

# Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

Date of Report    April 13, 2018

## Auditor Information

Name: Deborah Striplin	Email: dstriplin@doc.nv.gov
Company Name: Nevada Department of Corrections	
Mailing Address: P.O. Box 7011	City, State, Zip: Carson City, NV 89705
Telephone: 775-887-3142	Date of Facility Visit: 8/28 to 8/29, 2017

## Agency Information

Name of Agency: Washington State Department of Corrections		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 7345 Linderson Way SW, Tumwater, WA 98504		City, State, Zip: Click or tap here to enter text.	
Mailing Address: PO Box 41131 Olympia, WA 98504		City, State, Zip: Click or tap here to enter text.	
Telephone: 360-725-8800		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Agency mission: To improve public safety			
Agency Website with PREA Information: <a href="http://www.doc.wa.gov/corrections/prea/default.htm">http://www.doc.wa.gov/corrections/prea/default.htm</a>			

## Agency Chief Executive Officer

Name: Stephen Sinclair	Title: Secretary
Email: sdsinclair@doc1.wa.gov	Telephone: 360-725-8810

## Agency-Wide PREA Coordinator

Name: Beth Schubach	Title: PREA Coordinator
---------------------	-------------------------

<b>Email:</b> blschubach1@doc1.wa.gov	<b>Telephone:</b> 360-725-8789
<b>PREA Coordinator Reports to:</b> John Aldana, Deputy Secretary Division of Prisons	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0

### Facility Information

<b>Name of Facility:</b> Brownstone Work Release
<b>Physical Address:</b> 223 S. Brown Street, Spokane Washington 99201-3617
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.
<b>Telephone Number:</b> 509-381-6201

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

**Facility Mission:** Provide a safe environment and quality program services that create opportunities for personal growth and empower residents to successfully transition to the community.

**Facility Website with PREA Information:** <http://www.doc.wa.gov/corrections/prea/default.htm>

**Have there been any internal or external audits of and/or accreditations by any other organization?**  Yes  No

### Director

<b>Name:</b>	<b>Title:</b>
<b>Email:</b>	<b>Telephone:</b>

### Facility PREA Compliance Manager

<b>Name:</b> Laura Jense	<b>Title</b> Community Corrections Supervisor
<b>Email:</b> ljjense@doc1.wa.gov	<b>Telephone:</b> 509-3891-6301

### Facility Health Service Administrator

<b>Name:</b> Click or tap here to enter text.	<b>Title:</b> Click or tap here to enter text.
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.

### Facility Characteristics

Designated Facility Capacity: 80	Current Population of Facility: 57
Number of residents admitted to facility during the past 12 months	214
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:	0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	214
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	214
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0

Age Range of Population:	<input checked="" type="checkbox"/> Adults 18 - 65	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
--------------------------	---	--	---

Average length of stay or time under supervision:	117 days
Facility Security Level:	Minimum
Resident Custody Levels:	Minimum Mi1
Number of staff currently employed by the facility who may have contact with residents:	24
Number of staff hired by the facility during the past 12 months who may have contact with residents:	22
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0

### Physical Plant

Number of Buildings: 1	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	36
Number of Open Bay/Dorm Housing Units:	0

**Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):**

34 cameras throughout the building.

### Medical

Type of Medical Facility:	No medical services – Medical is community based
Forensic sexual assault medical exams are conducted at: Deaconess Medical Center	400 E. 5th Avenue, Spokane, WA 99202

### Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	23
---	----

## Audit Findings

### Audit Narrative

Deborah Striplin, U.S. Department of Justice certified PREA auditor for adult facilities was the lead auditor to conduct the Prison Rape Elimination Act (PREA) audit for Washington State Department of Corrections (WADOC), Brownstone Work Release (BSWR).

Between April and June, 2017 limited communication was completed for development of Memorandum of Understanding and Statement of Work to include dates for on-site audit as part of the Western States Consortium. During this time frame the auditor downloaded and completed a cursory review of the previous DOJ audit of the BSWR with a final report date of October 29, 2015.

Sunday, July 2, 2017 the auditor provided the WADOC PREA agency coordinator with the Notification, to be posted no later than September 1, 2017. The notification contained information on the upcoming audit and stated that any offenders or staff with information may write to the PREA auditor with my address, in addition the notification listed all correspondence must include "For Brownstone Work Release PREA Audit" on the envelope to be considered confidential to ensure mail to the auditor would get treated as privileged and confidential not to be opened by staff.

July 13, 2017 auditor reviewed Washington State Department of Corrections website, [www.doc.wa.gov](http://www.doc.wa.gov) PREA page and sent a "test" report sexual misconduct and called the hot line receiving a confirmation and call back the same day.

August 15, 2017 the auditor was provided with photos of the posted notification which was uploaded into the pre audit documentation folder. This auditor did not receive any resident correspondence prior to or post audit.

September 6, 2017 this auditor received the pre-audit questionnaire and supporting documents from the WADOC agency PREA Coordinator.

September 18, 2017 auditor began review of documentation which was provided on a secure password protected flash drive from the agency PREA Coordinator. Flash drive contained all relevant documentation pertaining to each standard and standard elements (if applicable) for this audit. This auditor reviewed the information which included but was not limited to:

- Pre Audit Questionnaire (PAQ)
- WADOC policies
- WADOC procedures
- Contracts
- Training documents
- Investigation information
- MOU with SAFE and victim advocacy.

WADOC has multiple policies which are specific to standards and applicable elements. These policies and supporting documents were reviewed and will be noted within the applicable standard comments portion of this audit report.

Washington Department of Corrections has contracts with private agencies for the purpose of daily operations at several work release facilities. Brownstone Work Release had been contracted with Pioneer Human Services for part of this audit time frame, contract K8574 which expired July 31, 2017. WADOC signed a new contract with the Transition House, Inc. effective August 1, 2017. Auditor reviewed both contracts and PREA information and requirements were reflected in the contract and met compliance with requirements.

Monday, October 16, 2017 at 8:30 a.m. the PREA audit team which consisted of Deborah Striplin, DOJ certified PREA auditor (lead), Darin Baker, DOJ certified PREA auditor (support staff) and Robert Hartman (support staff) arrived at the Brownstone Work Release. Upon entry into the building audit team checked in at the staff duty station and proceeded to the conference room for initial meet and greet. In attendance was Beth Schubach, agency PREA Coordinator, Carrie Trogdon-Oster work release oversight administrator (WROA), Frankie Cook, Director of Brownstone and Eleanor Chase work release centers under contract 11572 - Transition House, Inc., Lori Morrow part time WADOC corrections specialist, WADOC employees and contractor office assist to the contract work release director.

After the meet and greet the audit team commenced the facility on-site tour under escort of the facility staff.

1<sup>st</sup> floor: Main floor and entry area of the building consisted of the conference room, administrative staff offices, kitchen, dining area, staff duty station, resident visiting and program area and staff duty station. All areas were toured with audit staff paying close attention to camera location, possible blind spots, looking to make sure staff offices, storage/closet doors etc., were clearly marked. Audit team also checked to ensure doors that were required to be secure where secured, checked what type of locking device was on the doors and who had the keys to access secured areas and over all visibility of the area. Audit team reviewed video monitoring station and staff tour log books. During tour there were no areas of concern, PREA posters and audit announcement were posted and visible to staff and residents.

When entering into the main level stairwell to access other floors, this auditor observed a blind spot and recommended a mirror be placed which would provide view of this area when entering this level.

- November 9, 2017 this auditor received an email and photos of action taken to correct this area by installing a mirror which effectively eliminated the blind spot.

Basement: Has storage rooms which were locked, laundry room, resident day rooms, and recreation and program areas. PREA posters and cameras were also visible.

2<sup>nd</sup> floor: Resident rooms all have doors and depending on size of the room two or three residents may be assigned. No major concerns noted, auditor requested porter/janitorial supply closets to be clearly marked.

- November 22, 2017 auditor received an email from the PCM which included photos of the door supporting action was taken.

3<sup>rd</sup> floor: Resident rooms. All have doors and depending on size of the room two or three residents may be assigned. No major concerns noted, auditor requested porter/janitorial supply closets to be clearly marked to identify doors that were not resident rooms. Additionally, auditor requested removal of "staff only" sign on the handicap lavatory as it is not to be used by staff.

- November 22, 2017 auditor received an email from the PCM which included photos of the doors supporting action was taken.

At the completion of the facility tour specialized and random interviews of residents and staff were conducted by audit team utilizing current resident roster, staff shift roster, DOJ protocol questions for staff and revised DOJ inmate questions for residents (9/2017).

Residents and staff were selected at random with the majority of residents interviewed as they returned from work which allowed auditors to meet DOJ required resident interviews. Audit team separated and completed interviews individually one at a time in separate rooms to allow for privacy.

Monday, October 12, 2017 after auditors completed all interviews the audit team met with the PREA Coordinator and WROA to discuss concerns and debrief. Auditors completed on-site audit at 8:30 p.m.

#### **Staff interviews:**

Monday, October 12, 2017

##### *Random:*

4 Corrections Tech (CT) interviews completed  
(12 hour shifts: 7am – 7pm and 7pm to 7am) 2 CT's from each shift  
WADOC secretary supervisor  
Brownstone contract cook

##### *Specialized:*

Facility Head/Staff who monitor retaliation/Incident review team: CCS was sick during on-site audit. Phone interview was completed on 10/25/2017.

Staff who perform screening: (3) WADOC CCO III

Intake staff: Transition House, Inc. BSWR Assistant Director

Security and Non – Security first responders: Transition House, Inc. BSWR Corrections Tech (CT) who reported concerns was interviewed using both specialized and random questions.

Volunteer: Chemical Dependency Professional Trainee

SANE/SAFE: Not applicable, residents are taken to community hospital

Non-Medical involved in cross gender search: Not applicable – against policy

Medical/Mental Health: Not applicable – BSWR does not have medical/mental health staff – not available at this location

Human Resources: Agency level interview completed via phone during WADOC Peninsula Work Release facility audit

Investigations: completed on-site at WADOC Peninsula Work Release facility audit

Agency Contract Administrator: completed via phone during WADOC Peninsula Work Release facility audit

Agency PREA Coordinator: completed on-site at WADOC Peninsula Work Release facility audit

Agency Head: completed via phone during WADOC Peninsula Work Release facility audit

**Resident interviews:** All inmate interviews were completed the afternoon and evening of October 12, 2017 as a majority of the residents returned from work. BSWR did not have any inmates who met the criteria for specialized interviews during on-site visit. As such, the total of random interviews increased from eight to sixteen.

Monday, October 12, 2017

*Random interviews:*

Total of 16 residents interviewed

*Specialized interviews:*

Disabled: BSWR did not have any disabled residents during on-site audit.

Limited English: BSWR did not have any LEP residents during the on-site audit.

LGBTI: – BSWR did not have resident(s) housed who identified as LGBTI during the on-site audit.

Resident who reported sexual abuse: BSWR did not have any residents who had reported sexual abuse housed at the facility during the on-site audit.

Post-Audit:

Beginning October 18, 2017 the auditor received emails from WADOC work release oversight administrator which included agency PREA coordinator regarding follow up to questions related to 115.267.

Wednesday, October 25, 2017 auditor completed phone interview with Community Corrections Specialist as she was out ill the week of the on-site audit. Summary of interview is documented under standard 115.211.

During the interim 45 day time frame, this auditor was in communication with the agency PREA coordinator to discuss corrective action. Interim report was provided to agency PREA coordinator November 7, 2017 and the WADOC corrective action plan was signed by this auditor November, 25, 2017 approving the action plan submitted.

Standards identified requiring corrective action is noted in the summary/corrective action of this report

Related to physical plant concerns and best practice recommendations BSWR started developing plans to take action immediately. This auditor began receiving email communication within days of the post on-site audit from the agency PREA coordinator and the Community Corrections Supervisor. Physical plant concerns and action taken is noted in on-site audit summary under the respective areas.

## Facility Characteristics

The Brownstone Work Release is located in the City of Spokane in Spokane County. Its purpose is to help state prisoner make a successful transition back to the community. All offenders are on minimum custody status. The program is a three-level system through which residents earn social hours to spend with family and friends in the community. Advancement occurs via the classification process and is determined by an objective evaluation of task accomplishments. Offenders are encouraged to use the social hours to strengthen pro-social, supportive ties in the community, especially with their families and children, and to prepare for release. Offenders are required to work with Community Corrections Officers in developing individual offender accountability plans. These plans are individualized and address the personal needs of the offender. They include employment and educational expectations and goals, while out work release and through o their transition into the community. Offenders are required to participate in some form of programming that addresses their problems and personal issues. It may include Drug/Alcohol Aftercare, AA/NA, etc. Other referrals for treatment such as anger management, domestic violence counseling, education, mental health counseling or grief counseling may be pursued.

### Staff profile:

The Community Corrections Supervisor (CCS) is responsible for managing all program operations including budget, safety, and Re-Entry of residents from prison to community, in accordance with policies and procedures.

Transition House, Inc. Director(s) are responsible for supervising all program monitors/Corrections Techs, transport, food service and maintenance staff to ensure the day to day program operation, security, and maintenance of the facility. Supervise and exercise line authority over all contract staff.

Community Corrections Officer (CCO) is responsible for case management and all aspects of transition from prison back to the community. Assist the residents in developing employment strategies, obtaining and maintaining employment in the local community. Handle all dispensary and corrective actions concerning residents assigned to the work release.

Correction Techs formally known as resident monitor are responsible for safety and security of the facility and continual maintenance of the facility in accordance with policies and procedures.

The Food Service Manager is responsible for managing all kitchen activities including cooking, menu planning, ordering, emergency food inventory, inventory control, safety and sanitation, state and local requirements, cost containment, cleanliness, event services, and supervision of all kitchen workers.

## Summary of Audit Findings



This auditor reviewed each standard, PAQ, supporting documents, observations made during on-site visit and information received during interviews with staff and inmates which resulted in BSWR not meeting compliance in some areas. During the corrective action period this auditor reviewed all documents provided as part of the corrective action plan and found BSWR was meeting and maintained compliance over this monitoring time frame.

BSWR should be commended on their hard work, dedication and commitment to helping residents re-enter into our communities and helping to ensure sexual safety for all residents while in their facility and throughout WADOC.

BSWR staff was extremely hospitable, respectful and answered any questions the audit team had for them. The Brown Stone Work Release staff continued to work at meeting and maintaining compliance and due to their hard work and commitment to inmate sexual safety the facility is in full compliance with all the PREA standards.

**Number of Standards Exceeded:** 1

Standard 115.231: BSWR exceeded this standard as all WADOC staff are required to take PREA training annually.

**Number of Standards Met:** 40

115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

**Number of Standards Not Met:** 0

### **Summary of Corrective Action (if any)**

#### **§115.232**

During review of PREA training for contract staff it was found that not all contract staff had completed required PREA training prior to assignment. Due to the level of contact and job requirements for these contract staff this auditor expressed concerns about the time frame between dates of hire and the time contract staff received comprehensive training.

BSWR CCS and the Transition House, Inc. Director developed a plan to monitor hiring and training records and made immediate revisions to the hiring process to ensure training requirements are met.

Beginning December, 2017 on a monthly basis up to March 26, 2018 monthly tracking reports and contract staff training acknowledgments were sent to this auditor. Auditor reviewed documentation and if needed contacted agency PREA coordinator for clarification. BSWR CCS did a phenomenal job

during the corrective action monitoring time and worked diligently meeting compliance and continued to meet compliance over the months being monitored.

§115.267

During review of a sexual abuse allegation which required monitoring it was found that when the resident was transferred to another facility there was no documentation to show that the receiving facility was notified to continue monitoring for retaliation. This was placed into corrective action to develop a process to ensure notification is made to the facility that the resident is being transferred to. It was also requested that there be a training/instruction provided to all the CCS and CS staff regarding the updated procedure.

February 12, 2018 the agency PREA coordinator emailed revised policy 490.860 reflecting the updated procedures, investigative check list, meeting agenda and list of CCS staff in attendance via skype. After review of documentation provided, the facility met this standard.

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has three policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 490.850 Prison Rape Elimination Act (PREA) Response
- DOC 490.860 Prison Rape Elimination Act (PREA) Investigation

Additional supporting documentation was provided

- Headquarters organizational chart
- PREA coordinator position description

## **DOC 490.800**

### Zero Tolerance Policy:

The Department recognizes the right of offenders to be free from sexual misconduct. The Department has a zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate. The department does not recognize consensual sexual contact between staff and offenders as a defense against allegation of sexual misconduct. The Department recognizes the right of staff and offenders to be free from retaliation for reporting sexual misconduct

The Department has a zero tolerance for all forms of retaliation against any person because of his/her involvement in the reporting or investigation of a complaint. Retaliation may be subject to corrective/disciplinary action. The Department has established procedures for recognizing, preventing, and reporting incidents of sexual misconduct and retaliation. Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breaches confidentiality may be subject to corrective/disciplinary action.

DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting outlines the responsibilities of the agency wide PREA coordinator.

The agency PREA coordinator responsibilities include but not limited to:

Develop and implement PREA related policies. Develop and coordinate procedures to triage allegations received and identify, monitor, and track incidents of sexual misconduct. Coordinate and track referrals of allegations to law enforcement and prosecutors. Develop and implement a comprehensive system to

audit facility compliance with PREA policies and applicable laws. Each facility will review and document continued compliance using a formal standardized system published by the PREA Coordinator. Oversee monitoring of PREA compliance for private and non-Department public entities contracted for offender confinement. Keep management informed on PREA-related issues. Maintain a memorandum of understanding for external victim advocacy services. Maintain PREA content for the Department website, including publication of required information and documents.

Specialized interview with the Agency PREA coordinator was completed during Peninsula Work Release audit.

Agency policy requires that the work release administrator assign a PREA compliance manager (PCM) for each work release.

The duties include but not limited to: Serve as point of contact for the PREA Coordinator. Oversee completion of scheduled PREA vulnerability assessments. Coordinate audit preparation activities and corrective action plans. Track completion of PREA Risk Assessments for substantiated allegations of offender-on-offender sexual assault/abuse or staff sexual misconduct.

Facility head specialized interview was completed with CCS on Wednesday, October 25, 2017. The phone conference with CCS Jense lasted almost an hour and fifteen minutes, the interview is summarized in this report. This auditor and CCS had good conversation and dialogue which was very informational and provided clarification to questions the auditor had. The CCS has extensive knowledge working for WADOC for almost 32 years and assigned to Brownstone and Eleanor Work Release since 2010. A CCS has many responsibilities and was interviewed utilizing the DOJ forms for facility head, retaliation monitor, investigations and sexual abuse incident review member. At the time of the interview the CCS had not monitored a resident for the complete 90 process due residents discharging or transferring to another facility during the time frame. CCS has conducted investigations when assigned by the appointing authority. Depending on the allegation the CCS would not generally complete an investigation which occurred at one of her facilities, those are assigned to another investigator for impartiality and ensuring there is no conflict of interest. After investigations are completed the entire packet is provided to the appointing authority. The assigned investigator is not authorized to keep copies of their investigations once they have been submitted to the appointing authority. The CCS has completed investigator training which included the initial course consisting of 3 days, a booster class which is updated policy and procedure requirements and attends refresher trainings. CCS stated that the investigations which she has been assigned by the appointing authority are generally received within 2 weeks of the reported allegation. CCS reviews her staffing plan annually which includes discussion with Transition House, Inc. Director and submits recommendations to the appointing authority. Sexual abuse reviews are conducted quarterly or sooner if needed during work release supervisor meetings with the appointing authority. The CCS works hard and from the conversation has a vast amount of knowledge and experience and it was a great pleasure speaking with her.

## **Standard 115.212: Contracting with other entities for the confinement of residents**

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".)  Yes  No  NA

### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has one policy related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

(a-c) WADOC policy DOC 490.800 reflects language meeting and consistent with this standard that any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance. The policy reflects the department will not enter into contracts with facilities that fail to comply with PREA standards, except in emergent situations.

American Behavior Health Services (ABHS): Contract No. K8254 amendment #12 which had been provided had expired June 30, 2017, auditor contacted PREA coordinator who emailed the current contract amendment #15 effective July 1, 2017 with an expiration date of June 30, 2019 was reviewed. Contracts outline requirements related to PREA and meets compliance. ABHS operates three facilities for residential substance abuse treatment and all have completed DOJ audits. WADOC conducts regular visits to the facilities along with discussions to address PREA related issues.

Yakima County Department of Corrections: Interagency agreement between Yakima County and WADOC for the purpose of provided total confinement house for up to three hundred DOC offenders. Yakima County is used as overflow bed capacity for female offenders. The agency completed DOJ audit March 2015, receiving compliance. Regular visit along with discussions related to PREA issues continue per the agreement and in meeting standard compliance. Auditor reviewed interagency agreement which outlines and meets compliance with this standard. The agreement originally commenced on February 12, 2014 and was amended each year; last amendment was 7/1/16 with an end date of 6/30/17. The contract is currently out for rebid and to allow for WADOC to allow for offender to be housed this contract was amended to extend to November 30, 2017. Yakima County Department of Corrections has received DOJ PREA audit which found them compliant. Auditor reviewed Yakima website for PREA information <http://www.yakimacounty.us/1141/Prison-Rape-Elimination-Act> and DOJ audit from March, 2015 is posted and reflects compliance.

GEO Group: WADOC has an active contract #K10825 effective May, 2015 through August, 2018 to house offenders in an out of state facility, privately operated by the GEO group, however as of the date of pre audit review WADOC does not have any offenders housed in a GEO Group facility. Contract meets requirements of the standard to include WADOC PREA policies included as attachments.

Clark County Department of Corrections: This agency operates a work release center and contracts with WADOC for placement of offenders transitioning out of prison. Upon reviewing contract K8583 while the contract meets language requirements in compliance with the standard it was noted the contract expired June 30, 2015. This contract was suspended and all WADOC offenders were removed on or before December 31, 2017.

## Standard 115.213: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No

- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has three policies related to and meeting compliance with this standard. Auditor was provided with policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 110.110 Work Release Management Expectations
- DOC 300.500 Work Release Screening
- DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

Memos and supporting documents were provided which provided additional information supporting policy and standard compliance.

Memo dated January 27, 2016 provided clarification and summarized WADOC practice related to staffing plans.

Memo dated June 20, 2017 that during the audit period BSWR had no instances where the contract agency, Pioneer Human Services had requested to operate outside of staff patterns and defined in the contract. August 1, 2017 new contract with Transition House, Inc. began and had no instances of operating outside of the staffing patterns.

Proof of practice and compliance with policies was further confirmed during specialized interview with the facility head CCS who spoke of staff plan and action taken if staffing ratio was to fall under, however this had not occurred. Further compliance was confirmed during interviews with staff and residents which confirmed there are always two CTs on each shift. BSWR does have camera/video monitoring system in place. During on-site tour the audit team paid particular attention to staff on shift and observed they were making frequent tours and conducting count.

#### **DOC 110.110 1.**

The Community Corrections Supervisor (CCS) will annually review staffing levels to ensure adequate staffing plans are in place. When both males and females are housed in the facility, at least one male and one female employee/contract staff should be available at all times, within resources provided and in accordance with local collective bargaining agreements.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.215 (a)**



- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)   
Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents?  
 Yes  No

#### 115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  
 Yes  No

#### 115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has three policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 420.325 Searches and contraband for work release
- DOC 490.800 Prison Rape Elimination Act - Prevention and Reporting
- DOC 490.820 Prison Rape Elimination Act – Risk Assessments and Assignments

Brownstone Work Release is an all-male facility, during on-site visit there was only one female CT on shift and a male CT on the first shift (0700 – 1900) and two male CT's on second shift (1900 – 0700). Compliance with these policies was confirmed during on-site staff and inmate interviews.

(b) is not applicable to this audit as the facility only houses male offenders.

(c) All contract staff are required to review the PREA procedure manual. Interviews with contract staff with the exception of one new hire CT's confirmed they had read and understood the training material when asked by auditor to explain the process of how they perform a pat search of residents to include those who identify as transgender or intersex confirmed they understood and explained the process. The contract staff member who was not sure how to conduct pat searches was not authorized to conduct searches until he had completed the pat search and searches of transgender/intersex offender training. Interviews with residents provided additional support that staff were conducting pat searches appropriately and at no time were any searches completed by cross gender staff.

Related to cross gender announcements, the audit team confirmed proof of practice and compliance during on-site tour of the facility. WADOC staff member escorting audit team completed cross gender announcement when we entered into the housing areas. This was further supported as this auditor heard the female CT complete her announcement when we were on the resident hallway floor and she was conducting count. During interviews of WADOC staff, contract staff and inmates all confirmed cross gender announcement are made every time cross gender staff enter resident housing areas.

BSWR did not have a Transgender or intersex resident however, interview responses from contract staff confirmed that they would not search or physically examine transgender or intersex residents.

#### **DOC 420.325**

Offenders are subject to electronic and pat searches in work release. If the CCS determines there is reasonable suspicion that the offender is concealing contraband which warrants a strip or body cavity search. Auditor was provided a memo from Assistant Secretary of the re-entry division:

Offenders in work release facilities are subject to electronic and pat searches by same gender staff. In the event there is reasonable suspicion that the offender is concealing contraband and a strip or body cavity search is warranted, the offender will be transported by staff to a local jail or prison for the search to be conducted.

Pat searches will be conducted by a trained employee of the same gender as the offender being searched, except in emergency situations. Emergency used in this context is limited to: Situations where a delay would result in the likely loss of dangerous contraband (i.e., weapons or drugs), Field apprehension of an escapee, or Emergency movement situations (e.g., a crime scene where evacuation of offenders must occur immediately, but a check for weapons by pat search is required).

#### **DOC 490.800**

Offenders will be provided the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This includes viewing via surveillance systems. Notices will be posted in living units and infirmaries indicating that personnel of both genders could be present in the unit. An announcement will be made indicating "Man on unit" or "Woman on unit", loud enough and often enough to reasonably be heard by the occupants of that area

#### **DOC 490.820**

Employees/contract staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner.

### **Standard 115.216: Residents with disabilities and residents who are limited English proficient**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

**115.216 (b)**

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has four policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

During on-site audit BSWR did not have any residents which required any of these services

This auditor was provided with a copy of the WADOC position description for Correctional Specialist 3 (Deaf Services Coordinator), contracts for deaf/sign language, interpretation services, PREA posters/brochures in English and Spanish

- DOC 310.000 Orientation For Offenders
- DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders
- DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 690.400 Offenders with Disabilities

Contract No K8652 Sign Language Interpreter (Everett, WA) 9/1/2016 - 8/31/2018

Contract No K8666 Sign Language Interpreter (Olympia, WA) 9/1/2016 - 8/31/2018

Contract No K8680 Sign Language Interpreter (Renton, WA) 9/1/2016 - 8/31/2018

Contract No K11283 Sign Language Interpreter (Bothell, WA) 9/1/2016 - 8/31/2018

Contract No K10357 Sign Language Interpreter (Kent, WA) 8/1/2016 – 7/31/2018

Contract No K10913 Sign Language Interpreter (Maple Valley, WA) 7/1/2017 – 6/30/2018

Contract No K11309 Sign Language Interpreter (Lynnwood, WA) 10/1/2016 – 9/30/2018

Contract No K11310 Sign Language Interpreter (Vancouver, WA) 10/1/2016 – 9/30/2018

Contract No K11255 Sign Language Interpreter (Salem, OR) 6/30/2018

Contract No K11256 Sign Language Interpreter (Boise, ID) 6/30/2018

Washington State Department of Enterprise Services: Contract 03514 – Interpreter services

Washington State Department of Enterprise Services: Contract 05614 – Telephone Based Translation Services

CTS Language Link – Over the phone interpretation

During staff interviews auditors asked if they had a resident who required services if they knew where they would need to go or who to contact. Staff confirmed understanding of the policy and procedure, where to find the information to make contact and if they were not clear or unsure they would contact the CCS or contract Assistant Director. BSWR had not required the use of these services within the 12 month audit cycle and at the time of on-site audit there were no inmates housed that required this service. WADOC has policy, contracts and ADA training slides meeting compliance with this standard.

## **DOC 310.000**

When a literacy or language problem exists, staff will assist the offender in understanding the material per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. Spanish speaking offenders will attend a Spanish version of the orientation program. The Spanish orientation will notify offenders of the Spanish translated materials and services that are available.

Each facility will develop processes for non-Spanish speaking Limited English Proficiency offenders, including that requiring sign language interpretation, to receive orientation in a language they understand per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. This orientation will include information on: Disciplinary hearings, Classification, Grievance program, access to medical, dental, and mental health services, PREA, Administrative Segregation, Searches, Unit rules, and Fire evacuation procedures.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.217 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has 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?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has 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?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has five policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.



In addition to applicable policies auditor was provided with supporting documentation and specialized interview with HR administrator designee was completed during the Peninsula Work Release audit.

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 400.320 – Terrorism Activity
- DOC 810.800 – Recruitment, selection, and promotion
- DOC 810.015 – Criminal Record Disclosure and Fingerprinting
- DOC 800.005 - Personnel Files

Auditor reviewed supporting documents pre – onsite and specialized interview with HR administrator designee was conducted on-site PREA audit (8/2017) of Peninsula Work Release. Review of policy and supporting documents meet compliance with this standard with further proof of practice supported during specialized interview.

### **DOC 490.800**

To the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who: Has engaged in sexual misconduct in a Prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S.C. 1997, has engaged in sexual misconduct with an offender on supervision, has 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, or has been civilly or administratively adjudicated to have engaged in the activity described above.

The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with offenders.

The Department will obtain information through one or more of the following: Washington Crime Information Center (WACIC)/National Crime Information Center (NCIC) records checks, employment/volunteer applications, reference checks, personnel file review and contract disclosure statements

### **DOC 810.800:**

The Appointing Authority will ensure the following is conducted on the preferred Candidate before appointment: Completion of DOC 03-502 Sexual Misconduct Disclosure. Auditor was provided with a copy of the Sexual Misconduct Disclosure (DOC) 03-502.

To the extent possible for external candidates, including former employees/contract staff/volunteers, contact with all previous institutional employers for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct. These candidates will be required to submit DOC 03-068 Applicant - Authorization to Release Information and DOC 03-506 Institutional Employment/Service Disclosure before any background, reference, or verification activity.

### **DOC 810.015**

All applicants will be background checked before initial appointment or promotion. The Department will provide guidance to hiring authorities consistent with RCW 9.94A.640 concerning disclosure and use of information about prior criminal convictions and subsequent incarcerations of employees, contract

staff, and volunteers. Once appointed, criminal background checks will be performed at least every 5 years.

Disclosure: All applicants, including former employees/contract staff/volunteers, will be required to complete DOC 03-031 Criminal Disclosure before being offered an initial appointment. Disclosure requirements are not limited to any time period and include: All convictions. This includes suspended and/or deferred sentences, convictions by a Juvenile Court where the applicant was 15 years of age or older at the time of the offense, and incarcerations for: Felony offenses, Gross misdemeanor offenses involving violence, and any offenses involving sexual misconduct. This does not include convictions vacated by the court and removed from the official record. Current supervisory status as a result of a conviction. Whether all civil rights have been restored.

Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services.

The designated unit/employee will establish a process to ensure that criminal background checks are run for all current volunteers, contract staff, and unarmed employees at least every 5 years.

#### **DOC 800.005**

To the extent possible, institutional employers seeking employment verification will be provided all available information on substantiated allegations of sexual misconduct or harassment. Employment verification requests from institutional employers will be directed to the Appointing Authority, who will coordinate the review and response

#### **DOC 400.320**

Criminal record checks will be initiated on DOC 05-370 Request for Criminal History Record Information WASIS/NCIC III Check NCIC/WACIC Check and conducted per DOC 810.015 Criminal Record Disclosure and Fingerprinting for all new employees, contractors, and volunteers prior to assuming their duties.

### **Standard 115.218: Upgrades to facilities and technologies**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.218 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

## 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has one policy related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

#### Additional supporting documents provided

- Meeting minutes
- Budget requests

Memo dated June 20, 2017 from CCS and Director of Pioneer Human Services had not had any substantial expansion or modifications to the facility during this audit cycle. BSWR CCS has submitted requests for camera enhancement however, the budget request had not been approved during time frame.

### DOC 490.800

The Department will consider possible effects on its ability to protect offenders from sexual misconduct when:

Designing or acquiring a new facility, Planning substantial expansions or modifications of existing facilities, and Installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.

## RESPONSIVE PLANNING

## Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

### 115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has four policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard

compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct
- DOC 600.000 Health Services Management
- DOC 490.850 Prison Rape Elimination Act (PREA) Response
- DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting
  
- Additional supporting documentation was provided and specialized interview with victim advocate further supported compliance with this standard.
  - A National Protocol for Sexual Assault Medical Forensic Examinations adults/adolescents, April 2013 second edition
  - Recommendations for Administrators of Prison, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice's *A National Protocol for Sexual Assault Medical Forensic Examinations adults/adolescents*
  - Forensic Medical Exam Procedures – Transport Staff Procedures
  - Forensic Medical Exam Procedure for DOC Health care staff
  - Sexual Assault Evidence Collection: Uniform Evidence Protocol
  - Sexual Assault Support and Information line OCVA brochure and posters in English and Spanish for WADOC offenders

WADOC provided the auditor with a list of designated advocates and hospitals who have sexual assault nurse examiners. In the event of a sexual assault, sexual abuse report, the victim would be taken to a local hospital and a victim advocate would be contacted to meet the victim resident at the hospital. Local Law Enforcement would also be contacted to conduct the criminal investigation which would include evidence collection.

Phone interview with CCS and random/specialized staff interviews confirmed knowledge and understanding of the agency policy and response when receiving a report of sexual abuse.

Friday, November 3, 2017 auditor made a phone call to the Lutheran Community Services NW. Auditor left message with employee who stated they would provide the message to the staff member who oversees this program. As of date of final audit report, this auditor had not received a return call.

Auditor reviewed interagency agreement K11494 between WADOC and Department of Commerce Office of Crime Victims Advocacy (OCVA) which was renewed July 1, 2017 and will expire June 30, 2019. Agreement clearly articulates within the scope of work that the agreement provides a comprehensive and sustainable approach for DOC compliance with federal PREA requirements, as well as provides advocacy services for offenders who are or have been sexually harassed or assaulted and responding to sexual assaults within WADOC prison and work release centers. The scope of work is outlined with the introduction, advocacy services, work plan, service component, education, consultation and technical assistance component, budget, subcontractor and compliance plane. The subcontractor is a partnership between OVCA and the Washington Coalition of Sexual Assault Programs (WCSAP).

This agreement is also applicable to and outlines requirements under 115.253.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]  
 Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has three policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

In addition to applicable policies auditor was provided with supporting documentation and specialized interview with investigator was completed during the Peninsula Work Release audit. Policies and PREA response forms can be viewed on agency website <http://www.doc.wa.gov/corrections/prea/resources.htm>

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 490.850 – Prison Rape Elimination Act (PREA) Response – Attachments
  - Aggravated Sexual Assault Checklist and PREA Response and Containment Checklist
- DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation
  
- Contract NO K8487 between WADOC and Washington State Patrol (WSP) was extended beginning July 1, 2017 and expires June 30, 2020.
- Investigation triage flow chart

All administrative investigations are conducted by agency staff who have received specialized training in compliance with 115.234. Related to criminal investigations there is a referral process which is followed by the appointing authority. The local Sheriff's office or Police Department if the facility is located within city limits is the primary investigator. If the local agency refuses to investigate, the WSP could conduct a criminal investigation at the request of the facility.

Interview with CCS confirmed knowledge of the criminal investigation process and referral. Interviews with staff confirmed knowledge of who they report to and outside law enforcement would conduct the criminal investigation. Auditor was provided with two investigations which were completed and referred to outside agencies. The CCS advised the auditor during phone interview that one investigation was not picked up by outside law enforcement and is not sure of the status on the second one. Both investigations were reviewed meeting compliance with this standard.

#### **DOC 490.860**

The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the department. Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. Allegations may be referred to law enforcement agencies for criminal investigation.



The Department may discipline and refer for prosecution, when appropriate, individuals determined to be perpetrators of sexual misconduct. Investigations involving represented employees will be conducted per the provisions of the applicable collective bargaining agreement. Information related to investigations of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, security, and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action. This provision is not intended to affect the Department's obligation to gather, review, and potentially gather, review, and potentially produce records of allegations or incidents of sexual misconduct as required per RCW 42.56.

Terms used in this policy are defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.

Meetings with Local Law Enforcement: Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials to: Establish procedures for conducting criminal investigations related to PREA allegations, and establish points of contact and agree upon investigatory update procedures and review investigation requirements detailed in federal PREA standardsT

#### **DOC 490.860**

All allegations that appear to be criminal in nature will be referred for law enforcement investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation.

## **TRAINING AND EDUCATION**

### **Standard 115.231: Employee training**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.231 (a)**

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.231 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has one policy related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800: Prison Rape Elimination Act (PREA) Prevention and Reporting

WADOC uses an electronic on-line venue, Learning Management System (LMS) for selected training courses. The LMS is used by all WADOC employees who must complete and pass PREA training with a 100%. Additionally in-service LMS PREA training is completed annually exceeding the standard requirement of every two years.

Training power point slides and copy of work release training scenarios were provided to this auditor and reviewed prior to on-site visit. WADOC training curriculum includes information applicable to both male and female offenders. Audit support staff reviewed LMS PREA training with agency PREA coordinator during the on-site audit of the Peninsula Work Release

BSWR WADOC staff were compliant and current with training requirements at time of on-site audit.

#### **DOC 490.800**

All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity.

1. Training will address, but will not be limited to, the following:

a. Reviewing this policy and related operational memorandums, the Prison Rape Elimination Act of 2003, RCW 9A.44.160, RCW 9A.44.170, RCW 72.09.225, and potential criminal penalties and disciplinary consequences for engaging in prohibited activities.

b. Zero tolerance for sexual misconduct and related retaliation.

c. Preventing and detecting sexual misconduct, including:

- Communicating effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, and/or gender nonconforming offenders.
- Gender-specific issues.

- Examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct.
- Avoiding inappropriate relationships with offenders.
- Recognizing signs of possible/threatened sexual misconduct and staff involvement.
- Recognizing predatory behavior and common reactions of sexual misconduct victims.

d. The dynamics of sexual misconduct in confinement.

e. Reporting sexual misconduct, including:

- Reporting methods,
- Mandatory reporting for youthful offenders and offenders classified as vulnerable adults, and
- Disciplinary consequences for staff's failing to report.

f. Responding to sexual misconduct, including first responder duties.

g. Confidentiality requirements.

2. Staff will acknowledge their understanding of the training.

- For online training, acknowledgment will be included in the electronic course.
- For in-person training, acknowledgment will be documented by signing the course roster, which will include a statement verifying participant understanding.

## Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has three policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 530.100 – Volunteer Program
- DOC 700.400 – Class IV Off-Site work crew

Additional supporting documents provided

- WADOC contract shell
- WADOC PREA brochure: Information for staff, contract staff and volunteers

During review of PREA training for contract staff it was found that not all contract staff had completed required PREA training prior to assignment. Due to the level of contact and job requirements for these contract staff this auditor expressed concerns about the time frame between dates of hire and the time contract staff received comprehensive training. Corrective action was taken and noted in the summary of audit findings.

The CCS and the Transition House, Inc. Director developed a plan to monitor hiring and training records and made immediate revisions to the hiring process to ensure training requirements are met. Beginning December, 2017 on a monthly basis up to March 26, 2018 monthly tracking reports and contract staff training acknowledgments were sent to this auditor. CCS did a phenomenal job during the corrective action monitoring time and worked diligently meeting compliance and continued to meet over the months being monitored.

This auditor completed specialized interview with the chemical dependency professional trainee who completed PREA training requirement through LMS and CORE. He knew 1<sup>st</sup> responder requirements and keeping victim safe, who to report to and where the emergency PREA kit bag is located if needed to respond.

Due to the recent change in work release center contractor changing from Pioneer Human Services to Transition House, Inc. there were some transition issues and challenges to overcome in such a short period of time prior to scheduled on-site PREA audit. Transition House, Inc. rehired a limited amount of staff who were employed by the prior contractor; however a majority of the staff were new hires. During random staff interview with one new hire contract employee auditor determined he was deficient in knowledge and understanding of PREA and response.

Auditor spoke with the PREA agency coordinator, WROA and The Transition House, Inc. Director who created an initial plan of action. On October 18, 2017 auditor received an email with attached memo from the Transition House, Inc. Director dated October 17, 2017 detailing the action taken addressing the current training concern and also included a long term action plan and updated the new employee training requirements upon hire. Included in the documentation provided were signed copies of the WADOC DOC 03-478 PREA zero tolerance and acknowledgement that they have read and understand DOC PREA policies 490.800 - Prevention and Reporting, 490.850 – Response, 490.860 – Investigations and DOC 850.030 – Employee relationship/contacts with offenders. Staff roster initialed by employee that they completed PREA Response training with CCS and contract director and LMS video training. While initial action was taken, this auditor was concerned about the time frame between the dates of hire and the CT receiving a more comprehensive training. CTs and on-call CTs have direct contact and supervision responsibilities similar to correctional officers. The Transition House, Inc. Director provided a long term plan, however, this auditor is requiring a minimum of 120 days up to 180 days corrective action from the date of the interim report for further supporting proof of practice. Information should include a list of new hire and on-call CT's training to include date of hire, DOC 03-478, date of more comprehensive training i.e. LMS and in class instruction.

Corrective action was completed on March 26, 2018 meeting compliance with this standard and is noted in the summary of corrective action.

#### **DOC 490.800**

Staff will acknowledge their understanding of the training. For online training, acknowledgment will be included in the electronic course. For in-person training, acknowledgment will be documented by signing the course roster, which will include a statement verifying participant understanding.

All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity

- Zero tolerance for sexual misconduct and related retaliation
- Reporting sexual misconduct, including: Reporting methods, mandatory reporting for youthful offenders and offenders classified as vulnerable adults and, disciplinary consequences for staff's failing to report.

Vendors and service providers with limited unescorted contact with offenders are not required to attend PREA training, but must sign DOC 03-478 PREA Acknowledgment.

- Contract staff who only provide services to offenders on community supervision will be provided with the PREA brochure given to employees, contract staff, and volunteer

#### **DOC 530.100**

Volunteer Specialists will be responsible for local oversight of the Volunteer Program, and will:

- Facilitate and manage volunteer recruitment, orientation, training, and retention, as well as volunteer recognition per DOC 860.200 Recognition Program Ensure eligibility, training, and screening requirements are met
- Ensure eligibility, training, and screening requirements are met as follows:

- All applicants must complete DOC 03-440 Volunteer Application and Registration, with the exception of occasional individual or group service volunteers, who will be processed as facility guests per DOC 150.150 Visits and Tours of Department Facilities and Offices.
  - Before having contact with offenders, occasional individual or group service volunteers must complete DOC 03-478 PREA Acknowledgment Prior to Training

All training requires approval from the Headquarters Correctional Program Administrator and will be provided by authorized employees or volunteers trained in the curriculum. Training will include:

- Prison Rape Elimination Act (PREA), suicide prevention, and infectious disease control training, which will be conducted annually thereafter.

### DOC 700.400

Approved contract agency staff will receive initial and annual training that includes, at a minimum: Offender supervision, Prison Rape Elimination Act (PREA) training, which must be completed before having any contact with offenders.

## Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has two policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 310.000 – Orientation for Offenders

Additional supporting documents provided

- 11 random copies of signed resident Work Release Orientation Checklist (proof of practice)



- Sexual Assault and Abuse brochure in English and Spanish
- Alternative sexual assault and custodial sexual misconduct (safe and unsafe touching) brochure
- PREA offender orientation for offenders with low comprehension levels insert and brochures

On-site resident interviews confirmed that they had received training and know how to report. They mentioned posters with the hotline numbers, grievances, kites, reporting to staff member. Residents spoke of the PREA video which is played during transport but also reported it doesn't always work. While touring the facility the audit team observed PREA posters and brochures around the facility to include entry way and visitation room.

Auditor was provided a copy of the resident BSWR Welcome Book which contains the following information (Spanish is available): Offender accommodations (LEP/ADA), PREA grievance program, staff responsibilities which include agency zero tolerance statement, PREA policies numbers, how to report sexual assault, how to prevent sexual assault, sexual misconduct policy and definitions, after an allegation is made, medical/mental health care, support services, how to prevent sexual misconduct. Specialized PREA intake interview was completed with The Transition House, Inc. Assistant Director who is responsible for inmate education upon arrival to BSWR. Inmates watch the PREA video and provided the resident orientation hand book.

#### **DOC 490.800**

Offenders will be provided PREA related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manner allowing offenders to ask questions of the staff member facilitating the orientation.

- If an orientation video is presented in-transit, offenders will be provided an opportunity to ask questions of the facilitator during onsite facility orientation.

The need to provide targeted orientation will be determined on a case-by-case basis, taking into consideration:

- Reading comprehension levels,
- Mental health input/evaluation,
- Cognitive abilities,
- Interactions with staff, and/or
- Language barriers other than Spanish

#### Work Release

- Offenders will be given an informational brochure provided by the PREA Coordinator. PREA information may also be covered in the local Offender Orientation Handbook.
- Orientation will be documented on DOC 05-512 Work Release Orientation Checklist or in OMNI Programs.

## DOC 310.000

Admission: All newly received offenders will participate in a program of interviews, testing, and other activities related to the admission process at the receiving facility.

Prison Orientation: All offenders arriving at or transferred to a Prison will receive:

- A facility specific orientation packet on the date of arrival, and [4-4499]
- An orientation to the new facility within one week of arrival, except when medical, mental health or behavioral issues preclude completion of this process.

## Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]

Yes  No  NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has three policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation
- DOC 880.100 – Corrections Training and Development

Auditor was provided and reviewed the specialized training material. On PAQ number of investigators the agency currently employs to investigate allegations of sexual abuse is 560. Copy of master investigator list was provided which noted date training was completed. Auditor did not count each active investigator to confirm the total on the report due to amount of staff on list. However this auditor did confirm that staff who had been assigned to complete investigations at this facility were active. CCS reported during phone interview (also noted in comments under 115.211) she had received specialized training. Audit did look for on roster provided which noted she had completed in class trainings in 2010 and 2013.

#### DOC 490.800

##### PREA investigators will be trained in

- Crime scene management/investigation, including evidence collection in Prisons and Work Releases,
- Confidentiality of all investigation information,
- Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process,
- Crisis intervention,
- Investigating sexual misconduct,
- Techniques for interviewing sexual misconduct victims, and

- Criteria and evidence required to substantiate administrative action or prosecution referral.

Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials to:

Review investigation requirements detailed in federal PREA standards, Establish procedures for conducting criminal investigations related to PREA allegations, and establish points of contact and agree upon investigatory update procedures

**DOC 490.860**

Investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

**DOC 880.100**

Staff Training and Tracking Information System (STATIS) will be used to document all official Department training.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.235 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

**115.235 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  
 Yes  No

### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has three policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 610.025 – Health Services Management of Offenders in Cases of Alleged Sexual Misconduct
- DOC 880.100 – Corrections Training and Development

WADOC meets compliance with this standard. This standard is not applicable to BSWR as they do not have medical or mental health staff on-site.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.241 (a)**

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No

**115.241 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

**115.241 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

**115.241 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  Yes  No

#### 115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

## 115.241 (I)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has five policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments
- DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation
- DOC 280.515 – Electronic Date Classification
- DOC 280.310 – Information Technology Security

#### Supporting documents provided

- OMNI PREA Risk Assessment – Assessor and Reviewer User's Guide
- PREA Risk Assessment for Assessors and Reviewer LMS (training slides)
- OMNI screen shots of the PREA risk assessment system
- Copy of PREA risk assessment (DOC 07-019)
- PREA checklist for WR Facilities
- OMNI PREA Access / Security Groups
- OMNI Offender Screening user guide
- Copy of DOC systems access request (SAR) DOC 08-012

BSWR has two full time CCO staff and one CCO who splits his time between Brownstone and Eleanor Chase Work Release centers. CCO staff members are responsible for completing intake/transfer assessments within 72 hours and reassessments within 30 days. This auditor interviewed all three CCO staff separately and in private utilizing the specialized interview questions for staff that perform screening and intake. Interviews and review of OMNI supported proof practice.

### DOC 490.800



Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.

#### **DOC 490.820**

Classification Counselors and designated Work Release employees will complete a PREA Risk Assessment within 72 hours of arrival for all offenders arriving at any Department facility. Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays.

- Facilities will take into account all available information (e.g., previous PREA Risk Assessments, medical/mental health assessment information).

A follow-up assessment will be completed between 21 and 30 calendar days after the offender's arrival at the facility.

For cause assessments will be completed within 10 business days by the assigned Classification Counselor/CCO:

- When additional information is received suggesting potential for victimization or predation (e.g., reports of behavior while in jail or on the bus in transit, court documents, Pre-Sentence Investigations).
- If offender self-discloses information that could impact assessed risk (e.g., prior abuse, sexual orientation/identity)
- When there is a finding of guilt on certain infractions listed in the PREA Risk Assessment, including violent infractions and infractions for sexual assault/abuse.
- When an employee/contract staff observes offender behavior suggesting potential for victimization or predation.
- For substantiated allegations of offender-on-offender sexual abuse/ assault or staff sexual misconduct

All PREA Risk Assessments will be completed in the offender's electronic file. Assessments must be completed in person with the offender.

- In the event the assessment cannot be completed in the offender's electronic file, Classification Counselors and Community Corrections Officers (CCOs) may use DOC 07-019 PREA Risk Assessment to document assessment information and update the electronic file as soon as practical.

Information for assessments may be obtained from available file information, an interview with the offender, and any other reliable source.

- The source of the information will be documented in the comment section of the assessment.
- Offenders are not obligated to answer assessment questions.

#### **DOC 490.860**

All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Electronic Data Classification.

### **DOC 280.310**

Department Information Technology (IT) resources are Department property, and the Department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and Department policies and IT Security Standards.

Mandatory criminal history background checks, as required in DOC 810.015 Criminal Record Disclosure and Fingerprinting, must be completed and cleared prior to granting access to IT resources.

Access rights and privileges to IT resources will require prior authorization.

New or transferred employee user accounts and deletion of employee user accounts will be generated by the Human Resources Management System (HRMS) through the IT service request process.

- If the request has not been generated before the employee needs access, the supervisor, Appointing Authority, or Logon Identification (LID) Coordinator may send an email to the Account Administrative Unit to request.
- DOC 08-076 Information Technology Security Data Request will be used if immediate deletion of an employee's user account is required.

The LID Coordinator will use DOC 08-012 IT-DOC Systems Access Request (SAR) to request user account creation or suspension for contract staff and volunteers.

For other non-Department personnel, authorization to use IT resources requires approval from the appropriate Appointing Authority and the Chief Information Officer (CIO)/designee. Access to electronic data will be considered a release of data outside the Department and requires a data sharing agreement per DOC 280.515 Electronic Data Classification.

Passwords or other means of authenticating user identity will be required for access to IT computer resources. At a minimum, every user accessing a Department computer will be required to authenticate with a unique login name and password.

Passwords, keys, or any access control device will be stored in a secure manner and will be used only by the person to whom they are assigned.

Removal of IT resources from Department premises must be authorized by the supervisor.

Employees who are assigned mobile computing devices must take reasonable precautions to protect the devices from potential theft and misuse.

All users with access to confidential Department data must maintain the integrity of the data per DOC 280.515 Electronic Data Classification

### **DOC 280.515**

Data Classification and Handling: Electronic data will be classified into 4 groups per the Data Classification Standards:

Category 4 Data: Restricted Information - Data containing information that may endanger the health or safety of others or that has especially strict handling requirements by law, statute, or regulation.

- Staff must receive authorization from the data owner prior to accessing Category 4 data.
- Category 4 data requires Appointing Authority approval and a data sharing agreement approved through the Contracts Office to be released outside the Department, except for public disclosure or discovery/litigation hold requests or as covered in other Department policy.
- Electronic data will be stored and transmitted consistent with their classification per the Data Classification Standards unless a more restrictive data sharing agreement is in place.

Each staff is responsible for electronic data in his/her care, and will:

- Protect data at all times to avoid unauthorized access, loss, theft, or improper disclosure,
- Access, use, and release of Department electronic data as necessary to satisfy the business need,
- Handle non-Department electronic data in compliance with applicable laws and data sharing agreements, and will not request electronic data unless necessary to satisfy a business need, and
- Identify the classification of electronic data in his/her care, and maintain/ release the data consistent with its classification per the Data Classification Standards.

Staff will immediately report to the Chief Information Security Officer any:

- Unauthorized access or release of Category 2, 3, and 4 data.
- Lost or stolen computer equipment or portable electronic storage media (e.g., laptop, USB drive, flash drive) that contains Category 2, 3, or 4 data.

Failure or refusal to perform assigned responsibilities or willful violation of data classification policy or standards may result in disciplinary action, up to and including termination. In addition to Department action, wrongful release of Department data which constitutes a violation of federal or state law may be prosecuted and could result in civil or criminal penalties, including fines or imprisonment.

## Standard 115.242: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident?  Yes  No

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The State of Washington Department of Corrections (WADOC) has two policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments
- DOC 300.380 – Classification and Custody Facility Plan Review

Supporting documents provided

- OMNI PREA Risk Assessment – Assessor and Reviewer User’s Guide
- PREA Risk Assessment for Assessors and Reviewer LMS (training slides)
- OMNI case note (3 random samples)

BSWR did not have any inmates who identify as transgender or intersex during the 12 month audit time frame or while auditors were on-site.

During CCO interviews related to 115.241 and 115.242 this auditor was informed that the Transition House, Inc. Assistant Director is authorized limited access to OMNI and is responsible for housing assignments based on assessments which are completed by WADOC classification staff.

Prior to an offender transferring from one facility to another a transfer manifest is prepared by WADOC transportation unit. This transfer manifest is shared with the sending and receiving facilities. Per the DOC policy 300.380, Classification and Custody Facility Plan Review and DOC 490.820, prison Rape Elimination Act (PREA) Assessment and Assignments, facility staff will hold a multi-disciplinary team (MDT) review of the offender's listed on the transfer manifest prior to his/her arrival at the receiving facility. This screening review must include any history 'of predatory violence or predatory sexual violence, history of medical/mental health needs, safety/security concerns that impact housing or programming and appropriateness of specific work assignments. This screening is documented in the electronic OMNI system and entitled the Incoming Transport Job Screening (1TJS).

This information is shared with The Transition House, Inc. Assistant Director to ensure residents are housed appropriately.

### **DOC 300.380**

Screening committee reviews will be documented on the Incoming Transport/Job Screening Checklist. The screening will include, at a minimum:

- History of predatory violence and/or predatory sexual offenses,
- History of medical and/or mental health conditions that affect housing or programming or require immediate referral for medical/ mental health services,
- Safety/security concerns that may impact housing or programming,
- Employment screening,
- Offender Needs Assessment information, and
- Prison Rape Elimination Assessment (PREA) information per DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments.

For offenders with a documented history of predatory violence or predatory sexual offending, additional mental health and/or other employees/contract staff may be included to provide general input about areas of potential risk based on history.

Any concerns regarding work, treatment, education, offender change programs, or other activities raised after reviewing the offender’s PREA Risk Assessment will be documented in the

Summary/Statement field in the other section of the Incoming Transport/Job Screening Checklist, which will include any applicable mitigation strategies.

### **DOC 490.820**

PREA Risk Assessment information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review

Before placing the offender in a multi-person cell/room, employees responsible for making housing assignments will review the PREA Risk Assessment identifier to ensure the compatibility of cell/roommates.

For offenders who have not had a PREA Risk Assessment, either at the sending facility or on a prior incarceration, a mental health employee/ contract staff will review the completed DOC 13-349 Intersystem Mental Health Screening for information impacting the offender's housing assignment.

Employees will document the review in a PREA Housing chrono entry for each cell occupant.

Housing compatibility reviews and related PREA Housing chrono entries are not required for offenders being placed in dedicated single-person cells (e.g., Intensive Management Unit, segregation, mental health units).

If an offender is transferring between facilities, housing reviews can be completed in advance of the offender's arrival as long as a review is done to ensure the offenders assigned to the designated cell have not changed before the arriving offender is placed in the cell.

An offender who scores at potential risk for sexual victimization will not be housed in the same cell/room as an offender who scores at potential risk for sexual predation.

- Facilities with dormitory/open housing will establish procedures for appropriate bed assignments for at risk offenders.

Housing and programming will be reviewed, initially and prior to any transfer, by a local review committee for all offenders who identify as transgender or intersex. Reviews will be documented on DOC 02-384 Protocol for the Housing of Transgender and Intersex Offenders, which will be scanned into a secure site in the electronic imaging system accessible only by the PREA Compliance Manager/Specialist and the Correctional Program Manager/CCS or higher rank

In Work Releases, the review committee will include the CCS and assigned Classification Counselor/CCO.

The committee will meet, either in person or by phone, to discuss the case and determine its recommendation.

Housing placement recommendations will be submitted to the Prisons Command B Deputy Director for final review and approval.

If DOC 02-384 Protocol for the Housing of Transgender and Intersex Offenders is approved by the Prisons Command B Deputy Director indicating transfer to a facility, the receiving facility will complete Section Two of the form.

- The receiving facility review committee will conduct an interview with the offender, arranged by sending facility staff. The interview may be conducted telephonically or in person, as applicable.

If placement within the facility has not been approved by the Prisons Command B Deputy Director before the offender arrives at the facility, the offender will be housed as follows:

- In Work Release, the offender will be housed in a single person room or a room with an offender(s) assessed as “No Risk”.

Review committees will reassess placement and programming assignments every 6 months using DOC 02-385 Protocol for Housing Review for Transgender and Intersex Offenders to review any threats to the offender’s safety.

A Headquarters, Multidisciplinary Team (MDT) will meet to review housing assignments as determined and chaired by the Prisons Command B Deputy Director. The MDT will include the following individuals or their designees:

- PREA Coordinator,
- Assistant Attorney General,
- Chief Medical Officer,
- Chief of Psychiatry,
- Emergency Operations Corrections Specialist,
- Selected stakeholders from the community, and
- Others as identified on a case-by-case basis.

## REPORTING

### Standard 115.251: Resident reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No



### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

### 115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

### 115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has three policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 490.850 - Prison Rape Elimination Act (PREA) Response
- DOC 450.100 – Mail for Prison Offenders

Additional documents provided supporting policy proof of practice.

- PREA posters male and female in English and Spanish

- Washington Administrative Code – (WAC) 137.48-020 – definitions
    - (6) “legal mail” is correspondence to or from: Any court, the Washington Bar Association (WSBA), the indeterminate sentence review board (ISRB), the Washington state office of financial management tort claims division, Prison Rape Elimination Act (PREA) auditors certified by the United States Department of Justice, and/or the PREA coordinator at headquarters;
  - Copy of page(s) from resident/offender handbook applicable to PREA definitions and reporting
  - Sexual Assault and Abuse brochure in English and Spanish
  - PREA allegations received by Colorado DOC tracking log
  - Staff, contract staff and volunteers brochure
  - BSWR tracking log for allegations received
- July 13, 2017 this auditor reviewed WADOC website <http://www.doc.wa.gov/corrections/prea/resources.htm> and viewed all policy and standard required reporting information to be posted on the agency website. This auditor also contacted the reporting PREA hotline listed on posters to test and the call was answered and sent an email to the DOC web reporting address, receiving a response to my test the same day

On-site interviews with staff and residents confirmed practice with the policy that inmates had received and knew how to report. Some of the inmates and staff had knowledge that Colorado DOC is the outside reporting agency are that they are able to report to them. Residents and staff often referred to it as the “Colorado” form. During on-site tour audit team observed posters and brochures around the facility and that they were visible in areas required per policy.

BSWR CCS coordinates monthly checks to verify that the PREA hotline telephone number is posted on or near all offender telephones. During tours reviews to ensure posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services areas and Classification Counselor/Community Corrections Officer (CCO) offices.

#### **450.100**

Offenders have the ability to correspond by means of legal mail. Legal mail must meet all of the following requirements and is subject to inspection to ensure the contents qualify as legal mail. Legal mail must be correspondence to or from, as indicated in the mailing address or return address on the front of the envelope:

- Any court or opposing counsel/party, the Washington State Bar Association, the Indeterminate Sentence Review Board (ISRB), the Washington State Department of Enterprise Services’ Office of Risk Management, Prison Rape Elimination Act (PREA) auditors certified by the United States Department of Justice, and/or the PREA Coordinator at Headquarters.

#### **DOC 490.800**

Offenders, visitors, offender family members/associates, and other community members can report: Allegations of sexual misconduct, retaliation by offenders or staff for reporting sexual

misconduct, and/or staff actions or neglect that may have contributed to an incident of sexual misconduct.

Offenders may report PREA allegations in the following ways. Reporters may remain anonymous:

- Through the confidential PREA hotline at 800-586-9431, or at 844-2421201 for teletypewriter (TTY).
- The toll-free number will be posted on or near all offender telephones in Prisons and Work Releases and in the lobby/offender reception area in all Field Offices. Telephones will be accessible to Prison/Work Release offenders only during their free time hours.
- The facility/office will not record or monitor calls to the hotline.
  - An IPIN will not be required to place a call to the hotline. Headquarters will record and monitor all calls to the hotline. Messages will be checked by Headquarters personnel each regular workday.
- Verbally to any staff.
- In writing, through the following processes:
- Offender kites.
- Written notes or letters to staff.
- Legal mail addressed to the State Attorney General, the Office of the Governor, law enforcement, and/or the PREA Coordinator, per DOC 450.100 Mail for Prison Offenders or DOC 450.110 Mail for Work Release Offenders.
- Legal mail to the PREA Coordinator should be sent to P.O. Box 41131, Olympia, WA 98504.

Written report to an outside agency for Prison and Work Release offenders.

- These reports will be made using DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation. The offender can remain anonymous by not identifying him/ herself on the form. The forms will be available:
- In areas accessible to offenders in Prisons, with pre-addressed envelopes attached.
- On bulletin boards in Work Releases.

Once received, the outside agency will forward the report to the PREA Coordinator, who will respond to the allegation per DOC 490.850 Prison Rape Elimination Act (PREA) Response.

Visitors, offender family members/associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email [to DOCPREA@doc.wa.gov](mailto:DOCPREA@doc.wa.gov).

Staff will report all allegations, related retaliation, and knowledge of related staff actions or neglect that may have contributed to an incident per DOC 490.850 Prison Rape Elimination Act (PREA) Response.

**490.850**

Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident

Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process.

## Standard 115.252: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Element (a) an agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

Memo dated December 20, 2016 and signed by Secretary of Washington Department of Corrections, states that WADOC does not process PREA-related allegations through the offender grievance process.

This auditor checked off complaint on elements as there is policy and procedure should an inmate file a grievance, however, the grievance is not processed via the agency grievance policy and procedure.

WADOC has two policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 550.100 – Offender Grievance Program

BSWR did not have any PREA allegations reported via a grievance during this audit period.

## DOC 550.0100

Grievances alleging sexual misconduct will be forwarded to the PREA Coordinator per DOC 490.800 Prevention and Reporting of Sexual Misconduct and will not be reviewed through the grievance process

## DOC 490.800

Offenders may report PREA allegations in the following ways. Reporters may remain anonymous:

Offender grievances, including emergency offender grievances, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual. Copies of grievances alleging sexual misconduct will be forwarded immediately to the applicable authority per the PREA Reporting Process attached to DOC 490.850 Prison Rape Elimination Act (PREA) Response. The offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation. The PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct. If the allegation does not, the offender may refile the grievance per DOC 550.100 Offender Grievance Program.

## Standard 115.253: Resident access to outside confidential support services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has one policy related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting

Additional documents provided supporting policy proof of practice

- Community Sexual Assault Programs in Washington State Brochure
  - Brochure list all victim advocate locations in counties state wide
- Office of Crime Victims
- Sexual Assault Support and Information Line Brochure
- Poster
- Offender brochure in English and Spanish
- Copies of the offender PREA handbook
- Advocate confidentiality summary (Washington Coalition of Sexual Assault Programs 2016)
- Interagency Agreement contract K10237 between WADOC and Department of Commerce Office of Crime Victims Advocacy

Friday, November 3, 2017 auditor made a phone call to the Lutheran Community Services NW. Auditor left message with employee who stated they would provide the message to the staff member who oversees this program. As of date of this final report this auditor did not receive a return call.

During on site visit auditor and support staff observed posters and brochures and review of the resident handbook provided to auditor pre audit contained the information referenced in policy.

### DOC 490.800

Sexual assault support services may be obtained through the Office of Crime Victims Advocacy (OCVA).

Offenders may call 1-855-210-2087 toll-free Monday through Friday 8:00 a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. Abuse of the toll-free phone line will be reported to the Superintendent or the Work



Release Administrator for action as needed. In-person consultations may be available to supplement phone based support for eligible offenders.

Communication between the offender and the OCVA PREA Support Specialist is confidential and will not be disclosed unless the offender signs an authorization to release information.

Posters and brochures provided by the PREA Coordinator, detailing the role of the OCVA PREA Support Specialist and listing the toll-free phone number, will be posted in areas accessible to offenders, including Health Services areas, Classification Counselor/Community Corrections Officer (CCO) offices, and law libraries.

WADOC memo dated December 20, 2016 and signed by agency PREA coordinator related to element (b)

The Revised Code of Washington (RCW) 5.60.060 specifies confidentiality standards for community victim advocates. The law states:

- (7) A sexual assault advocate may not, without the consent of the victim, be examined as to any communication made between the victim and the sexual assault advocate.
- (a) For the purposes of this section, "sexual assault advocate" means the employee or volunteer from a sexual assault program or underserved populations provider, victim assistance unit, program or association, that provides information, medical or legal advocacy, counseling, or support to victims of sexual assault, who is designated by the victim to accompany the victim to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.
  - (b) A sexual assault advocate may disclose a confidential communication without the consent of the victim if failure to disclose is likely to result in a clear, imminent risk of serious physical injury or death of the victim or another person. Any sexual assault advocate participating in good faith in the disclosing of records and communication under this section shall have immunity from any liability, civil, criminal, or otherwise, that might result from the action. In any proceeding, civil or criminal, arising out of a disclosure under this section, the good faith of the sexual assault advocate who disclosed the confidential information shall be presumed.

However, the federal Violence Against Women Act (VOWA) prohibits disclosure of information collected in connection with services requested, utilized, or denied through grantees' and sub-grantees' programs within the informed, written, reasonably time-limited consent of the person.

Due to these more restrictive confidentiality parameters, the advocates providing services and support to offenders require a signed release prior to disclosure of information. Incarcerated individuals are informed of these confidentiality parameters in a brochure regarding access to community victim advocates and in orientation sessions.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.254 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
  
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
  
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has one policy related to and meeting compliance with this standard Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting

Additional documents provided supporting policy proof of practice

- Family brochure English and Spanish

Auditor reviewed PREA information to include how to report on WADOC website <http://www.doc.wa.gov/corrections/prea>

**DOC 490.800**

Maintain PREA content for the Department website, including publication of required information and documents.

A PREA Compliance Manager will be identified by the Superintendent for each Prison, and the Work Release Administrator will assign a PREA Compliance Manager for each Work Release. The PREA Compliance Manager will be an employee outside of any Intelligence and Investigation Unit, who will coordinate local PREA compliance and:

Coordinate monthly checks to verify, posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services areas and Classification Counselor/Community Corrections Officer (CCO) offices.

Visitors, offender family members/associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email [to DOCPREA@doc.wa.gov](mailto:DOCPREA@doc.wa.gov).

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has two policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.850 – Prison Rape Elimination Act (PREA) Response
- DOC 350.550 – Reporting Abuse and Neglect/Mandatory Reporting

Additional documents provided supporting policy proof of practice

- Staff brochure and poster
- Poster for medical areas in English and Spanish
- Interagency contract agreement K10912 between Washington State Department of Corrections and Washington State Department of Social and Health Services (DSHS) Adult Protective Services (APS)
- RCW 74.34.020 definitions

This auditor was provided a copy of the PREA reporting process flow chart which further supports policy DOC 490.850. Auditor reviewed the flow chart and it meets requirements and provides staff with an easy read of reporting responsibility including confidentiality requirement

BSWR had two of sexual abuse/sexual misconduct allegations reported during this audit time frame. Auditor was provided and reviewed the investigation reports which confirmed appropriate response and supported policy and procedure.

#### DOC 490.850

Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.

When an offender displays signs of sexual misconduct or discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting, the provider must inform the offender of the provider's duty to report before providing treatment. Offenders will also be informed of this requirement at Reception, and information will be posted in Health Services areas where it can be viewed by offenders.

The Appointing Authority/designee will ensure that notification is made to:

Child Protective Services (CPS), if the alleged incident occurred in any correctional setting and the alleged victim is/was under the age of 18 at the time.

Adult Protective Services (APS), if the alleged victim is classified as a vulnerable adult.

#### **DOC 350.550**

The Department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitation, or neglect involving vulnerable adults to the appropriate authority.

Information regarding abuse and neglect will be immediately reported to the appropriate authority, as follows: Any employee, contract staff, or volunteer who has reasonable cause to believe, based on observations made or information received in the course of his/her duties, that a child has suffered abuse and/or neglect, vulnerable adult has suffered abuse, abandonment, financial exploitation, and/or neglect.

Reports involving a child victim will be made to:

Child Protective Services (CPS) at 1-866-363-4276 or per the [Department of Social and Health Services \(DSHS\) website](#), or the law enforcement agency with jurisdiction where the abuse/neglect is believed to have occurred.

Reports of sexual or physical assault involving a vulnerable adult victim, or an act that has caused a vulnerable adult victim fear of imminent harm, will be made to the law enforcement agency with jurisdiction where the act is believed to have occurred.

All other reports involving a vulnerable adult victim will be made to Adult Protective Services (APS) at 1-866-363-4276 or per the [Department of Social and Health Services \(DSHS\) website](#).

## Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has two policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.850 – Prison Rape Elimination Act (PREA) Response
- DOC 490.820 – Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

Additional documents provided supporting policy proof of practice

- Monitoring plans – Screen shot of OMNI which proof of practice

Agency policy, supporting documentation and interview with CCS confirmed compliance with the standard. BSWR does not have restrictive housing.

### DOC 490.820

Classification Counselors/CCOs will develop a monitoring plan for: Offenders at increased risk for sexual victimization or predation. Transgender and intersex offenders.

Immediate actions will be taken to protect the offender when it has been determined that s/he is at substantial risk of immediate sexual assault or abuse.

Elements to consider in the monitoring plan include:

- Increased Classification Counselor/CCO initiated contact with the offender (e.g., checking in with the offender).
- Increased offender reporting to employees (e.g., checking in with custody officer, assigned Classification Counselor/CCO).
- Notification of screening results to a unit employee with a note to monitor the offender for changes in baseline behavior (e.g., cell change requests, giving/receiving store, depression, avoidance) and referral to mental health using DOC 13-509 PREA Mental Health Notification if changes occur.
- Instructing the offender to immediately report any sexually motivated interactions by other offenders.
- Encouraging the offender to maintain scheduled meetings with mental health providers, if applicable.
- Addressing any contact made between the perpetrator and the victim in cases of substantiated staff sexual misconduct.
- Other items that correlate with any of the specific information contained in the assessment.

Classification Counselors and CCOs will document the monitoring plan in a PREA Monitoring chrono entry in the offender's electronic file.

The monitoring plan will be reviewed during routine Facility Risk Management Team (FRMT) meetings and documented in a PREA Monitoring chrono entry.

#### **DOC 490.850**

##### Appointing Authority Response

##### Offender-on-Offender Sexual Misconduct:

Upon receipt of an allegation of offender-on-offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses.

In Prisons, the accused may be placed in restrictive housing per DOC 320.200 Administrative Segregation or DOC 320.260 Secured Housing Units in Stand Alone Minimum Security Facilities. Placement decisions will be based on the seriousness of the allegation. Least restrictive housing options should be considered before placement in restrictive housing.

In Work Releases, the accused may be transferred to a Prison.

Upon receipt of an allegation of offender-on-offender sexual abuse or sexual harassment, the Appointing Authority/Shift Commander/CCS will take necessary actions to protect the alleged victim and will consider:

- The nature of the allegation,
- The expressed mental health needs of the alleged victim, and
- Staff observations of the alleged victim's behavior or demeanor.

## Staff Sexual Misconduct

Upon receipt of an allegation of staff sexual misconduct, the Appointing Authority/designee will direct that one-on-one contact between the accused and the alleged victim is prohibited while the allegation is investigated. The Appointing Authority may temporarily reassign and/or restrict/modify the job duties of the accused during the investigation. If the accused is a contract staff or volunteer, the Appointing Authority may restrict his/her entry into the facility while the allegation is investigated.

The Appointing Authority/designee will attempt to minimize any disturbance to the alleged victim's housing location, program activities, and/or supervision during the investigation.

If the Appointing Authority/designee has specific information that the alleged victim may be a danger to him/herself or in danger from other offenders. The placement should only be made when no suitable alternative housing exists and last only as long as necessary for the offender's protection.

### Standard 115.263: Reporting to other confinement facilities

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

##### 115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

##### 115.263 (c)

- Does the agency document that it has provided such notification?  Yes  No

##### 115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



**Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has two policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.850 – Prison Rape Elimination Act (PREA) Response
- DOC 490.860 – Prison Rape Elimination Act (PREA) Investigations

Additional documents provided supporting policy proof of practice:

- Screen shot of report tracking sheet

During the audit period up to and including on-site visit, BSWR had not received any notification of sexual abuse that occurred while a resident was confined at another facility. Additionally, there were no reports of sexual abuse or harassment provided from another WADOC facility or other agency.

Agency policy meets compliance with this standard. Auditor was not able to view proof of practice as there had not been any reports received or required to report to another facility or agency.

#### **DOC 490.850**

The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident:

- Occurred in another Department location or another jurisdiction.
- Involved a staff who reports through another Appointing Authority.

#### **DOC 490.860**

The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.

### **Standard 115.264: Staff first responder duties**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.264 (a)**

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has two policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 420.850 – Prison Rape Elimination Act (PREA) Response
- DOC 420.365 - Evidence Management for Work Release

Additional documents provided supporting policy proof of practice:

- Aggravated sexual assault check list (DOC 490.820 attachment 1)
- PREA reporting process flow chart (DOC 490.820 attachment 3)
- PREA response and containment checklist (DOC 490.850 attachment 4)
- PREA response kit contents list (DOC 490.850 attachment 5)

BSWR had two allegations of staff on inmate sexual abuse/harassment reported during 12 month audit time frame. Investigation was provided pre on-site visit, this auditor reviewed the investigation which supported staff followed policy and procedure when the report was received.

Agency policies and supporting documents compliance with this standard.

Auditor review of DOC 420.365 clearly defines how evidence is collected and responsibilities of employees which include, but is not limited to: Evidence collection and how to ensure chain of custody is maintained, evidence storage and responsibilities of the evidence officer.

### **DOC 420.365**

The Community Corrections Supervisor (CCS) will assign an Evidence Officer to ensure all evidence seized during searches has been properly secured and DOC 05-131 Evidence/Property Record - Work Release has been completed.

### **DOC 420.850**

For all allegations except aggravated sexual assault, the Shift Commander/ Community Corrections Supervisor (CCS)/designee will implement appropriate security procedures and initiate the PREA Response and Containment Checklist

For allegations of aggravated sexual assault, the Shift Commander/CCS/ designee will initiate the Aggravated Sexual Assault Checklist (Attachment 1), and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation.

The Work Release PREA Response Team will include:

- The Work Release/Residential Program Administrator
- A Work Release CCS
- The Medical or Mental Health Duty Officer
- Other staff as necessary, which will be designated by the Work Release/Residential Program Administrator

Employees/contract staff designated to participate on a PREA Response Team will complete facility specific training on responding to aggravated sexual assault which will include, but not be limited to:

- Requirements of this policy and the PREA Response Plan
- Issues of offender sexual assault victims
- Gender responsive issues related to PREA response
- Evidence collection and retention
- Interactions with law enforcement

Prisons and Work Releases will maintain PREA response kits for responding to allegations of aggravated sexual assault, which contain the items listed in Attachment 5. The PREA Compliance Manager/designee will immediately replace any used items and inspect the kits regularly.

The PREA Coordinator will be notified via email of all forensic medical examinations as soon as possible.

## Standard 115.265: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has one policy related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 420.850 – Prison Rape Elimination Act (PREA) Response

BSWR has two facility Operational Memorandums policies related to this standard

- BSWR 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- BSWR 490.850 - Prison Rape Elimination Act (PREA) Response

Agency policy and work release operational memorandum were reviewed which included review of the response check list meeting compliance with this standard. Interviews with WADOC staff and contract staff confirmed that they know how to respond and who to report to. During phone interview with the facility CCS provided additional response requirements which she is follows.

#### DOC 420.850

Each Prison, Work Release, and Field Office will maintain a PREA Response Plan providing detailed instructions for responding to allegations of sexual misconduct.

## Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Documents provided to auditor to support compliance.

- 2015-2017 and 2017-2019 The State of Washington and Washington Federation of State Employees 266 CBA
- WADOC memorandum dated December 20, 2016

Contracts were reviewed and meet compliance with this standard.

## Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No

- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has one policy related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 420.860 – Prison Rape Elimination Act (PREA) Investigation

Prior to on-site visit during review of documentation provided related to this standard included memo from the CCS to the auditor that prior to on-site visit and during the 12 month audit cycle BSWR did not have any alleged victims, abusers or staff who reported a retaliation allegation. Post-onsite audit phone interview with the CCS confirmed that she did not have any residents which required to be monitored during this audit time frame as the alleged victims had been transferred to another WADOC facility for an infraction, not related to PREA allegation.

During the BSWR audit, this auditor was unable to verify the retaliation requirements were being met for residents who had been removed from work release and transferred to another WADOC facility. These residents were transferred for infractions to rules, not for the on-going investigation. This auditor followed up with the receiving facility and was informed that the inmates had not been placed on their retaliation tracking form and could not confirm they had been notified. The auditor was informed by the WROA that a verbal notification to the receiving facility had been completed via phone by the Appointing Authority. However, there was no written documentation supporting the phone conversation.

October 30, 2017 WROA emailed this auditor with a memo dated October 25, 2017 from the Statewide Programs Administrator, Work Release, recognizing there was a flaw in the procedure when residents are transferred to another WADOC facility and are under the 90 day retaliation tracking requirement.

After receiving follow up information this standard did not meet compliance and required corrective action. The corrective action included a request that the Statewide Programs Administrator, Work Release conduct a training/instruction to CCS and CC staff regarding the updated procedure and documentation of who attended the training. The time frame to update procedure and complete training complete the trainings is 180 days from dated interim report. Should an incident occur during corrective action time frame auditor should be provided with a copy of the retaliation documentation.

February 12, 2018 this auditor was provided a memo and copy of revised procedure DOC 490.850 with updated CCS responsibility to notify the receiving facility when residents are transferred. At the time of audit and up to the date of the final report there were no reported incidents requiring retaliation monitoring.

### **DOC 490.860**

Staff and offenders who cooperate with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority will take appropriate measures to address the concerns.

When an investigation of offender-on-offender sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters. If another Appointing Authority is assigned to investigate, s/he or his/her designee will notify the applicable Appointing Authority to initiate monitoring.

- Indicators of retaliation may include, but are not limited to:
  - Disciplinary reports,
  - Changes in grievance trends,
  - Housing/program changes and reassignments, or
  - Negative performance reviews.

The Appointing Authority of the facility where the alleged victim is housed will notify the following employees, as applicable, when monitoring is required, but will not provide specific details regarding the allegation and investigation:

The PREA Compliance Manager/Specialist at the facility where the report was made will ensure alleged victims and offender reporters are monitored and met with at least monthly.

The local Human Resource Manager/Community Corrections Supervisor will monitor employee reporters.

The PREA Compliance Manager/Specialist at the facility where the report was made will monitor contract staff and volunteer reporters.

Any report of retaliation expressed or indicated during the monitoring period will be immediately reported to the Appointing Authority, who will take appropriate action.



Retaliation monitoring will continue for 90 days following notification, or longer if the Appointing Authority determines it is necessary.

The PREA Compliance Manager/Specialist will complete and submit DOC 03-503 PREA Monthly Retaliation Monitoring Report to the Appointing Authority each month. No monitoring-related activities will be documented in chrono entries or supervisory files. If a reporter or alleged victim transfers to another facility during the monitoring period, the receiving facility will assume monitoring responsibilities.

Monitoring activities may be discontinued if the allegation is determined to be unfounded.

The Appointing Authority will notify the PREA Compliance Manager/Specialist or Human Resource Manager when monitoring activities are no longer required.

For allegations of sexual harassment, retaliation monitoring for reporters and alleged victims may occur at the discretion of the Appointing Authority.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

### 115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

### 115.271 (k)

- Auditor is not required to audit this provision.

### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has four policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 420.860 – Prison Rape Elimination Act (PREA) Investigation
- DOC 420.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 420.365 – Evidence Management for Work Release
- DOC 400.360 – Polygraph Testing of Offenders

Additional documents provided supporting policy proof of practice:

- WSP MOU
- Copy of the Office of the Secretary of State (SOS): Department of Corrections Records Retention Schedule
- Copy of Appointing Authority training – Responding to Staff Misconduct
- Copy of Investigator Training
- Screen shot of allegation report tracking
- Copy of BSWR log for allegations received

WADOC conducts administrative investigations. Criminal allegations are referred to and completed by outside law enforcement agencies.

Review of investigation report prior to on-site audit supported compliance with standard through proof of practice. Phone interview with CCS further supported compliance with policy, procedure and compliance with this standard.

During this audit cycle there were two Pioneer Human Services contract staff that had allegations reported which required an investigation. Both reports rose to the level of criminal conduct and referred to law enforcement. One contract employee resigned prior to the investigation and the second contract employee was immediately placed on administrative leave to ensure no further contact took place. The contract staff who was placed on administrative leave was terminated from employment. No notifications were submitted to licensing bodies as these staff did not have licensing requirements

WADOC has 560 staff members who have completed specialized training for PREA investigations. Allegations are reported to the Appointing Authority and the appointing authority sends the allegation to the HQ PREA unit. After review and if determine to meet criteria for PREA investigation HQ will return the allegation to the appointing authority for assignment. The appointing authority will then assign the allegation to a trained investigator.

Related to element (j), the facility exceeded this element. Offenders who discharged WADOC prior to the investigation being completed, the appointing authority will mail a case closure notification letter to an offenders last known address.

Auditor review of DOC 420.365 clearly defines how evidence is collected and responsibilities of employees which include, but is not limited to: Evidence collection and how to ensure chain of custody is maintained, evidence storage and responsibilities of the evidence officer.

#### **490.860**

The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department

Investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

The Appointing Authority will review the report and prior complaints/reports of sexual misconduct involving the accused

The PREA Coordinator/designee will review all allegations, determine which allegations fall within the definition of sexual misconduct, and forward those allegations to the appropriate Appointing Authority for investigation. The Appointing Authority/designee may review the allegation with the PREA Coordinator/designee if s/he disagrees with the decision,

All allegations that appear to be criminal in nature will be referred for law enforcement investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation. Investigation reports received from law enforcement will be an attachment to the final PREA investigation report submitted.

For each allegation in the report, the Appointing Authority will determine whether the allegation is:

- Substantiated: The allegation was determined to have occurred by a preponderance of the evidence,
- Unsubstantiated: Evidence was insufficient to make a final determination that the allegation was true or false, or
- Unfounded: The allegation was determined not to have occurred.

Once the Appointing Authority has made a determination, the alleged victim will be notified of the findings.

The Appointing Authority/designee of the facility where the offender is housed will inform the offender of the findings in person, in a confidential manner.

If the offender has been released, the Appointing Authority will inform the offender of the findings in writing to the offender's last known address as documented in his/her electronic file.

#### **DOC 490.800**

PREA investigators will be trained in: Crime scene management/investigation, including evidence collection in Prisons and Work Releases, Confidentiality of all investigation information, Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process, Crisis intervention, Investigating sexual misconduct, Techniques for interviewing sexual misconduct victims, and Criteria and evidence required to substantiate administrative action or prosecution referral.

Meetings with Local Law Enforcement - Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials.

#### **DOC 400.360**

Offenders who are alleged victims, reporters, or witnesses in Prison Rape Elimination Act (PREA) investigations will not be asked or required to submit to a polygraph examination regarding the alleged misconduct under investigation.

#### **DOC 420.365**

The Community Corrections Supervisor (CCS) will assign an Evidence Officer to ensure all evidence seized during searches has been properly secured and DOC 05-131 Evidence/Property Record - Work Release has been completed.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.272 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has one policy related to and meeting compliance with this standard Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 420.860 – Prison Rape Elimination Act (PREA) Investigation

Additional documents provided supporting policy proof of practice:

- DOC PREA appointing authority training: Responding to Staff Misconduct
- BWR complaint log
- RCW72.09.225: Sexual misconduct by state employees, contractors

Auditor was provided a memo from the agency PREA coordinator which provided additional information and clarification supporting policy. In order to ensure neutrality and consistency in sanction application the investigator remains separate from the finding process.

The assigned investigator submits the investigation report to the Appointing Authority to review for completeness. When the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony, and prior complaints and reports of sexual misconduct. The Appointing Authority also assesses the credibility of all witnesses involved in the investigation and determines if the allegations are substantiated, unsubstantiated or unfounded based upon a preponderance of the evidence.

Review of policy, supporting documents and reviewing investigations noted in 115.271, auditor had no issues or concerns.

### DOC 490.860

For each allegation in the report, the Appointing Authority will determine whether the allegation is,

- Substantiated: The allegation was determined to have occurred by a preponderance of the evidence

## Standard 115.273: Reporting to residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.273 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has one policy related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 420.860 – Prison Rape Elimination Act (PREA) Investigation

BSWR received two PREA allegations against contract staff that were investigated. While reviewing documentation related to the investigations the offenders had received notification verbally or in writing that WADOC had completed their investigation. Documentation supported proof of practice to the standard and agency policy.

#### DOC 490.860

Once the Appointing Authority has made a determination, the alleged victim will be notified of the findings. The Appointing Authority/designee of the facility where the offender is housed will inform the offender of the findings in person, in a confidential manner. If the offender has been released, the Appointing Authority will inform the offender of the findings in writing to the offender's last known address as documented in his/her electronic file.



All allegations that appear to be criminal in nature will be referred for law enforcement investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation.

The Department will make the following notifications, in writing, to alleged victims until they are no longer under Department jurisdiction:

Offender-on-Offender Allegations of Sexual Assault or Abuse: The alleged victim will be notified if the Department learns that the accused has been indicted on or convicted of a charge related to sexual assault or abuse within the facility.

The PREA Coordinator/designee will track all cases and make required notifications.

- Substantiated/Unsubstantiated Allegations of Staff Sexual Misconduct, the alleged victim will be notified:
- when the accused staff is no longer regularly assigned to the offender's housing unit, when the accused staff no longer works at the same facility as the offender, and
- If the Department learns that the accused staff has been indicted on or convicted of any charge related to staff sexual misconduct within the facility.
- The Appointing Authority/designee will track all cases, make required notifications, and forward copies to the PREA Coordinator.

Notifications will be provided to alleged victims in a confidential manner through legal mail or by another method determined by the Appointing Authority.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has three policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation
- DOC 450-050 – Prohibited Contact

Additional documents provided supporting policy proof of practice:

- DOC PREA appointing authority training: Responding to Staff Misconduct
- BSWR case datasheet
- RCW 72.09.225: Sexual Misconduct by state employees, contractors
- WAC 357-40-010: Can an appointing authority take disciplinary action
- Collective Bargaining Agreement

BSWR did not have any WADOC staff members under investigation during the audit time frame.

#### DOC 450.050

Restriction Process for Staff Sexual Misconduct/Harassment. Presumptive restrictions for contact between an individual found to have engaged in staff sexual misconduct and any offender, except an offender who is the staff's non-victim family member.

**DOC 490.800**

The Department recognizes the right of offenders to be free from sexual misconduct. The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate

**DOC 490.860**

Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies.

The Department may discipline and refer for prosecution, when appropriate, individuals determined to be perpetrators of sexual misconduct. Investigations involving represented employees will be conducted per the provisions of the applicable collective bargaining agreement.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.277 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

**115.277 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has two policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation
- DOC 450-050 – Prohibited Contact

Additional documents provided supporting policy proof of practice:

- RCW 72.09.225: Sexual Misconduct by state employees, contractors

Auditor reviewed policy and supporting documents which meet compliance with this standard. During this audit cycle there were two Pioneer Human Services contract staff that had allegations reported which required an investigation. Both reports rose to the level of criminal conduct and referred to law enforcement. One contract employee resigned prior to the investigation and the second contract employee was immediately placed on administrative leave to ensure no further contact took place. The contract staff who was placed on administrative leave was terminated from employment. No notifications were submitted to licensing bodies as these staff did not have licensing requirements.

#### **DOC 450.050**

Restriction Process for Staff Sexual Misconduct/Harassment.

Presumptive restrictions for contact between an individual found to have engaged in staff sexual misconduct and any offender, except an offender who is the staff's non-victim family member.

#### **DOC 490.860**

When a substantiated allegation is criminal in nature, the Appointing Authority/ designee will notify: Law enforcement, unless such referral was made previously during the course of the investigation, and relevant licensing bodies.

Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with offenders. For any other violations of Department PREA policies, appropriate actions will be taken.

### **Standard 115.278: Interventions and disciplinary sanctions for residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.278 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

#### 115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has three policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation
- DOC 460.135 – Disciplinary Procedures for Work Release
- DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting

Additional documents provided supporting policy proof of practice:

- WAC 137-28: Prison-Discipline
- WAC 137-28-310: Decision of Hearing Officer
- WAC 137-28-360: Sanctions and mental status
- WAC 137-25-020: Definitions

During this audit cycle BSWR did not have any allegations of inmate on inmate sexual abuse or harassment allegations/investigations to review proof of practice to the policy. WADOC policy and supporting documentation to include PREA definitions meet this standard. Review of resident handbook has all information related to the discipline process, PREA policy and definitions.

### **DOC 460.135**

#### Major Infraction Hearing Process

The Hearing Officer will conduct the Work Release major infraction hearing, assess the evidence, and render decisions in a fair and impartial manner in accordance with statute, case law, Washington Administrative Code, and Department policy.

Unless waived by the offender, Hearing Officers may not preside over a hearing in which they have personal involvement with any party or issue under consideration.

Consider factors such as the offender's overall adjustment to the facility, prior infractions, prior conduct, and mental status

An offender who is found guilty of a 611, 613, 635, or 637 violation may be sanctioned to a multidisciplinary FRMT review for consideration of available interventions (e.g., Mental Health therapy, Sex Offender Treatment Program, Anger Management).

### **DOC 490.860**

Prison and Work Release offenders may be subject to disciplinary action per DOC 460.050 Disciplinary Sanctions or DOC 460.135 Disciplinary Procedures for Work Release for violating Department PREA policies.

For substantiated allegations against an offender, an infraction must be written against the perpetrator for the applicable violation listed:

- 635 - Committing sexual assault against another offender, as defined in Department policy (i.e., aggravated sexual assault or offender-on-offender sexual assault)
- 637 - Committing sexual abuse against another offender, as defined in Department policy
- 659 - Committing Sexual harassment against another offender, as defined in Department policy

If the accused offender transfers to another facility before a hearing is held, the sending Appointing Authority/designee will forward an electronic copy of the investigation report to the receiving Appointing Authority/designee.

Hearings on PREA-related infractions will not be heard by alternate Hearing Officers.

The Hearing Officer may request access to review the investigation report from the Appointing Authority/designee. The review will be conducted in the location where the records are maintained. Copies will not be made for this purpose.

Appeals of findings or sanctions imposed for PREA-related infractions will be submitted to the Prisons Command B Deputy Director.

Alleged victims are not subject to disciplinary action related to violating PREA policies except when:

- An investigation of staff sexual misconduct determines that the staff did not consent to the contact.
- The Appointing Authority determines, by a preponderance of evidence, that the offender caused an innocent person to be accused by providing false or misleading information during any stage of the investigation.
  - The Appointing Authority must authorize a 549 violation before it is written and served.
  - A report of sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.

## **DOC 490.800**

The following terms are associated with this policy:

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

These terms are further defined in Prison Rape Elimination Act (PREA) Definitions.

## MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)



WADOC has four policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

Policies were reviewed and meet compliance with this standard.

- DOC 490.850 – Prison Rape Elimination Act (PREA) response
- DOC 610.025 – Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault
- DOC 610.300 – Health Services for Work Release Offenders
- DOC 600.000 – Health Services Management

Auditor was provided full copies of policy which was reviewed for compliance.

During this audit period BSWR did not have any allegations of sexual assault/abuse that warranted any emergency medical or crisis intervention services. This facility does not have medical or mental health staff on site, however if an incident was reported they would receive care at the local hospital in the immediate vicinity. This information is noted in the resident orientation handbook, Community Resource book and in the emergency response plan. Hospital staff provide care to include emergency contraception and sexually transmitted infections prophylaxis in the event of a sexual assault.

#### **DOC 490.850**

Prisons and Work Releases will maintain PREA response kits for responding to allegations of aggravated sexual assault.

Forensic exams will be performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If a SAFE/SANE is not available, the examination can be performed by a qualified medical practitioner.

The PREA Coordinator will be notified via email of all forensic medical examinations as soon as possible.

Victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental health services per DOC 610.025 Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault.

For all allegations, the offender will be referred for follow up to a mental health care provider using DOC 13-509 PREA Mental Health Notification.

All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender while s/he is housed in a Department or contracted facility

Work Releases and Field Offices will include referral information for community-based mental health services. Field Offices will also include referral information for victim advocacy services.

#### **610.025**

Any offender in partial or total confinement alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury and provide treatment and follow-up care. The offender will be provided medical and mental health treatment services that are clinically indicated based upon the evaluation. The forensic medical examination will be provided at a health care facility in the community.

When an offender seeking health care indicates to a health care provider that s/he has been a victim of sexual assault, sexual abuse, and/or staff sexual misconduct, or if the health care provider suspects that this is the case, the health care provider will immediately report the information per DOC 490.850 Prison Rape Elimination Act (PREA) Response.

The offender will be evaluated according to the community health care facility's sexual assault protocol. Department employees of the opposite gender will not be present during the examination unless security concerns require otherwise.

In facilities with health care services employees/contract staff onsite, the offender will be assessed in person by an appropriate health care provider before transport. The health care provider will:

Only provide emergency medical care per DOC 890.620 First Aid Emergency Medical Treatment to identify potential medical and mental health needs.

Make every effort to preserve forensic evidence during the initial response.

Give the offender information regarding the need for further medical evaluation to determine the:

- Extent of injuries,
- Testing for and treatment of sexually transmitted infections,
- Need for post-exposure prophylaxis for sexually transmitted infections, and
- Need for pregnancy prevention, if applicable
- Advise the offender if a forensic medical examination to collect evidence is indicated, and explain to the offender the procedures used.
- Request the alleged victim not destroy physical evidence on their bodies (e.g. no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by medical or as needed for transport.

Follow-up appointments with a health care practitioner and mental health professional will be scheduled within a clinically appropriate timeframe, no more than 3 working days after the initial notification of the allegation

All health information related to the evaluation and subsequent follow-up care will be confidential

### **610.300**

Offenders who are on Work Release status will have unimpeded access to health care.

Facilities will ensure that all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate.

If an offender is transported to a community health care facility, employees/contract staff will:

- Take steps to protect the victim upon return from the community health care facility

In the case of sexual misconduct, the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment.

A victim of sexual misconduct will not have debt added to his/her account for any medical or mental health treatment received as a result of reported sexual misconduct, whether or not s/he names the abuser or cooperates with any related investigation.

### **DOC 600.000**

The Health Services Division Standard Operations and Procedure Manual, including the Offender Health Plan and DOC-DOH Health, Environmental, & Safety Standards established under RCW 43.70.130(8).

Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided at no cost to the offender.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.283 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### **115.283 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### **115.283 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### **115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has six policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

Policies were reviewed and meet compliance with this standard.

- DOC 490.850 – Prison Rape Elimination Act (PREA) response
- DOC 610.025 – Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault
- DOC 610.300 – Health Services for Work Release Offenders

- DOC 600.000 – Health Services Management
- DOC 630.500 - Mental Health Services – Policy is specific to mental health response, care and follow up.
- DOC 610.040 – Health Screenings, Appraisals, and Status

Additional documents provided supporting policy proof of practice:

- Planned parenthood brochure

BSWR does not have medical or mental health staff on site. Medical and mental health information is referenced in the resident orientation handbook, staff community resource book and in the emergency response plan. Hospital staff provide care to include emergency contraception and sexually transmitted infections prophylaxis in the event of a sexual assault. Policies reflect that services will be at no cost to the victim.

Elements (d) and (e) are not applicable to this audit as this facility only houses male offenders.

### **DOC 610.025**

When an offender reports that s/he has been a victim of sexual misconduct, s/he will be offered medical and mental health treatment services as follows: If a report of aggravated sexual assault is made within 120 hours of the alleged assault and involves penetration and/or exchange of bodily fluids, the facility will attempt to transport the offender to the designated community health care facility within 2 hours of the report, unless an appropriate health care provider determines a forensic medical examination is not needed due to the nature of the alleged assault.

Follow-up appointments with a health care practitioner and mental health professional will be offered within a clinically appropriate timeframe

#### **Mental Health Evaluations for Substantiated Perpetrators**

Mental health professionals will attempt to conduct a mental health evaluation within 60 days of receiving the information for all offenders who have been identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions unless one has already been conducted for the specific allegation.

### **DOC 610.300**

Facilities will ensure that all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate.

Offenders who are on Work Release status will have unimpeded access to health care.

Offenders who are victims of sexual misconduct which took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections (STIs) and emergency contraception as medically appropriate.

### **DOC 610.040**

When indicated, offenders may be referred to community providers by filling out a discipline specific General Consult in OMNI-HS. DOC 13-380 Transfer/Release of Offender must also be completed if

a referral results in a transfer to another Department facility, and may be used to facilitate referrals to community providers when continuing treatment is appropriate

#### **600.000**

The Health Services Division Standard Operations and Procedure Manual, including the Offender Health Plan and DOC-DOH Health, Environmental, & Safety Standards established under RCW 43.70.130(8).

Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided at no cost to the offender.

#### **DOC 490.850**

All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender while s/he is housed in a Department or contracted facility.

## **DATA COLLECTION AND REVIEW**

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.286 (a)**

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### **115.286 (b)**

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### **115.286 (c)**

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### **115.286 (d)**

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has one policy related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

Policies were reviewed and meet compliance with this standard.

- DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation

Additional documents provided supporting policy proof of practice:

- Work Release Local Review log sheet
- BSWR allegation received log sheet

BSWR completed two sexual abuse incident reviews during the audit time frame. Auditor was provided with a memo dated June 2017 which noted a review team had convened. DOC 02-383 was provided to

the auditor with the investigation, these documents were reviewed and provided proof of practice to the policy and this standard. Phone interview supported compliance with policy and this standard.

#### **DOC 490.860**

For each substantiated or unsubstantiated finding of offender-on-offender sexual assault/abuse and staff sexual misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case.

Unfounded investigations and any investigation of sexual harassment may be reviewed at the discretion of the Appointing Authority

The committee will meet every 30 days, or as needed

The committee will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners

The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist. (check list was provided and reviewed)

### **Standard 115.287: Data collection**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.287 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

##### **115.287 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

##### **115.287 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

##### **115.287 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

##### **115.287 (e)**



- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has two policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

Policies were reviewed and meet compliance with this standard.

- DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation
- DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting

WADOC has a PREA allegation data base within the OMNI system. This allows for the standardized collection of the following:

- case outcomes and sanctions
- Alleged victim and accused
  - gender, age, race, also height and weight.
- Source of allegation,
- Location
- Date and time of incident
- Who the information was report to
- Incident description
- Investigation finding
- Referral
- Law enforcement, prosecution, licensing entity and disposition of referral
- Case notes

WADOC has received the Department of Justice (DOJ), Bureau of Justice Statistics (BJS) for submission of data regarding the Survey of Sexual Victimization and has submitted the information required to include forms for substantiated investigations. Auditor reviewed WADOC website and information is posted in their annual reports for 2013, 2014, 2015 and 2016 (posted December, 2017)

## DOC 490.860

Data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct.

Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders.

Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices.

The PREA Coordinator will generate an annual report of findings.

The report will include:

- An analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis.
- Findings and corrective actions at facility and Department levels.
- An assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years.

The report requires Secretary approval. Approved reports will be made available to the public through the Department website.

Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.

All data/reports will be provided on request to the U.S. Department of Justice.

## Standard 115.288: Data review for corrective action

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has one policy related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation

WADOC redacts personal identifying information from annual report for safety and security purposes. However, the annual report does contain statistical data regarding cases and demographics. Auditor did review agency website which confirmed compliance with policy and standard.

<http://www.doc.wa.gov/corrections/prea/resources.htm>

#### DOC 490.860

The PREA Coordinator will generate an annual report of findings.

The report will include:

An analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis. Findings and corrective actions at facility and Department levels.

An assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years.

The report requires Secretary approval. Approved reports will be made available to the public through the Department website.

Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.

## Standard 115.289: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

#### 115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

WADOC has three policies related to and meeting compliance with this standard. Auditor was provided policies which were reviewed for complete standard compliance. This auditor included some sections/segments of the DOC policy that is applicable in part to this standard within the comment section.

- DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation
- DOC 280.310 – Information Technology Security
- DOC 280.515 – Electronic Data Classification

Additional documents provided supporting policy proof of practice:

- Office of the Secretary of State – DOC records retention schedule
  - 2.6 Security and Control

WADOC has systems in place to ensure restricted access to all PREA allegations, investigations, and related data. All allegations are reported via the Incident Management Report System (IMRS) within OMNI. Access to any IMRS regarding PREA is restricted and confidential and limited to only those staff with a need to know. All access is reviewed and approved by the agency PREA Coordinator to ensure compliance with established restricted access parameters.

#### **DOC 490.860**

All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Electronic Data Classification

Data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct.

Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders

Records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule.

#### **DOC 280.310**

Mandatory criminal history background checks, as required in DOC 810.015 Criminal Record Disclosure and Fingerprinting, must be completed and cleared prior to granting access to IT resources.

Access rights and privileges to IT resources will require prior authorization

Passwords or other means of authenticating user identity will be required for access to IT computer resources. At a minimum, every user accessing a Department computer will be required to authenticate with a unique login name and password.

All users with access to confidential Department data must maintain the integrity of the data per DOC 280.515 Electronic Data Classification

**DOC 280.515**

Electronic data will be classified into 4 groups per the Data Classification Standards

Category 4 Data: Restricted Information - Data containing information that may endanger the health or safety of others or that has especially strict handling requirements by law, statute, or regulation

Each staff is responsible for electronic data in his/her care, and will:

- Protect data at all times to avoid unauthorized access, loss, theft, or improper disclosure

Staff will immediately report to the Chief Information Security Officer any:

- Unauthorized access or release of Category 2, 3, and 4 data

Failure or refusal to perform assigned responsibilities or willful violation of data classification policy or standards may result in disciplinary action, up to and including termination.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.401 (a)**

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)  
 Yes    No    NA

**115.401 (b)**

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes    No

**115.401 (h)**

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes    No

**115.401 (i)**

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

All requirements were met and completed by this auditor. Auditor did not receive any written communication from residents prior to on-site, during on-site, or post audit.

#### Standard 115.403: Audit contents and findings

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- 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 reviewed agency website <http://www.doc.wa.gov/corrections/prea/resources.htm#reports> which has audit reports posted to include prior audit report 2015 for Progress House Work Release.



## 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.

Deborah Striplin

April 13, 2018

**Auditor Signature**

**Date**