

COMMUNITY CONFINEMENT FACILITIES

NATIONAL  
PREA  
RESOURCE  
CENTER



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

<b>Auditor Information</b>			
<b>Auditor name:</b> Johnnie L. Wallace			
<b>Address:</b> 515 E. Dahlia Ave. Ste 200, Palmer, Alaska 99645			
<b>Email:</b> johnnie.wallace@alaska.gov			
<b>Telephone number:</b> 907-761-5623			
<b>Date of facility visit:</b> 3/24/15			
<b>Facility Information</b>			
<b>Facility name:</b> Peninsula Work Release			
<b>Facility physical address:</b> 1340 Lloyd Parkway, Port Orchard, WA 98367			
<b>Facility mailing address:</b> (If different from above)			
<b>Facility telephone number:</b> (360) 895-6158			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
<b>Name of facility's Chief Executive Officer:</b> Michael Ison			
<b>Number of staff assigned to the facility in the last 12 months:</b> 28			
<b>Designed facility capacity:</b> 60			
<b>Current population of facility:</b> 58			
<b>Facility security levels/inmate custody levels:</b> Minimum			
<b>Age range of the population:</b> 18-70			
<b>Name of PREA Compliance Manager:</b> Michael Ison		<b>Title:</b>	Community
<b>Email address:</b> msison@doc1.wa.gov		<b>Telephone number:</b>	(360)895-6162
<b>Agency Information</b>			
<b>Name of agency:</b> Washington State Department of Corrections			
<b>Governing authority or parent agency:</b> (If applicable)			
<b>Physical address:</b>			
<b>Mailing address:</b> (If different from above) P.O. Box 41118, Olympia, WA 98504-1118			
<b>Telephone number:</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bernie Warner		<b>Title:</b>	Secretary
<b>Email address:</b> bwarner@doc1.wa.gov		<b>Telephone number:</b>	360-725-8810
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Beth Schubach		<b>Title:</b>	PREA Coordinator
<b>Email address:</b> Bschubach1@doc1.wa.gov		<b>Telephone number:</b>	360-725-8789

## **AUDIT FINDINGS**

### **NARRATIVE**

The PREA audit was conducted on March 24, 2015, at the Peninsula Work Center. The audit was conducted by Johnnie Wallace, Floyd Lee Sherman and Jessica Mathews, all DOJ certified auditors.

Prior to the arrival of the auditors the Peninsula Work Center (PWC) provided the necessary documentation for the Pre-Audit Questionnaire. On March 24, 2015, the on site tour was conducted along with the interviews conducted on staff, contractors and specialized staff.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Peninsula Work Release is a co-ed facility which houses a maximum of 60 residents with 6 females and 54 male residents. These residents receive treatment for chemical dependency issues, Moral Reconciliation Therapy, Family Fundamentals, Love and Logic, and have access to anger management, grief counseling and other treatment in the community. Pioneer's community reentry programs serve as a bridge from incarceration to life in the community. Our reentry centers and work release facilities like Peninsula Work Release help offenders with a successful transition through an array of services focused on finding and retaining employment, reconnecting with families, overcoming substance abuse and other issues, and becoming productive members of society.

## SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 1

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

**Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

Washington Department of Corrections has policy 490.800 which clearly meets the requirements of mandating a zero tolerance. This was supported by the facility's actions and knowledge regarding this stance. An agency wide organization chart and facility organization chart identified the establishment and the upper level position of the agency wide PREA coordinator and the facility level PREA compliance manager.

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

The Agency provided several contracts showing compliance with the requirements that any new contracts adopt and comply with the PREA standards. Examples were provided requiring the monitoring of the contracts. In the situation of older contracts an amendment to the contract was provided which proved the requirements of the standard.

### Standard 115.213 Supervision and monitoring

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

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

The standard requires that the facility develop and document a staffing plan that provides for the physical layout, the composition of the resident population, and any other relevant factors. This facility provided documentation that asserts their efforts to comply with this standard with yearly reviews of the plan, which included all of the requirements of the standard. The facility has no instances in which the staffing plan was not complied with and provided documentation of its efforts to increase its video monitoring capabilities. This is currently and ongoing project which is being addressed.

### Standard 115.215 Limits to cross-gender viewing and searches

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

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

This standard has six requirements for compliance. The first component requires the facility to not conduct cross gender strip searches or visual body cavity searches, except when performed by medical practitioners. This facility meets this requirement by WADOC policy and by its practice of having the resident transported to a local jail/intake facility to have this accomplished.

The second component requires a facility to not permit cross gender pat down searches of female residents and not limiting access to regularly available programming in order to comply with this provision. This standard was met with the WADOC policy and the practices of the facility. The facility has no instances of cross gender pat searches of female residents during the audit period and related that there is always a female available in the event that this was an issue. This was further supported by interviews with staff.

The third component requires the documentation of all cross gender strip searches and cross gender visual body cavity searches. This requirement was supported by policy and practice as the facility did not have any occurrences of this and would transport their residents to a facility (jail/intake) to have this accomplished if needed.

The fourth component of the standard requires that the facility have policies and procedures that enable residents to shower and perform bodily functions without non-medical staff of the opposite gender viewing them. Furthermore the standard requires that announcements be given of opposite gender staff when entering areas where residents are likely to be showering, performing bodily functions or changing clothing. The WADOC and the facility have policies and procedures that requires these components. In the case of this facility the restrooms in the housing areas are more than restrictive in their ability to limit cross gender viewing of the residents. (see recommendation)

The fifth component prohibits the searching or physical examination of a transgender or intersex residents for the sole purpose of

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

This facility provides Spanish posters, pamphlets and reporting information in Spanish and has contracts with sign language and other language interpreting services. The WADOC and the facility doesn't rely on inmates for these services. The facility is in compliance with this standard.

### **Standard 115.217 Hiring and promotion decisions**

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

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

The agency provided documentation that policy and contract requirements prohibit the hiring of personnel who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institutions. This documentation further supported the requirement that the agency shall not hire anyone who has been civilly or administratively adjudicated to have engaged in those activities or who have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

Background checks are completed on all employees/contractors initially and at a minimum every five years. In the situation with firearms qualified officers, the background check is completed yearly. Documentation provided reflects that the facility is in compliance with this standard in its entirety.

### Standard 115.218 Upgrades to facilities and technologies

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

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

The facility has had no substantial expansion or modifications during the audit year. If they would have, a memo was provided which indicated that the planning would consider the agencies ability to protect residents from sexual abuse. A PREA vulnerability assessment was provided which indicated the need for cameras to address enhancing the facility's ability to protect residents. Currently this project has begun with the wiring for the camera system.

### Standard 115.221 Evidence protocol and forensic medical examinations

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

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

Interviews with staff related that training is conducted for evidence collection. However, the facility has an agreement with the Washington Corrections Center for Women to assist with support and direction for evidence collection. Forensic examination are provided by the local hospital and victim advocacy services are provided by the Office of Crime Victims Advocacy. An MOU was provided for this agreement. Furthermore, an MOU was provided for Washington State Police outlining the responsibilities and agreement for investigations. This facility has met the requirements of the standard.

### **Standard 115.222 Policies to ensure referrals of allegations for investigations**

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

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

The first component of this standard requires that the agency shall ensure that an administrative or criminal investigation is completed for all allegation of sexual abuse and sexual harassment. The WDOC provided documentation that cases are completed with examples of follow through.

The second component requires that a policy be in place which refers a case of sexual abuse or harassment for investigation or to an investigative agency. This is supported by policy 490.860 and this information is available via its website.

The third component requires the responsibilities of an investigative agency, while the fourth component requires that policy be in place governing the conduct of such investigations. These requirements are met by an MOU with the Washington State Police and with the requirement set forth in WAC 130-05-250, WAC 139-05-240 and WAC 139-25-110.

The fourth component of the standard is not applicable to this facility or department.

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

The facility provided documentation that supports its training of all employees who may have contact with residents. These trainings meet the requirements listed in 115.231 and are geared towards the gender of the residents. The documentation of training was provided via spreadsheet and the explanation that an employee must register for their trainings through the LMS system which digitally documents their participation, completion and testing of their knowledge of the training.

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

The first component of this standard requires that the agency will ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities for reporting, detection and response. The Peninsula Work Release doesn't have any volunteers and the contractors are afforded the same level of training that staff receive through the LMS system. Documentation was provided as to what this training entails and those that are trained.

The second component of the standard requires that the level and type of training provided be commensurate to the level of contact with residents and the type of services they provide. The facility provided documentation that meets this requirement.

The third component of the standard requires that the agency maintain documentation confirming that volunteers and contractors understand the training they have received. This is accomplished via the LMS system with a registration, sign in protocol and with testing to ensure compliance.

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

The first two components of this standard requires the facility provide information explaining the agency's zero tolerance policy, how to report incidents, how to be free from retaliation for reporting and agency responding requirements. Also, the facility is required to provide refresher information whenever a resident is transferred to another facility. The Peninsula Work Release has provided documentation which meets these standards and documents the residents participations and understanding of this training, within the time frames.

The third component requires that resident education be provided in formats that limited English proficient, deaf, visually impaired or otherwise disabled would be able to comprehend. The facility provided documentation of these formats and their ability to comply.

The fourth component requires the facility to provide documentation of any residents who participated in these education sessions. The facility provided documentation of the training sessions. However, they have no incidents or situations during the audit period which would support the education in limited English Proficient etc. situations.

The fifth component requires the that key information be continuously and readily available or visible to residents. This was supported with the audit walk through and with the documentation provided.

**Standard 115.234 Specialized training: Investigations**

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

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

The facility has provided documentation that its investigator has been trained in conducting sexual abuses investigation in confinement settings which included training in: Miranda and Garrity Warnings, sexual abuse evidence collection, the evidence required to substantiate a case for administrative action or prosecution referral. The agency provided a list of trained investigators who have received this training. In response to the fourth component of the standard, the agency provided documentation for State investigation which qualifies for the training of its agents and investigators in this standard. The Agency has been found to have met this standard.

**Standard 115.235 Specialized training: Medical and mental health care**

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

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

The agency provided documentation that would support compliance for this standard at any other facility. However, this facility doesn't have medical and mental health staff. Therefore, it is not applicable.

### Standard 115.241 Screening for risk of victimization and abusiveness

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

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

The first two components of this standard have been met with the facility providing documentation that the assessment is ordinarily completed within 72 hours of arrival at the facility during the intake or transfer from another facility.

The third component through the fifth component have been met due to provided information and review of the screening instrument. Specifically in reference to 115.251 (d)(7) this issue has been addressed with the Agency and corrective action has already been instigated which now requires the direct input from a resident as to their perceived status.

The sixth component requires that a resident's risk assessment be reassessed within 30 days, based upon any additional relevant information received by the facility since the intake screening. The facility did not have any examples of this occurring, however, indicated the policy procedures for this requirement.

The seventh component requires that a residents risk level be reassessed when warranted due to a referral, request or incident of sexual abuse. While the facility did not have any examples of this occurring, policy 490.820 requires this.

The eighth component requires the agency/facility to not discipline residents for refusing to answer information relating to certain elements in the risk screening tool/process. The agency provided policy 490.820 which prohibits this from occurring and was supported by interviews with staff who conduct these interviews.

The ninth component requires the agency to implement appropriate controls on the dissemination within the facility for access to the sensitive information contained within this standard. The facility provided documentation that the access to this information is limited within the Offender Management Network Information system.

+

### Standard 115.242 Use of screening information

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

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

The Peninsula Work center follows policy 490.820 in regards to housing. However, work and programing/education is done off site in the community, therefore not applicable to the standard.

The facility related that during the audit period they did not house any transgender or intersex residents. Memos, policy and interviews confirmed that if they would have housed transgender or intersex residents they would have been afforded the opportunity to shower separately from other residents and the facility would have made case by case determinations as to their housing based upon the residents own safety concerns.

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

The first component of this standard requires the agency to provide multiple internal ways for residents to privately report sexual abuse, sexual harassment and retaliation. The facility provided documentation which meets this requirement with education, pamphlets, posters and handbooks which describe the verbal, kites, notes, kiosk, and 3rd party ways of reporting. This was confirmed by the on site visit and with interviews of inmates and staff.

The second component of this standard required the agency to have at least one way for residents to report abuse or harassment to a public or private entity that is not part of the agency. The agency and facility have the ability to report to an outside agency and have an MOU with the Colorado Department of Corrections for this requirement.

The third component of the standard requires that staff accept all reports made verbally, in writing, anonymously and from third parties and shall promptly document these reports. This was supported by 490.850 and with interviews of staff.

The fourth component of the standard requires that staff be provided with a way to privately report sexual abuse and harassment of residents. This requirement was supported by policy and with interviews of staff.

#### Recommendations:

While the facility and agency meet the requirement for having an outside reporting agency, they would benefit from placing this information on how to report in the staff pamphlets and the inmate handbook.

### Standard 115.252 Exhaustion of administrative remedies

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

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

The agency's policies 490.800 and 550.100 details the process when a PREA incident is reported through the grievance process. This process meets the requirements of the standard and applies no time line restrictions to an incident. The incident then follows the normal PREA reporting, notification and investigation process and thus meets the requirements of the standard.

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

The first component of the standard requires the facility to provide access to outside victim advocates for emotional support services related to sexual abuse. This was supported by documentation provided and by the on site visit, which demonstrated the material and access available to the residents. Furthermore, this requirement was supported by the interviews of residents.

The second component of the standard requires the facility to inform a resident of the level of monitoring they are subjected to, prior to giving them access to the victim advocate services. The facility doesn't have monitoring equipment on the phone lines and all inmates interviewed were aware of the level of monitoring.

The third component requires an MOU for an understanding between the agency and the the provider of emotional support services relating to sexual abuse. The agency has provided an MOU with the Office of Crime Victims Advocacy, therefore, meeting the requirement.

### **Standard 115.254 Third-party reporting**

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

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

The agency provides multiple ways for third party reports of sexual abuse to be reported and received. The facility provided documentation of the website, handbooks, posters and brochures which detail the way in which these reports may be received and reported.

**Standard 115.261 Staff and agency reporting duties**

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

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

The agency has policy's 490.800 and 350.550 which meet the requirement of the standard for reporting. Furthermore, interviews with staff and with the PREA Coordinator supported the requirements of the standard.

**Standard 115.262 Agency protection duties**

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

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

The agency has policy 490.850 and 490.820 which protect residents from imminent sexual abuse. The practice of this was not demonstrated during this audit cycle. However, staff and contractors were aware of the process and the procedure for ensuring that residents are protected.

**Standard 115.263 Reporting to other confinement facilities**

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

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

The Peninsula Work Center has not received any notifications of sexual abuse that occurred while a resident was at another facility. The agency has policy which addresses this requirement and staff are aware of their responsibilities associated with their policy and the standard. The facility meets the requirements of the standard.

**Standard 115.264 Staff first responder duties**

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

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

The facility has policy and training accomplished which satisfies the requirements of the first responders duties under this standard for response, and evidence preservation. This was supported by the interviews conducted on staff.

### **Standard 115.265 Coordinated response**

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

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

The Peninsula Work Release provided a procedure in conjunction with policy 490.850 for the coordinated response by staff which included first responders, medical, mental health, investigators and the facility leadership for responding to incidents of sexual abuse. This was further verified with the interview of the Community Corrections Supervisor.

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

The agency has a collective bargaining agreement with the Washington Federation of State Employees and an MOU with the Teamsters Local 117 which do not prohibit the agencies ability to remove alleged staff from contact with any offenders during an investigation and prohibit the governing of conduct of the disciplinary process.

### Standard 115.267 Agency protection against retaliation

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

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

The agency policy 490.860 addresses the requirements set forth in 115.267 for the protection of resident and staff who report sexual abuse, sexual harassment or cooperate with an investigation. The policy provides monitoring for the required time frames and provides for the point of contact for this responsibility. This documentation was further supported with the interview of Secretary of the Department of Corrections and the Community Corrections Supervisor of the facility. The facility has met these requirements.

### Standard 115.271 Criminal and administrative agency investigations

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

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

The first component of this standard requires the agency to conduct an investigation promptly, thoroughly and objectively for all allegations of sexual abuse and harassment. The agency policy 490.860 meets this requirement and was further supported by interviews with specialized staff.

The second component requires investigators to have received special training in sexual abuse. This was supported by policy 490.860 and by lesson plans and spread sheets demonstrating training fulfillment in this area.

The third component of the standard requires that investigators shall gather and preserve direct and circumstantial evidence, interview victims, suspected perpetrators and witnesses. This requirement is outlined in training and therefore has been met by this facility.

The fourth component requires compelled interviews, only after consulting with prosecutors as on whether compelled interviews may be an obstacle for subsequent criminal prosecution. This requirement has been met with the training lesson plan provided and with interviews of specialized staff.

The fifth component of the standard requires that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and that they will not be required to subject to polygraph examinations as a condition for proceeding with an investigation. The agency has policy 400.360 which prohibits the polygraph testing of victims, reporters or witnesses and policy 490.860 along with DOC form 02-383 assess victims, witnesses or reporters on an individual basis and is found to have meet the standard.

The sixth component was addressed with a lesson plan for Responding to Staff Misconduct which demonstrated the requirements of the standard to include an effort to determine whether staff actions contributed to the abuse and is documented in a written report.

The seventh component is not applicable as this facility doesn't conduct criminal investigations

### **Standard 115.272 Evidentiary standard for administrative investigations**

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

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

The agency provided documentation through policy and RCW 72.09.225 which meets the requirement of not imposing a standard higher than a preponderance of the evidence in determining whether allegation are substantiated. This was further supported with interviews of specialized staff.

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

Policy 490.860 meets the requirements of reporting the results of an investigation to a resident. It furthermore, meets the requirements of reporting to the resident any information regarding allegations against staff in regards to whether they are posted at the facility or if an indictment has been received. The facility has been found to have meet the requirements of 115.273.

**Standard 115.276 Disciplinary sanctions for staff**

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

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

The agency has policies 490.800, 490.860 and RCW 79.09.225 which support this standard with the ability for staff to be subject to disciplinary sanctions up to and including termination for violating the agencies sexual abuse or harassment policies. While policy is not specific to the presumptive requirement to terminate a staff member who has engaged in sexual abuse, this is required with state law. Therefore, the facility/agency has met the requirements of the standard.

**Standard 115.277 Corrective action for contractors and volunteers**

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

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

The facility provided memos, state law and policy which relate to an allegation being determined to be criminal shall be referred to law enforcement and a contractor or volunteer placed on leave upon completion of the investigation. If the allegation/charges were substantiated the contractor/volunteer's services would be terminated.

### **Standard 115.278 Disciplinary sanctions for residents**

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

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

The standard for disciplinary sanctions for residents were covered under policy 490.860, 460.135, 320.150 and WAC 137-28. These policies address the issues of discipline and consider whether a resident's mental disabilities contributed to their behavior when determining the type of sanction. The Peninsula Work Release is found to be in compliance with the standard.

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

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

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

The first component of this standard requires that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility did not have any examples of this occurring within the audit period. However, the policy and interviews with staff support compliance with this standard.

The second component of this standard requires first responders to take preliminary steps to protect the victim and notify appropriate medical and mental health practitioners. The Peninsula Work Release doesn't employ medical or mental health practitioners. However, policy and interviews relate compliance with this requirements through access, protection of victim and with referrals to outside agencies. The third component requires victims of sexual abuse to be offered timely information and access to emergency contraception. This requirement has been meet with policy and memo requiring this access.

The final component of the standard requires that treatment services shall be provided to the victim without financial costs. This requirement is meet with Policy 610.300. Therefore, the facility is in compliance with this standard.

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

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

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

The agency has numerous policies which address this standard with the ongoing medical and mental health care for victims. These services are provided in the community at no cost to the resident.

### **Standard 115.286 Sexual abuse incident reviews**

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

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

The first component of this standard requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. The facility provided documentation that this was accomplished and that policy 490.860 had been followed.

The second component requires a review team to conduct a review within 30 days of the conclusion of an investigation. These time lines are supported by policy and by the documentation provided.

The third element of the standard requires upper level management to be involved with the review team with input from supervisors, investigators and medical or mental health practitioners. This is supported by the policy requiring these elements and with the supporting documentation.

The fourth element of the standard requires the incident review to take into consideration several causal/structural/etc. factors regarding their impact on the incident. These factors are all included in the incident review process and therefore, meet the requirements of this component. Furthermore, interviews with specialized staff supported this component for compliance.

The fifth element of the standard requires the facility to implement the recommendations for improvement or document its reason for not doing so. The facility provided documentation with the Review Checklist 02-383 which addresses this component.

### Standard 115.287 Data collection

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

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

The agency collects uniform data for every allegation of sexual abuse from its facilities under its direct control and aggregates the data annually in a report that is published on the web for review. The PREA Coordinator is responsible for gathering information for the Survey of Sexual Violence and relates this data to the DOJ. The agency is found to be in compliance with this standard and its components.

### Standard 115.288 Data review for corrective action

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

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

The agency reviews data collected for compliance in 115.287 and identifies any issues for corrective action. The agency prepares an annual report of its findings for every facility and the agency as a whole. This report is published on the web and is very comprehensive. An interview with the agency head related that the annual report is approved prior to publication. This report doesn't contain any personal identification data as the report contains statics regarding demographics. Due to the depth of information and quality of report that is generated for publication, the agency goes above and beyond the requirements of the standard in providing this information for review.

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

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

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

All allegation are reported in the Incident Management Report Systems. The access to this program is restricted and confidential and limited to only those individuals approved by the PREA coordinator as having a need to know. All aggregated data is available for review on the web site for public availability. This information/data doesn't include personal identification or identifiers as the data included is statistical in composition and included demographics. The data collected for sexual abuse is retained in accordance the agencies retention schedule, which goes above and beyond the requirements of 10 years. Therefore, the agency is in compliance with this standard and its components.

**AUDITOR CERTIFICATION**

I certify that:

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

---

Auditor Signature

---

Date