

COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



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

Auditor Information			
Auditor name: Jessica Mathews			
Address: 1201 Schoenbar Road, Ketchikan, Alaska 99901-6270			
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Telephone number: (907) 228-7362			
Date of facility visit: March 26, 2015			
Facility Information			
Facility name: Progress House Work Release			
Facility physical address: 5601 6th Ave. Tacoma, WA. 98406			
Facility mailing address: (if different from above)			
Facility telephone number: (253) 593-2844			
The facility is:	<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		
Facility type:	<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		
Name of facility's Chief Executive Officer: Armando Mendoza			
Number of staff assigned to the facility in the last 12 months: 39			
Designed facility capacity: 75			
Current population of facility: 71			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18-70			
Name of PREA Compliance Manager: Armando Mendoza		Title:	Community
Email address: amendoza@doc1.wa.gov		Telephone number:	(253) 671-4400
Agency Information			
Name of agency: Washington State Department of Corrections			
Governing authority or parent agency: (if applicable)			
Physical address:			
Mailing address: (if different from above) P.O. Box 41118, Olympia, WA 98504-1118			
Telephone number:			
Agency Chief Executive Officer			
Name: Bernie Warner		Title:	Secretary of the
Email address: bwarner@doc1.wa.gov		Telephone number:	(360) 715-8810
Agency-Wide PREA Coordinator			
Name: Beth Schubach		Title:	PREA coordinator
Email address: Blschubach1@doc1.wa.gov		Telephone number:	(360)725-8789

AUDIT FINDINGS

NARRATIVE

The PREA Audit of the Progress House Work Release was conducted on March 25, 2015. (When referring to "the facility," unless otherwise noted, this term is intended to reference the Progress House Work Release). The Designated Auditor, Johnnie Wallace, was assisted by Floyd Lee Sherman and Jessica Mathews all being Certified PREA Auditors.

The audit team wishes to extend its appreciation to Community Correction Supervisor Armando Mendoza and the staff for the professionalism, hospitality, and kindness they showed the audit team. The tour provided was informative and well done.

The audit team also wishes to compliment the Washington DOC PREA Coordinator, Beth Schubach for her outstanding work in organizing and assisting us with the requested information prior to and during the audits. This enabled the audit to move forward very efficiently. Mr. Mendoza and his team did an outstanding job providing detailed information to the audit team prior to our arrival as well as during the on sight tour. They were highly organized and had a clear understanding of the requirements of each standard.

The Washington Department of Corrections PREA Coordinator, Beth Schubach was interviewed in person by Johnnie Wallace. The agency Contract Manager, and the Human Resource Manager were interviewed by Johnnie Wallace via telephone. The Designated Auditor, Johnnie Wallace, interviewed the Secretary of Corrections, Bernard Warner via telephone. Following the Entrance Meeting, the audit team was given a very thorough tour of the Progress House work release. Following the tour, the audit team began the interviews and reviews of files and other documents.

At least one offender from each housing unit was interviewed. Those interviewed were randomly selected by the auditors from a list of all the offenders in the facility balanced with what residents were on site. No residents had been identified as being in a designated group (i.e., disabled, limited English proficient, gay, or who had reported a sexual abuse, etc.) thus none from this were selected to be interviewed.

Randomly selected contract staff and other identified specialized staff were interviewed, including the Community Correction Supervisor, PREA Compliance Manager, CCOs and contract staff.

The audit team was impressed by how knowledgeable the correctional officers and other staff were about PREA, offender rights regarding PREA, first response, and evidence collection. The vast majority of staff clearly understood PREA and the agency's commitment to it. Armando Mendoza is committed to implementing and ensuring compliance with the PREA standards within the facility and it was very apparent to the audit team. He was most helpful bridging the gap for the auditors from the perspective of a prison setting versus a work release center.

Health care and mental health services are not provided on site for this facility.

When the on-site audit was completed, the audit team conducted an exit meeting. The audit team gave a brief overview of the audit and thanked the Progress House work release staff for their hard work and commitment to the Prison Rape Elimination Act. The audit team made some recommendations at that time to the PREA Compliance Manager and offered any assistance needed in making improvements or changes.

DESCRIPTION OF FACILITY CHARACTERISTICS

On the first day of the audit the count was approximately 75 offenders and housed sentenced male and female residents. The breakdown of gender is 69 males and 6 females residents ranging from 18 to 65 years in age. Work release facilities in Washington serve as a bridge between life in prison and life in the community. Offenders at work release focus on transition, to include finding and retaining employment, re-connecting with family members, and becoming productive members of the community. They learn and refine social and living skills such as riding the bus, going to the grocery store, and managing their personal finances – all while under supervision. Work release is an opportunity for self-improvement, while assisting offenders in creating a safe and productive lifestyle that can be sustained upon release. Housing units are a mixture of dormitory and two person rooms with indirect and direct supervision. Progress House Work Release is located in a commercial business and residential community in the Northern area of Tacoma bordering the water of the greater Puget Sound area. It has been in operation since 1972. The work release provides residents with chemical dependency treatment and is monitored 24 hours a day. Meals, recreation, counseling, job development are provided. Drug testing and resident accountability are part of the program. Activities are monitored for compliance and failure to abide by the rules may result in sanctions and or terminations from the program.

Progress House collaborates with World Vision, Salvation Army, and Goodwill Industry for donations and equipment. Their motto is "We are here to make a difference for the people who are ready to make a difference in themselves."

All areas were clean and orderly, the residential building was originally the juvenile facility for the community prior to 1972. The grounds were maintained by the clients living there. There was a smoking area with a gazebo and garden area. There was one maintenance staff assigned to this facility. Mr. Armando Mendoza should be proud of the facility and staff as the facility should be considered a role model for government and secular operations and religious and faith based missionary work. Each entity was assisting residents in transitioning from a lock down facility to integration within the community and their eventual release. Every area toured was clean, secure and organized.

The Progress House work release houses approximately 75 offenders. Offenders assigned to the facility are given work details, programming assignments, life skills and counseling. Residents are within four to five months of release. The focus is for residents to find gainful employment, building a job history, re-connecting with family and becoming productive members of the community. The residents engage in chemical dependency treatment and pro-social activities. Residents develop a release plan. Resident movement is monitored in the community. Programming opportunities include chemical dependency, Alcoholics Anonymous, Narcotics Anonymous, Moral Reconciliation Therapy, DADS program, religious services, and programs at the Community Justice Center.

SUMMARY OF AUDIT FINDINGS

The audit found that the Progress House Work Release Center does meet all of the PREA Community Confinement facilities standards.

Number of standards exceeded: 1

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

PREA Audit Report

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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.

The work release center utilizes the State of Washington Policy and Procedures for PREA 490.800 which maintains a zero tolerance policy toward all forms of sexual abuse and sexual harassment as well as prevention, detection and response. Additional policies for detection and response exist in 490.850 and 490.860. The Agency has a state-wide PREA coordinator and a facility level PREA compliance manager. Further, the agency has met the additional requirements of this standard with no issues noted.

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)

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All confinement contracts are updated annually and language has been included through use of a shell agreement that requires that each facility agree to be PREA compliant and be actively working to achieve compliance and to maintain compliance.

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)

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All work release facilities meet together at least annually to discuss staffing plans and patterns. The facility provides updates and budgetary requests to address areas of concern. Vulnerability assessments are conducted at least annually to address video monitoring and the allocation of resources to comply with the staffing plan. During this audit period, the facility did not fall below minimum staffing. It was interesting to note that several items on the vulnerability assessment were already corrected or in the process of correction. Several items were delayed due to budgetary issues such as additional cameras however, the facility was well aware.

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)

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This standard has several components. This facility does not conduct cross gender strip or cross gender visual body cavity searches of residents. No emergency situations arose during the audit period that might require such a search and the SOP if necessary would be to transport the resident to a local jail or prison for any searches of this nature. Further, no incidents of cross gender pat downs of female residents were reported due to an exigent circumstance and is otherwise prohibited. Staffing plan requires that at least one female staff member is always available to conduct pat searches. Based on observations and interviews female residents are not restricted from activities or programs due to absence of female staff. Staff consistently announce opposite gender when entering an offender's housing unit based on observations and interviews. Staff training requirements for this standard was addressed with all security and contract staff.

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.

Progress House is designed to house residents with less than six months to serve. During this audit period no residents were identified as having any of the specific disabilities under the PREA standards. Steps are in place should a client need additional assistance such as with language, vision or auditory concerns. Multiple processes are in place should an offender be transferred requiring these services. There are modified materials to assist developmentally delayed or cognitively challenged individuals. The agency has contracts for language lines and sign language.

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)

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The agency has a policy and procedure 810.800 with steps in place to prevent the hiring of staff and contractors should the applicant have engaged in sexual abuse in a custodial setting, been convicted of such or been adjudicated to have engaged in the activity described in this standard. Back ground checks are conducted at initial hire and every five years thereafter, documentation reveals a schedule being set for the next five year review already. Any omissions on the part of the applicant or employee shall be grounds for termination. The facility meets this standard.

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 is not planning any substantial expansion, however they have requested upgrades to their current camera system and noted areas of concern on their vulnerability assessment.

Recommendation:

That all CCOs office doors have windows installed.

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)

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The agency follows a uniform evidence protocol based on policy and procedures 490.850 and 610.025, and confirmed in subsequent interviews with investigators and staff. Policy and Training material was available supporting this process. Youths are not housed at this facility. In the event of an incident, clients are provided access to exams without charge, per policy and staff understanding. Further, the best practice established would be to provide a SANE/SAFE nurse examiner. Victim advocates have been arranged with the Office of Crime Victims Advocacy in the event of an incident and postings are available at the facility. Arrangements have been made with outside law enforcement to conduct criminal investigations and follow the requirements of these standards. There were no forensic medical exams required during this audit period. The facility has procedures in place and meets the intent of this 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.

Based on policy 490.850 and 490.860 there are specific requirements for any allegations of abuse or harassment. During this audit period there were no reported incidents. The agency has an agreement with Tacoma Police Department to work in cooperation in the event of a criminal investigation. Washington State Patrol would provide secondary services should TPD not provide assistance.

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 staff is trained in all of the required elements of the standard. The curriculum was reviewed which confirmed that the requirements were being met. Training is conducted with new employees through the Learning Management System for yearly training. Advanced training is offered to upper level employees and specialized staff. Verification of training was provided using a spreadsheet.

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 facility does not currently engage with a volunteer program that involves contact with clients, however various vendors and contractors such as repairmen and food service were on the facility grounds and signed the acknowledgment and training material.

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 sub section of this standard requires that during the intake process clients receive information explaining the agency's zero tolerance policy and how to report incidents and policy 490.800 and 310.000 support this. This facility requires clients to attend an intake session in which this is explained along with the second component of the standard for comprehensive education regarding their rights to be free from sexual abuse and harassment. The facility provided a document of client participation in the sessions which demonstrated compliance with timelines for training the resident population. This was further supported in client interviews. Documentation was observed in the facility displaying education material and information to the clients through posters, brochures, handbooks pertaining to matters related to sexual abuse and harassment. Progress House work release appears to have included cognitive material available to assist any special needs of their population.

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 provided documentation of the lesson plan and training requirement for its investigators, policy 490.860 supports this standard. The facility provided the lesson plans and training documentation which demonstrated compliance with the second and third components of the standard. This documentation related the requirements for providing training in Miranda, Garrity warnings, sexual abuse evidence collection and with documented the training.

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.

Medical staff is not on sight at this work release. There are no forensic exams conducted by staff and there is no associated training to be conducted, this facility is not accountable to the majority of this standard. Any offender that does seek/need medical or mental health treatment after a reported PREA incident would be referred to the community health care system and any associated treatment cost would be absorbed by the Washington State system and at no cost to the client.

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 facility addressed the assessment within the required time frames for their risk of being sexually abused or by being sexually abusive. Policy 490.820 guides this standard. Steps have been put in place to reassess resident's risk with in the appropriate time frame and again if warranted. Clients are not disciplined for refusing to answer or failing to disclose information. It appears that clients are not consistently being asked if they identify as LGBTI upon arrival or in subsequent meetings. It is also possible that offenders may have waived a hearing and thus were not queried during this audit period. During on site review, it appears the PREA compliance manager was aware and addressing this issue. It was further noted that some clients feel they are asked these types of questions excessively and other significant issues not related to PREA were being marginalized as a result. Recommend additional awareness be stressed with Community Corrections Officers for the need to have balance. Clients are not disciplined for declining to respond to the assessment tool queries. Controls have been set up to protect sensitive information provided and was verified with staff interviews. Mr. Mendoza provided a separate HIPPA related example while at the Rap/Lincoln house about need to know basis matters and it translated well to the PREA standard as well.

The facility has met the intention of the standard and appears to be striving for 100% compliance.

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 facility has applied the requirement for using the screening tool for placement and housing effectively. Policy 490.820 and 300.380 provide the framework for this standard. The facility has made efforts to address this standard consistently. There were no incidents of transgender or intersex clients during this audit period but the facility has met the intent of this component. Timely reviews with regard to housing are addressed and it should be noted most clients are only present six months or less before release. During the tour it was discussed that the ADA/medical room for clients may provide a suitable place for transgender or intersex clients to be housed.

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)

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The work release has multiple ways for residents to privately report sexual abuse and or sexual harassment. Policy 490.800 and 490.850 were reviewed for this standard. This was also verified from review of the resident handbook, posters, and brochures and addressed in orientation and intake session. The agency has a MOU with the State of Colorado Department of Corrections for outside reporting which defines the parameters and requirements for reporting. Client and staff interviews confirmed the additional options of reporting privately, verbally, in writing, anonymously or by third party.

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.

This standard does not apply to this facility. However, the agency does address in policy 490.850 and by procedural memo what steps to take should a PREA allegation be submitted under the grievance process. Recommend that instead of N/A for number of grievances that actual number be used, even if zero and that they were routed through the PREA investigation process.

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.

This standard has multiple components that are addressed in policy 490.800. The first component addresses access to outside victim advocates for support services and was verified by reviewing policy, posters, brochures and telephone numbers that were provided. Clients are informed regarding mandatory reporting requirements with regard to disclosures of sexual abuse and limits of confidentiality. Clients are informed with regard to monitoring issues and MOUs have been entered into to provide support services through the Office of Victim Advocacy.

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)

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This standard is met with information provided on the agency's website, posters and brochures. Policy 490.800 was reviewed as well. Interviews with staff and clients confirmed that this information has been made available.

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 (490.800) requiring that all staff report immediately any knowledge, suspicion or information they receive regarding abuse or harassment. Policy 490.850 also requires staff to report any issues of retaliation, neglect and or violation of responsibilities. Further, this standard requires that confidentiality be maintained on a need to know basis and is supported by policy.

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 requiring that immediate action be taken should a client be in imminent risk of sexual abuse. Interviews confirmed staff understanding of the policy and their responsibilities. Fortunately, there were no incidents of a risk of imminent sexual abuse reported during this audit cycle.

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)

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While there have been no reported incidents of reported sexual abuse from a resident while at another facility, the Progress work release does have mechanisms in place in order to respond no later than 72 hours of receiving a report of abuse. Policy 490.850 supports this requirement as does memos addressing the response and reporting requirements.

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)

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This standard requires that the first responder perform certain actions to make the scene safe, separate the parties and preserve evidence. Policy 490.850 and memorandums supports these requirements. Staff interviews were conducted which revealed an understanding of the policy and requirements. Lastly, non security staff has been alerted to their responsibilities should they be a first responder to sexual abuse. Again, policy 490.850 and staff interviews support these standards as having been met.

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 facility follows policy 490.850 and a facility procedure outline to address a coordinated action plan in response to an incident of sexual abuse that includes first responders, investigators and management. Medical and mental health issues would be referred to the community and the client was not be assessed any cost for PREA specific matters. This was supported as well by interviews.

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 facility addresses their ability to protect residents from contact with abusers as they comply with the requirement not to enter into any collective bargaining agreement which limits the agency's ability to remove an alleged sexual abuser from contact with clients pending outcome of any investigation. This was verified by a review of current contracts for Local Teamsters 117, WFSE, and AFSCME and memorandum.

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 has a policy which protects clients and staff who report sexual abuse and or harassment against retaliation. The agency provided policy 490.860 which meets this requirement. Policy 490.850 addresses actions taken to protect against retaliation such as housing changes, change in "details" or house duties, program changes or return to a prison setting.

Recommendation:

It is recommended that Progress work release create a formalized system with tracking capabilities. It appeared while staff was aware of this standard, being inexperienced in having had to use it has limited their awareness of a formal procedure fully.

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.

This standard requires an agency that conducts its own investigation to do so promptly, thoroughly and objectively. Documentation provided and interviews verified that this occurs. The second component was supported by documentation of investigator training and the lesson plan and training materials utilized in meeting this standard. Policy 490.860 and 490.800 directs staff in this standard.

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.

Policy 490.860, training materials, memos and statute address this standard by holding to the rule of preponderance of evidence as the standard of proof when determining whether allegations of sexual abuse or harassment can be substantiated.

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.

The agency has a policy addressing the follow up notification to residents that alleged abuse or harassment. Further, the agency maintains a log to track the process and manage progress. Outside agency investigations are also followed up on by requesting relevant information in order to inform a resident of the final outcomes of the investigation. Notification for staff on resident investigations includes advising the resident if the staff member is still employed at the facility. Notification of indictment or conviction of an abuser to the resident that made an allegation is required as well and supported by policy 490.860. No examples were provided as zero reports were received. The agency has met the intent of this requirement.

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 requires that staff be subject to disciplinary sanctions, with termination being the presumptive action for sexual abuse and that disciplinary sanctions must be commensurate with the nature and circumstances of the violations committed. Policy 490.860, 490.800 and RCW 72.09.225 meet these requirements. Also supported was the standard requiring that all terminations for violations of sexual abuse or harassment shall be reported to law enforcement agencies unless not criminal in nature, and to any relevant licensing bodies. Thankfully, there were no such incidents during this audit cycle and based on policies the facility meets the requirement for this 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.

This standard is supported by policy 490.860 and RCW 72.09.255 and requires that contractors and volunteers who engage in sexual abuse or harassment are prohibited contact with residents and reported to law enforcement for any criminal conduct. The agency is required to take remedial measures to consider whether to prohibit further contact with residents based on sexual abuse and sexual harassment policies. There were no incidents of these violations reported during this audit period. Based on applicable laws and policy the facility has met the intent of this standard.

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.

Policy 490.860 and 460.135 requires residents be subject to disciplinary sanctions after a formal disciplinary process following an administrative finding that abuse occurred. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident on resident sexual abuse. Sanctions are to be consistent with the nature and circumstances of the abuse committed, client history and sanctions for comparable offenses. This is supported by policy 460.135 and WAC 137.28. An offender's mental capacities also need to be taken into consideration in committing the act. Interviews support this standard would be followed in the event of an incident. Medical and mental health services are not on site. This component of the standard was met and verified with staff interviewed. Clients would not be sanctioned should there be an incident of staff sexual contact that was consensual, nor would sanctions be imposed should a resident act in good faith in making a report that later could not be substantiated. The agency has a policy against sexual activity between residents and was verified by documentation and resident interviews. While there was sparse documentation due to lack of incidents, the agency has meet the basic components of this 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 facility addresses this standard by way of policy and memorandum. They utilize a checklist to support compliance in offering timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health staffing is not available on site but there are four medical facilities within the area. Information regarding emergency contraception and STDs is also made available in a timely manner. Further, there is to be no costs to the client associated with these services and is supported by policy 610.300 and 610.025. There were no incidents during this audit period requiring medical services therefore; the intent of the standard is satisfied as having been met.

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.

This standard requires the facility to offer medical and mental health evaluation and treatment to victims who during their current incarceration were victimized. Policy 610.025 and 630.500 addresses this standard. Further follow up services, treatment plans and referrals for continued care following transfer or release are addressed in policy 610.040 and 630.500. The quality of care is required to be comparable to the community level and as a work release facility meets this standard as outside services are available and supported in policy 600.000. Pregnancy tests and subsequent lawful medical services are required to be provided as well as STD screening. The facility did not identify any known abusers during this audit cycle thus no services were provided but the intent of the standard is addressed in 610.025 and 610.300.

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 facility conducts sexual abuse incident reviews at the conclusion of every admin or criminal investigation, unless determined to be unfounded. The facility conducted no such reviews during this audit cycle. Members of upper management are utilized should a need for a review take place. Interviews with staff support this requirement and the facility meets the standard.

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 provided policy 490.800 and 490.860 which reflects the requirements for this standard at the agency level. Also provided was the agency annual report which addresses all of the required components to this standard, and was very well done. DOJ is provided with necessary data as well and was confirmed with staff interviews.

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 annual report was provided to the audit team and is available on line. It contained aggregated data and did not involve redaction as no confidential data or information was in the report. The annual report is approved by the agency head. The report compared last year's data. The overall product was well done and well organized.

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)

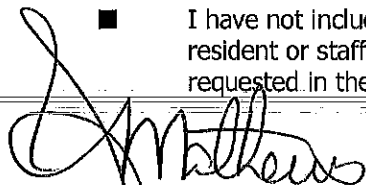
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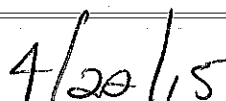
The agency ensures that incident based and aggregate data are securely retained as outlined in policy 280.310 and 280.515. Policy requires that aggregated sexual abuse data from facilities under direct control and private facilities with which it contracts be made available to the public at least annually through the agency website, this requirement was verified. Personal identifiers are removed. The agency maintains this data for 50 years based on the agency record retention schedule. This standard has been met.

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