	0	1	0	0	2	1
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	0	0	0	0	0	0	0
2018	0	0	0	0	0	1	0	0	0	1
2019	0	0	0	0	0	1	0	0	0	1
2020	0	0	0	0	0	0	0	1	0	1
2021	0	0	0	0	0	0	0	2	0	2

Accomplishments for 2021 / Assessment of Facility Progress

- Reynolds was able to enhance the video monitoring systems by replacing the current cameras with newer ones as well as migration to a system wherein the video can be viewed remotely by IT security approved persons. This ensures additional ongoing monitoring of the facility safety and security.
- 100 percent completion rate for initial and refresher PREA training for all facility staff.
- Ability to adapt to and ensure completion of all initial/follow up PREA risk assessment within existing COVID cohort protocols.

Identified Gaps and Associated Action Plans:

- There have been no major issues with the annual staffing plan.
- The only locations in the facility without camera viewing are the resident TV lounges on each floor. A request was made for four additional cameras and the associated electrical work. Unfortunately this request was not funded. It should be noted that there is viewing of all hallways so movement activity can be seen.
- Reynolds is not under any action plans.

Critical Objectives for 2022:

- Continue 100 percent completion rate for initial and refresher PREA training for all facility staff.
- Review and revise as needed the current staffing plan for 2022
- Complete vulnerability assessment.
- Continue to ensure proper documentation and completion of all initial and follow up PREA risk assessments.
- Complete DOJ PREA Audit.
- Funding and installation of 4 additional cameras in resident lounges.
- Continue to monitor camera placement.





## TRI-CITIES REENTRY CENTER

Tri-Cities Reentry Center (TCRC) is a minimum-security facility, which opened in June of 1999. It is the one of three state-operated work releases in Washington that are solely staffed by the agency employees. It is a single level, 12,500 square foot building on 1.37 acres, located one block south of the Columbia River in east downtown Kennewick. Currently, this work release population is comprised of up to thirty-four male and six female residents for a total of forty residents. 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, and bocce games, and have barbeques for residents, family and friends during our family-friendly events held year-round.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	1	0	0	0	0	0	1
2013	0	0	0	0	0	1	0	0	0	1
2014	0	0	1	0	0	0	0	0	1	0
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	1	0	0	0	0	0	1
2018	1	0	0	0	0	0	0	0	1	0
2019	1	0	0	0	0	0	0	0	1	0
2020	0	0	0	0	0	0	0	0	0	0
2021	0	0	0	0	0	0	0	1	0	1

Accomplishments for 2021 / Assessment of Facility Progress

- 100% compliance with the completion of PREA risk follow-up assessments by due date per policy.
- 100% compliance by community corrections officers establishing monitoring plans for residents who were classified as high risk for sexual victimization.
- 100% compliance with the providing PREA information during orientation to new arrivals.
- 100% compliance for staff completion of annual PREA training by the end of training year.
- The facility continues to provide numerous avenues for residents to report any PREA-related concerns to include but not limited to verbal, telephonic, and written.
- The facility replaced our outdated cameras with new state-approved Genetec video monitoring systems. Additionally, we added seven interior cameras by the end of 2021 to include the dining room and the conference room. We were approved for funding to add two additional exterior cameras that is pending installation.

Identified Gaps and Associated Action Plans:

- Work to improve the completion of the PREA risk intake to be at 100%.
- There have been no issues with the annual staffing plan.
- Continue to strive to improve and enhance any PREA-related protocols and safety measures.

Critical Objectives for 2022:

- Continually remind/train staff to be aware of their whereabouts in relation to residents, camera locations and any potential blind spots. Staff should never place themselves in situation where they are alone with residents out of view of a camera or other staff/residents present unless there are extenuating circumstances.
- Continually communicate with the residents about the ways to safely report any PREA allegations. Continually monitor the tone of the facility.
- Ensure all staff complete mandatory annual PREA training requirements.

## COMMUNITY CORRECTIONS DIVISION

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	5	0	10	0	0	0	15
2013	0	1	0	7	0	14	0	0	0	22
2014	0	0	1	3	0	8	0	0	1	11
2015	0	1	0	3	0	14	0	0	0	18
2016	0	0	0	1	0	15	0	0	0	16
2017	0	0	0	0	0	9	0	0	0	9
2018	0	0	0	0	0	11	0	0	0	11
2019	0	1	0	0	0	11	0	0	0	12
2020	0	1	0	1	0	10	0	0	0	12
2021	0	0	0	0	0	6	0	1	0	7

### Accomplishments for 2021 / Assessment of Facility Progress

The Community Corrections Division (CCD) supervises individuals who have either been confined in a county jail, placed in prison (for felony convictions of more than one year) and were sentenced to direct supervision in the community. CCD supervises an active caseload of approximately 14,000 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.

### Identified Gaps and Associated Action Plans:

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

### Critical Objectives for 2022:

Current data reveals that there have been seven PREA allegations made in CCD during this reporting period. Of the seven, six were unfounded and one is under review. This is a decline from the previous reporting periods. Mechanisms to hold individuals on supervision accountable for making false allegations against staff have been instituted. The conditions, requirements and instructions form, which is reviewed and signed at intake, contains specific language that informs individuals on supervision that submitting a PREA allegation that provides false or misleading

information during the course of a PREA investigation may result in sanctions through the violation process. Present challenges remain with PREA policies, associated forms, and processes as they are primarily designed for prison and/or work release facilities. It remains the recommendation of Community Corrections that the PREA unit/coordinator develop a policy and specific tools that are designed and applicable for CCD.

## CORRECTIONAL INDUSTRIES

Correctional Industries (CI), is aligned under the Department of Corrections, Reentry Division. CI is a voluntary training and workforce development program. CI employs approximately 400 staff supervising over 1,600 incarcerated individuals at twelve facilities statewide. CI work programs are modeled after private sector operations and provide opportunities for individuals to develop technical and social skills. By linking basic skills, vocational skills, and on-the-job training, individuals are better prepared for employment upon their release.

The total number of staff-on-inmate allegations increased from four (4) in 2020 to five (5) in 2021. At the time of this report, all five (5) allegations were open.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	1	0	0	0	1
2013	0	3	0	0	0	1	0	0	0	4
2014	0	0	0	3	0	0	0	0	0	3
2015	0	2	0	5	0	0	0	0	0	7
2016	0	1	0	6	0	2	0	0	0	9
2017	0	2	0	7	0	1	0	0	0	10
2018	0	0	0	6	0	4	0	0	0	10
2019	0	2	0	2	0	7	0	0	0	11
2020	0	0	0	1	0	3	0	0	0	4
2021	0	0	0	0	0	0	0	5	0	5

### Accomplishments for 2021 / Assessment of Facility Progress

The goal for 2021 was zero (0) substantiated PREA allegations. While there are currently five (5) open allegations, the goal was achieved during another challenging year when many CI operations had increased workload and overtime due to COVID-19.

### Identified Gaps and Associated Action Plans:

PREA investigations initiated during 2021 remained open, in some cases for more than six (6) months. The timeline for investigations was impacted by a reduced number of trained investigators and an increased workload for human resource staff.

### Critical Objectives for 2022:

- Provide supplemental PREA training to CI staff on the specific risks, signs of compromise, and best practices related to CI operations
- Continue to support a zero-tolerance culture, and the healthy, safe work environments
- Increase the number of trained staff investigators with the goal of decreasing the timeline for initiating to finalizing investigations

## HEALTH SERVICES DIVISION

The Health Services Division is comprised of over 900 healthcare professionals, to include, doctors, nurses, psychologists, psychiatrists, substance abuse counselors, sex offender counselors, dentists, re-entry specialists and a host of experienced support staff.

As a team of committed professionals, we share the following values:

- We are each responsible for contributing to the delivery of quality health care.
- All individuals deserve to be treated with compassion and respect.
- Patient education is a path to good health.
- Evidence-based practices are the essentials of quality care.
- Successful re-entry includes linking patients with health care providers.
- Our customers include both internal and external partners.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	3	0	11	0	8	0	0	0	22
2013	1	9	3	11	0	14	0	0	4	34
2014	4	6	3	3	0	20	0	0	7	29
2015	0	3	0	10	0	10	0	0	0	23
2016	0	3	0	4	0	10	0	0	0	17
2017	0	3	0	3	0	19	0	0	0	25
2018	0	5	0	1	0	15	0	0	0	21
2019	0	2	0	6	0	21	0	4	0	33
2020	0	4	0	15	0	11	0	7	0	37
2021	0	0	0	5	0	2	0	11	0	18

### Accomplishments for 2021 / Assessment of Facility Progress

- Identified current list of certified health services PREA trainers.
- Developed new Purpose Statement and Guiding Principles for Health Services
  - Purpose Statement:  
Providing integrated treatment services to improve overall quality of life throughout and beyond incarceration.
  - Guiding Principles:
    - We will provide high quality and compassionate care.
    - We will attract and retain a highly skilled, talented, and diverse workforce.
    - We will continuously seek ways to improve the quality of care delivered to our patients.
    - We will encourage a safe and healthy workplace.
    - We will create and maintain an environment that values professionalism and dedication of its workforce.
- Trained staff in addressing the transgender population by utilizing correct pronouns to avoid mis-gendering.
- Due to COVID and the cancellation of training classes and some on-line training, some facilities incorporated available web-based PREA training and specially developed

PowerPoint training for onboarding to ensure new staff received the appropriate PREA training before working in the facility.

Identified Gaps and Associated Action Plans:

- PREA investigations were often not completed or took an inordinate amount of time to complete.
- Resignation of long-time investigator had a direct impact on the timeliness and completion of PREA investigations.
- Lack of health services staff certified as PREA investigators at each facility had a negative impact on completion of investigations.
- Initiation of a PREA Investigation tracking document that allows the investigator, Human Resources, and the Appointing Authority to track the progression of the PREA Investigations.

Critical Objectives for 2022:

- Ensure that all incarcerated individuals involved in an alleged PREA incident have immediate access to Medical and Mental Health care per current policy and Patient Centered Care Model.
- Initiate the Dyad Model to improve performance, effectiveness, and patient centered care.
- Implement and follow the guiding principles of the unit mission and vision statement.
- Additional investigators were assigned to Health Services to impact the timeliness and completion of PREA investigations.
- Bi-monthly meetings established with the Assistant Secretary for Health Services to review progress of PREA investigations and ensure timeliness of completion.

## REENTRY DIVISION

The Reentry Division within the DOC encompasses Reentry Centers (formerly known as work/training release facilities), Correctional Industries, Education, Reentry Services, Cognitive Behavioral Intervention Unit, Housing Voucher Services, Electronic Home Monitoring - Graduated Reentry (GRE), Community Parenting Alternative (CPA) and Strength in Families programming. The staff who comprise the division work throughout the Reentry Centers, prisons, and field offices. Each of these dedicated individuals is responsible for providing pathways for successful transition to the community.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	0	0	0	0	0
2013	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	1	0	0	0	1
2015	1	3	4	3	4	3	0	0	9	9
2016	0	1	0	0	0	1	0	0	0	2
2017	0	0	0	2	0	0	0	0	0	2
2018	0	0	0	0	0	0	0	0	0	0
2019	0	0	0	1	0	2	0	0	0	3
2020	0	0	0	0	0	0	0	0	0	0
2021	0	0	0	0	0	0	0	5	0	5

### Accomplishments for 2021 / Assessment of Facility Progress

During the calendar year 2021, the Reentry Division continued to operate under a modified delivery/service model due to the on-going effects of COVID-19. Many staff continued teleworking and did not have direct in person contact with incarcerated individuals. However, services were still provided, and the DOC is still utilizing remote work locations along with computer processes to engage the population. During 2021, five (5) cases were opened for investigation. The reentry centers report out individually, as does Correctional Industries.

In order to ensure proper reporting, investigations, and follow through to closure a SharePoint site was created to capture each case as it moves through the process. This allows the Appointing Authority to review cases and ensure timely resolution as well as closure. There are two benefits to this site, one is the documents are attached to each case so they can be shared even when cases are across the state; the other benefit is the site is restricted to maintain confidentiality of all parties involved.

### Identified Gaps and Associated Action Plans

One area identified for process improvement is the reporting of incidents involving staff who work for the Reentry Division's Education Services Unit. Instructors are contracted and work inside prison facilities across the state; although they are under the purview of the Education Services Administrator as the contract manager and the Senior Administrator-Programs serves as the Appointing Authority. Occasionally an instructor may be the accused in a PREA incident, and some confusion has existed concerning reporting the information to the AA. Superintendents maintain local control and authority concerning persons gaining access to the facility, as they



should. In some cases allegations being reported at the local facility level are not reported to Education Services in a timely manner in order to initiate a timely investigation. Accused individuals have been denied continued access to the facility by the Superintendent based upon an allegation prior to an investigation taking place. The net effect is that the contracted employee, having lost access to the facility, can no longer perform basic duties for which they have been hired and either resign or are terminated and less likely to cooperate with an independent investigation. This makes timely investigation and resolution very challenging. Efforts will be made during 2022 to work more closely with facility superintendents in order to bridge the reporting gap and initiate and resolve investigations in a much timelier manner.

Critical Objectives for 2021:

COVID-19 has impacted in-person training and onboarding new hires. With the easing of COVID-19 restrictions, the division anticipates resuming many in-person trainings; although the Virtual Instructor Led Training (VILT) model, which has ensured staff receive proper and timely initial PREA and annual in-service training, will remain available as an alternative should the need arise again. The Appointing Authorities continue to support a zero-tolerance culture and the healthy, safe incarceration of individuals under the jurisdiction of Reentry. This is spotlighted by the focus on timely investigations, proper tracking and reducing closure times by developing an electronic system to maintain information on each reported allegation.

## OTHER FACILITIES / OPERATIONAL AREAS

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

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	1	3	3	1	0	1	0	0	4	5
2013	0	0	0	1	8	0	0	0	8	1
2014	1	0	5	1	7	0	0	0	13	1
2015	0	3	4	1	6	3	0	0	10	7
2016	0	1	2	1	3	2	0	0	5	4
2017	1	0	2	2	1	0	0	0	4	2
2018	0	0	0	0	1	0	0	0	1	0
2019	0	0	2	3	0	0	0	0	2	3
2020	0	0	0	1	0	2	0	0	0	3
2021	0	1	1	1	1	0	2	0	4	2

## DEFINITIONS as updated 11/2020

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

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

E. **Sexual Harassment** includes:

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

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

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