PREA AUDIT: AUDITOR'S SUMMARY REPORT
COMMUNITY CONFINEMENT FACILITIES

NATIONAL PREA RESOURCE CENTER

BJA Bureau of Justice Assistance U.S. Department of Justice

Name of facility: Bishop Lewis House Work Release (BLH)		
Physical Address: 703 8th Avenue, Seattle, WA 98104		
Date report submitted: 8-25-14		
Auditor Information		
Address: 2862 South Circle Drive Colorado Spring, CO 80906		
E-Mail: lacole.archuletta@state.co.us		
Telephone number: 719-226-4696		
Date of facility visit: July 29 and 30, 2014		
Facility Information		
Facility mailing address: (if different from above) P.O. Box 41100, Olympia, WA 98504		
Telephone number: 360-725-8800		
The facility is: ☐ Military ☐ Private for profit ☐ Private not for profit	☐ County ☐ Municipal	☐ Federal ☒ State
Facility Type:	☐ Community Treatment Center ☐ Halfway House ☐ Alcohol or drug rehabilitation center	☒ Community based Confinement facility ☐ Mental health facility ☐ Other:
Name of Facility Head: David Gilkey	Title: Community Corrections Supervisor	
E-Mail Address: degilkey@doc1.wa.gov	Phone Number: 206-515-2256	
Agency Information		
Name of agency: Washington Department of Corrections		
Governing authority or parent agency: (if applicable)		
Physical address: 7345 Linderson Way SW, Tumwater, WA 98504		
Mailing address: (if different from above)		
Telephone Number: 360-725-8800		
Agency Chief Executive Officer		
Name: Bernard Warner	Title: Secretary	
E-Mail Address: bewarner@doc.wa.gov	Telephone Number: 360-725-8810	
Agency-Wide PREA Coordinator		
Name: Beth Schubach	Title: PREA Coordinator	
E-Mail Address: blschubach1.doc1.wa.gov	Telephone Number: 360-725-8789	

AUDIT FINDINGS

NARRATIVE:
La Cole Archuletta, a certified PREA Auditor, and Jerri Worm who served as Support Staff, conducted a PREA Audit at the Bishop Lewis House Work Release on July 29 – 30, 2014.

Prior to the on-site audit, the Auditor reviewed the pre-audit questionnaire and documents provided by Bishop Lewis House Work Release (BLH) and conducted phone interviews with many employees from the Washington Department of Corrections (WDOC).

The Auditor toured BHL on July 29, 2014 and began interviews on-site with employees, contractors and residents on July 30, 2014. Additional documents were reviewed and requested throughout the audit.

David Gilkey is the Community Corrections Supervisor at BLH. Dominica Goode is the supervisor for the Pioneer Human Service Contractors. WDOC staff and contractors of the Pioneer Human Services work together to oversee the residents at BLH. Together there are twenty staff who work at BLH, six are WDOC employees and fourteen are contractors.

DESCRIPTION OF FACILITY CHARACTERISTICS:
Bishop Lewis House Work Release is located in Seattle, Washington (King County). BLH is a three story, 69-bed adult male work release facility that provides programming opportunities such as chemical dependency with a D.A.D.S. program. D.A.D.S. assists fathers with resources to help them develop a sense of self, family, and community responsibility through education, effective parenting, mentoring, and partnering. Residents also attend substance abuse programs such as Alcoholics Anonymous and Narcotic Anonymous meetings in the community.

Sexual assault forensic medical exams are conducted off site at the Harborview Medical Center in Seattle, Washington.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

115.211	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

Auditor comments, including corrective actions needed if does not meet standard

Washington Department of Corrections (WDOC) has a zero tolerance policy, as well as a state-wide PREA coordinator. A work release program administrator oversees PREA standard implementation in work release facilities.

115.212	Contracting with other entities for the confinement of residents

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

Auditor comments, including corrective actions needed if does not meet standard

WDOC amended several contracts with agencies that they contract with to confine residents. The contracts include an obligation for that agency to adopt and comply with the PREA standards. WDOC has developed contract shell language regarding PREA standard compliance to be included in every applicable contract with any entity contracted with to house offenders. Additionally, all current contracts have be revised or have revisions pending to include this language. It is the understanding that these entities have made substantive progress towards and will continue to work toward complete compliance with PREA standards.

115.213	Supervision and monitoring

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

Auditor comments, including corrective actions needed if does not meet standard

BLH updated their staffing plan to include annual reviews of their staffing plan, staffing patterns (including reviews of program areas, times as well as the frequency that staff walk around the facility), physical layout, blind spots, identification of composition of the residents (including PREA risk/need assessments), prevalence of substantiated and unsubstantiated incidents of sexual abuse and camera/video needs to prevent and reduce incidents of sexual abuse and sexual harassment.

115.215	Limits to cross-gender viewing and searches

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

Auditor comments, including corrective actions needed if does not meet standard

BLH staff and contractors do not conduct cross-gender strip searches or body cavity searches. During the tour and interviews with staff and residents, the policy to announce staff/contractors of opposite gender was made. BLH demonstrated compliance with this standard. Residents stated that they were able to shower and perform bodily functions without staff member/contractors of the opposite gender viewing them.
BLH staff and contractors said that they received training on how to perform pat searches. Training records indicated that security staff/contractors received the training. BLH staff/contractors stated that their policy and practice was not to conduct cross gender pat searches. The only exception is if there were an emergent situation and then it would be documented. According to BLH staff, there is always a male staff member/contractor on duty so no cross-gender pat search should ever take place.

115.216	Residents with disabilities and residents who are limited English proficient

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

Auditor comments, including corrective actions needed if does not meet standard

BLH provides PREA informational brochures to residents who are Spanish speaking. BLH has contracts with individuals who can interpret or translate their offender orientation for residents who are in need of sign language or are limited English proficient.
Posters are available in Spanish.
WDOC added information to the work release training about residents not being permitted to translate for other residents.

115.217	Hiring and promotion decisions

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

Auditor comments, including corrective actions needed if does not meet standard

WDOC has a clear policy outlining their hiring and promotion practices. Background checks are conducted before hiring an applicant. WDOC asks all applicants and employees about previous sexual misconduct before hiring an applicant or promoting an employee, as well as annually for current employees. WDOC performs criminal background checks on employees every five years. The five-year criminal background checks were completed for BLH staff and contractors.

115.218	Upgrades to facilities and technologies

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

Auditor comments, including corrective actions needed if does not meet standard

No substantial expansion or modifications were made.

BLH conducted a PREA vulnerability assessment and will be adding cameras, mirrors and increased lighting, unlocked/open doors and reducing blind spots.

115.221	Evidence protocol and forensic medical examinations

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

Auditor comments, including corrective actions needed if does not meet standard

Victims of sexual abuse/assault have access to forensic medical exams through the local hospital. The hospital provides certified sexual assault nurse examiners. There is an MOU with the Office of Crime Victims Advocacy to provide advocacy for victims of sexual abuse/assault.
Seattle Police, or other local law enforcement agencies, are contacted to investigate criminal allegations. An MOU with Seattle Police was attempted. If they respond, evidence protocol including being offered victim advocate is provided.
There is an agreement with the Washington State Patrol to respond to investigate sexual misconduct allegations that are determined to be criminal.

115.222	Policies to ensure referrals of allegations for investigations

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

Auditor comments, including corrective actions needed if does not meet standard

WDOC conducts the initial investigation to determine if the allegations are criminal or administrative. If the elements of the allegations are administrative, it is investigated by one of several trained WDOC staff and then referred to the appointing authority for disposition. If the allegations are criminal it is referred to the appointing authority for referral to law enforcement. Seattle Police, King County Sheriff's Department or Washington state patrol will respond to investigate the crime.
WDOC posts the law enforcement responsibilities on their website.

115.231	Employee training

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

Auditor comments, including corrective actions needed if does not meet standard

Employees are trained in all the required elements. Current process requires employees to demonstrate an understanding by taking an exam as well as signing electronically that they understand the training they receive.

115.232	Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor comments, including corrective actions needed if does not meet standard

Volunteers and contractors receive training. Volunteers and contractors receive information on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. Volunteers and contractors are required to demonstrate an understanding of the training by taking an exam as well as signing electronically that they understand the training they receive.

115.233	Resident education

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

Auditor comments, including corrective actions needed if does not meet standard

Residents go through an orientation which includes a video about PREA. The orientation includes all the requirements in the standard.
The residents receive a handbook and PREA brochure. BLH has a bulletin board dedicated specifically for PREA. It includes reporting and advocacy information. One poster and brochure is in Spanish.

115.234	Specialized training: Investigations

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

Auditor comments, including corrective actions needed if does not meet standard

WDOC staff members who conduct investigations receive extensive training and the curriculum meets the specialized training requirements. There is documentation of when and who received the training.

115.235	Specialized training: Medical and mental health care

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

Auditor comments, including corrective actions needed if does not meet standard

Not applicable. BLH does not provide in house medical or mental health. Residents are referred to the community providers.

115.241	Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The policy requires that a PREA risk assessment will be completed within 72 hours. WDOC residents who transfer from another WDOC prison already have received a risk assessment. However, once they arrive at BLH, they go through a screening to determine if there are changes. They are reassessed normally the same day as their arrival to the facility but policy is within 72 hours.
BLH can house offenders from the King County Sheriffs Department. These residents receive an initial risk assessment within 72 hours of their arrival.
Additional questions were added to the PREA checklist for work release facilities to ensure all standard criterion are assessed.

115.242	Use of screening information

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

Auditor comments, including corrective actions needed if does not meet standard

BLH community correction officers determine risk screen/assessment to determine housing and bed assignment. Work and education programs are done off site due to being in the community.
BLH said they did not have any transgender or intersex offenders. However, staff/contractors said that they would determine housing on a case by case basis and have a shower area available so that residents could shower separately from other residents, if requested.

115.251	Resident reporting

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

Auditor comments, including corrective actions needed if does not meet standard

Residents have multiple ways to report allegations of sexual abuse and sexual harassment. These include making reports in writing, verbally, anonymously and through third parties.
The method for staff/contractor to report privately is by contacting the statewide program/work release administrator.

115.252	Exhaustion of administrative remedies

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

Auditor comments, including corrective actions needed if does not meet standard

Residents are advised not to report via a grievance, but if they do there is process in place for how to respond to them. The policy requires that any sexual misconduct grievance received is referred to the PREA Coordinator.

115.253	Resident access to outside confidential support services

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

Auditor comments, including corrective actions needed if does not meet standard

WDOC has a contract with the Office of Crime Victims Advocacy as well as a brochure that provides a list of where to obtain victim support services. Information is available on a bulletin board which all residents have access to.
The calls to these agencies are not monitored.

115.254	Third-party reporting

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

Auditor comments, including corrective actions needed if does not meet standard

WDOC provides several options to receive third-party reports of sexual abuse and sexual harassment. Options include sending an email through the WDOC website and calling a designated phone number. There are also brochures available with this information.

115.261	Staff and agency reporting duties

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

Auditor comments, including corrective actions needed if does not meet standard

WDOC has a policy regarding staff reporting duties.
In addition, there is a staff brochure and a poster. All staff/contractors interviewed were aware of their responsibilities.

115.262	Agency protection duties

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

Auditor comments, including corrective actions needed if does not meet standard

There is a policy that requires immediate action to protect residents from sexual abuse. Staff and contractors interviewed were aware that immediate action was required to protect residents.

115.263	Reporting to other confinement facilities

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

Auditor comments, including corrective actions needed if does not meet standard

There have not been any reports from a resident that they were sexual abused at another facility. There is a policy in place that if it were to happen, the appointing authority is required to notify the appointing authority or facility administrator where it happened within 72 hours.

115.264	Staff first responder duties

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

Auditor comments, including corrective actions needed if does not meet standard

Staff and contractors interviewed were aware of their responsibilities if they were a first responder to an incident of sexual abuse.

115.265	Coordinated response

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

Auditor comments, including corrective actions needed if does not meet standard

BLH has a written plan to coordinate actions taken in response to an incident of sexual abuse.

115.266	Preservation of ability to protect residents from contact with abusers

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

Auditor comments, including corrective actions needed if does not meet standard

WDOC has a collective bargaining agreement between the state of Washington and the Washington Federation of State Employees. According to interviews with WDOC, this agreement does not have an impact on the agency's ability to remove alleged staff abusers from contact with any residents during the course of an investigation or upon determination of whether and to what extent discipline is warranted.

115.267	**Agency protection against retaliation**

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

Auditor comments, including corrective actions needed if does not meet standard

WDOC has a policy for retaliation monitoring. Staff members interviewed who do retaliation monitoring were aware of the requirements for monitoring. There is a form to track the monitoring of residents and staff. There is a different processes and individuals who monitor volunteers/contractors which is someone identified by the appointing authority. The human resources manager will monitor employee reports and PREA liaison at the facility will monitor residents. If there is any retaliation, these individuals report the retaliation to the appointing authority. Best practice is to have one designated person for each facility to help avoid confusion on who is monitoring whom.

115.271	**Criminal and administrative agency investigations**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

WDOC has a policy regarding PREA investigations. The Seattle police department has jurisdiction on criminal investigation while WDOC investigator conducts administrative investigations. The interview of the investigator was able to convey the standard requirements.

115.272	**Evidentiary standard for administrative investigation**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

There is policy that states that to substantiate an allegation the allegation must have determined to occur by a preponderance of the evidence. It is also included in the WDOC PREA for Appointing Authorities training. The appointing authority is the one who makes this determination. This standard is also required in Revised Code of Washington 72.09.225

115.273	**Reporting to residents**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

There is a policy that requires the appointing authority to notify the alleged victim of the investigative findings. The appointing authority determines if the allegations are substantiated, unsubstantiated or unfounded. Following the finding by an appointing authority, WDOC informs the resident that the case is closed. PREA standard requires that the resident victim is notified of the case determination. In speaking with the appointing authority, this change was immediately implemented.

115.276	**Disciplinary sanctions for staff**

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

Auditor comments, including corrective actions needed if does not meet standard

WDOC has a policy that states employees may be subject to disciplinary actions up to and including termination for violating department sexual abuse and sexual harassment polices.
Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

115.277	**Corrective action for contractors and volunteers**

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

Auditor comments, including corrective actions needed if does not meet standard

Policy requires allegations determined to be criminal to be referred to law enforcement and contractors and volunteers will be terminated if found to have committed sexual misconduct and other violations will require appropriate actions.

115.278	**Disciplinary sanctions for residents**

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

Auditor comments, including corrective actions needed if does not meet standard

Residents are subject to disciplinary sanctions if they violate and are convicted of a 611, 612, 613, 635, 636 and 637. Residents may be required to participate, when available, in an intervention program if convicted.

115.282	**Access to emergency medical and mental health services**

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

Auditor comments, including corrective actions needed if does not meet standard

Residents are taken or referred to the local hospital, Harborview, for medical care and forensic evidence collection and examinations. Mental health care is offered by providers in the community. Treatment is provided at no cost to the resident.

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

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

Auditor comments, including corrective actions needed if does not meet standard

Ongoing medical and mental health care for victims and abusers is provided in the community at no cost to the resident. There is a policy and it complies with the requirements in the standard.

115.286	**Sexual abuse incident reviews**

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

Auditor comments, including corrective actions needed if does not meet standard

Incident reviews are conducted for criminal and administrative investigations in which allegations are found to be substantiated or unsubstantiated. Members of the review team are upper-management of the work release facilities. A copy of an incident review was provided. The report includes all the requirements of the standard.

115.287	**Data collection**

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

Auditor comments, including corrective actions needed if does not meet standard

Uniform data is collected which accurately tracks allegations of sexual abuse. WDOC aggregates the incidents annually. **The PREA Coordinator is responsible for collecting data necessary to answer all questions from the U.S. Department of Justice Bureau of Justice Statistics Survey of Sexual Violence (SSV.) WDOC completed the SSV which requested information on prisons as well as community confinement facilities.**

115.288	**Data review for corrective action**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Data is used to provide an annual report. The Secretary signs the report and it is available on the WDOC website. **The WDOC provides a comprehensive report which details their efforts and provides an evaluation of the agencies PREA program to prevent, report, and respond to incidents as well as provide services to victims of sexual abuse.**

115.289	**Data storage, publication, and destruction**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Required data is collected, maintained and made publicly available as outlined in this standard. The report is posted on the agencies website. **The data is maintained for longer than the required period.**

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of agency under review.

La Cole Archuletta
Auditor Signature

8-25-14
Date