

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: April 24, 2017

Auditor Information			
Auditor name: John Katavich			
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Telephone number: (916) 324-6688			
Date of facility visit: March 28, 2017			
Facility Information			
Facility name: Helen B. Ratcliff Work release			
Facility physical address: 1531 13 th Avenue South, Seattle, Washington			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (206) 320-6600			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Theo Lewis			
Number of staff assigned to the facility in the last 12 months: 19			
Designed facility capacity: 47			
Current population of facility: 40			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 19-67			
Name of PREA Compliance Manager: N/A		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	
Agency Information			
Name of agency: Washington Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 7345 Linderson Way SW, Tumwater, WA 98501-6504			
Mailing address: <i>(if different from above)</i> PO BOX 41100, Mail Stop 41100, Olympia, WA 98504-1100			
Telephone number: (360) 725-8213			
Agency Chief Executive Officer			
Name: Jody M. Becker-Green		Title: Secretary Department of Corrections	
Email address: jmbeckergreen@doc1.wa.gov		Telephone number: 360-725-8889	
Agency-Wide PREA Coordinator			
Name: Beth Schubach		Title: WADOC PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE

Helen B. Ratcliff Work Release is located at 1531 13th Avenue South, Seattle, Washington. Helen B. Ratcliff is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above on March 28, 2017. Following coordination, preparatory work and collaboration with management staff at Helen B. Ratcliff, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

PRE-AUDIT PHASE

On January 9, 2017, the California Department of Corrections and Rehabilitation (CDCR) provided the audit notice to Washington Department of Corrections (WADOC) PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. An e-mail received from WADOC PREA Coordinator confirming placement of the audit notice on February 15, 2017. Notices were to be posted in areas accessible to offenders, visitors and staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from WADOC in February, 2017.

Pre-audit section of the compliance tool: In February, 2017, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. This auditor started completing the audit section of the compliance tool by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool. Policies and procedures were reviewed for compliance with the PREA. The auditor took notes to follow-up on any questions about policies that were unclear or did not appear to address the standard adequately. Supporting documentation was reviewed for relevance to the standards and notes were taken to request clarification or to verify accuracy during the on-site tour. This auditor did not receive any letters from offenders housed at the facility.

ON-SITE PHASE

On March 28, 2017, the audit team arrived at Helen B. Ratcliff. The audit team consisted of Roger Benton, certified PREA auditor and me, certified PREA auditor.

The audit team met with WADOC Work Release Compliance and Oversight Administrator Carrie Trogdon-Oster, PREA Coordinator Beth Schubach, and the management staff of Helen B. Ratcliff for greetings, introductions and information sharing. The team was escorted to a conference room which served as a home base for audit preparation and organization.

Upon arrival at Helen B. Ratcliff, the audit team requested and received the names of the employees assigned to the facility. The audit team selected the names of staff who would be interviewed. Also on this date, the audit team received a roster of all offenders at the facility with identification numbers and assigned bed numbers, sorted by housing unit. The auditor also requested a list of offenders classified into any of the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Lesbian & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

Helen B. Ratcliff did not have any offenders housed at the facility that meet any of the above criteria.

On-site Review: The audit team conducted a thorough site review of the facility. During the tour, audit team members asked impromptu questions of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, inspected bathrooms, showers and strip search areas to identify potential cross gender viewing concerns. Audit team members also noted the placement of PREA information posters in offender housing areas and placement of the PREA audit notice provided to the facility. In some areas, audit team members took photos to document the on-site review.

Staff interviews: The audit team members split up the interviews of the management and specialized staff, noting that some of the staff members had several different responsibilities relative to PREA. The audit team members utilized the conference room or private offices to conduct confidential interviews.

The audit team identified specialized staff to be interviewed. Interviews included the following:

- Incident Review Team Members
- Staff who Conduct Intake Screening
- Case Workers
- Investigations and Intelligence Staff (facility level investigations)
- Human Resources
- Person Responsible for Contractor, Volunteer and Vendor Clearances

- Person Responsible for Monitoring Retaliation
- Higher Level Supervisors
- Pioneer Human Services Contractor
- Volunteers
- First Responders

Based on the physical design and mission statement, Helen B. Ratcliff does not have a need for staff in the following roles:

- Medical and Mental Health
- Sexual Assault Nurse Examiner
- Segregated Housing Staff
- Training Director

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters from all three shifts. The interviews were conducted in the privacy of the conference room or private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 6 random staff interviews were conducted.

Random Offender Interviews: Helen B. Ratcliff did not have any offenders from any of the PREA-interest offender categories. Nine offenders were interviewed randomly. The audit team member completed the interviews in a private office. The audit team member introduced himself, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random offender interview protocols and recorded the offender answers by hand using the designated form. Clarification was requested, as needed to ensure the offender's responses were clear.

Document Reviews: Training records and background check documents were reviewed on all WADOC and Pioneer Human Services staff that are currently working at the facility. Offender documents were reviewed to insure compliance with the PREA standards. These documents include intake screening, medical/mental health referrals, and offender training documents. The auditors collected copies of documents to support the audit findings. There were no PREA investigations during this audit period.

Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. Either team member would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the staff at Helen B. Ratcliff on March 28, 2017. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. The auditor gathered written information and feedback from the other team member and took responsibility for completing the audit report.

The auditor and PREA Coordinator agreed that any documents not received during the pre-audit phase or site review would be requested via email and provided by the PREA Coordinator.

Audit Section of the Compliance Tool: The auditor reviewed onsite document review notes, staff and offender interview notes and site review notes and began the process of completing the audit section of the compliance tool. Auditors used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate "yes" or "no" boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the "overall determination" section at the end of the standard indicating whether or not the facility's policies and procedures exceeds, meets or does not meet standard. Where the auditor found the facilities policies and procedures did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

DESCRIPTION OF FACILITY CHARACTERISTICS

Helen B. Ratcliff Work Release is located at 1531 13th Avenue South, Seattle, Washington. Helen B. Ratcliff is one of several work releases operated by Pioneer Human Services under contract with the State of Washington. The facility is located on Beacon Hill; a residential community just east of downtown Seattle. Helen B. Ratcliff has the capacity to house 47 female offenders. 35 beds are for state work release offenders, eight beds are for Kings County offenders, one bed is for a pre-release cook and two rooms are reserved for women who are involved in the Residential Parenting Program. The facility employs 19 full time staff. Four of these employees are WADOC staff.

Helen B. Ratcliff was opened on June 17, 1988. It is the only all-female work release program located in Seattle Washington. The facility is named after Helen B. Ratcliff to honor her work in the criminal justice system. The facility property is still owned by the Ratcliff family. Helen B. Ratcliff is a re-entry facility that aids the offenders in their transition back into the community. The focus of re-entry is assisting offenders receive gainful employment, education and housing upon their release. The typical offender arrives at Helen B. Ratcliff with 2 to 4 months left to serve on their sentence. Helen B. Ratcliff offers offenders programs and services in FareStart-outside, Road Map to Success, Life Skills to Work-South Seattle and religious programs.

SUMMARY OF AUDIT FINDINGS

The on-site portion of the audit was a consistent paced review of all areas of the facility. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff were attentive to the needs of the auditors and were extremely hospitable. The audit team thanks the Work Release Compliance and Oversight Administrator, the PREA Coordinator, the Program Director and all of the staff at Helen B. Ratcliff Work Release.

Overall, it is evident that staff at Helen B. Ratcliff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with all of the PREA standards.

Some of the positives observed by the audit team included:

- The documents provided to the audit team prior to arriving at Helen B. Ratcliff were complete and highly organized. All clarification questions were responded to quickly and with sufficient detail to eliminate any confusion.
- The staff have a clear understanding of the policy. The WADOC headquarters staff are very involved in the PREA process and proactive in helping the institutions prevent, respond to and report PREA incidents.
- The training provided to the staff is effective and thorough. Every staff member that the audit team talked with knew the policy and their responsibility to prevent and report PREA incidents. Training records reflected that mandatory staff training had been completed. All staff, contractors and volunteers are trained on PREA every year.
- The offender population understands their rights to be free from sexual abuse and could explain to the auditors how they would report an allegation. The offenders stated they felt sexually safe at this facility. It appears that the offenders would feel comfortable going to staff to report any safety issues.
- The Community Corrections staff has taken ownership of the PREA intake process and are very thorough in their reviews and training of newly arriving offenders.

Any issues of concern that were addressed during the audit were corrected to the satisfaction of the audit team prior to the conclusion of this report. There is no corrective action required for this audit.

Number of standards exceeded: 2 (5%)

Number of standards met: 37 (95%)

Number of standards not met: 0 (0%)

Number of standards not applicable: 0 (0%)

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

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

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

DOC 490.800, Prison Rape Elimination Act Preventing and Reporting Policy, Page 2, Section I. A. states the Department has zero tolerance for all forms of sexual misconduct. Page 3 of this policy defines sexual misconduct as aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. Additionally staff-on-offender sexual harassment and staff sexual misconduct are defined as sexual misconduct. This policy addresses the departments approach toward preventing, detecting and responding to such conduct.

The responsibilities of the Washington Department of Corrections PREA Coordinator's duties are defined in this policy on page 3 and 4. The PREA Coordinator for WDOC is Beth L. Schubach. Beth Schubach's classification is a manager and she reports directly to the Deputy Secretary.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

Policy DOC 490.800, page 9 requires 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 that the WDOC be allowed to monitor the PREA compliance.

According to a memorandum signed by the WADOC PREA Coordinator, there are currently five public/private agencies that are contracted to house WADOC offenders. Copies of all five contracts were reviewed by this auditor. All five contained language specific to the requirement that the facility/agency comply with the DOJ PREA standards. All five contained a clause allowing for WADOC to inspect the facility/agency for PREA compliance. This includes the contract with Pioneer Human Services, the entity that is contracted to operate Helen B. Ratcliff Work Release. Helen B. Ratcliff has full time WADOC staff assigned to work at the facility to oversee the operations.

During the interview with the Contract Administrator for WADOC, he stated that all five contracts have been monitored for PREA compliance within the past year. The agency has verbiage that goes in all new contracts for offender housing, which covers the PREA compliance and monitoring requirements.

Standard 115.213 Supervision and monitoring

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

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

Staffing plans for WADOC work release facilities are based upon the staffing plans for minimum security camps. Offenders are screen prior to approval for placement in the work release facilities. Contracting agencies have agreed to these staffing plans. Each year the staffing plans are reviewed for adequacy. Helen B. Radcliff Work Release is staffed 24 hours a day, seven days a week. The minimum resident monitoring staffing requirements are two staff on day shift, three staff on evening shift and two staff on night shift. Additionally there are management, corrections staff and a secretary on day shift into swing shift. There must be at least one female employee and one employee that is DOC Academy trained on shift at all times. With the augmentation of video surveillance, this is sufficient staff to run the facility safely.

During the past twelve months, Helen B. Radcliff has not experienced any staffing shortages. There have not been any allegations of sexual abuse during this audit period. A staffing level review and assessment was completed and the staffing plan was deemed adequate and was not changed.

During the most recent vulnerability assessment conducted by the Department, it was determined that there are adequate levels of video surveillance at Helen B. Radcliff. More video equipment has been requested, however there is currently is no funding source.

Standard 115.215 Limits to cross-gender viewing and searches

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

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Offenders are subject to pat down and electronic searches of their persons. In the event that an employee suspects that the offender is concealing contraband that would only be revealed in a strip search, the offender is transported back to prison and the strip search is conducted at the prison. There is always a female staff working at Helen B. Radcliff to conduct pat-down searches of offenders. During this audit period, there have been no incidents where the female offenders were pat down searched by male staff. There have not been any strip searches conducted during this audit period either.

Policy 490.800, section VIII, requires that offenders be provide the opportunity to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This includes video surveillance. The male staff at Helen Radcliff announce their presence before entering the area where offenders shower, toilet or change clothes. This practice was observed during the audit tour. The physical design of Helen Ratcliff allows for offenders to shower, perform bodily functions and change clothes without being observed by male staff. A review of the security video screen confirmed that the cameras do not view offenders when they are in the restrooms or in their bedrooms. All of the offenders interviewed stated that they are able to dress, shower and perform bodily functions without being observed by male staff. They all stated that male staff announce their presence prior to entering the living quarters or restrooms.

Offenders that are received at Helen Ratcliff have all been classified as female by WADOC. The staff do not strip search offenders to determine genital status.

Staff are trained in cross gender pat-down searches, however male staff do not perform this function. Helen Ratcliff did not have any transgender/intersex offenders at the time of the audit.

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

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

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

Policy 450.500, Language Services for Limited English Proficient (LEP) Offenders, states that the department will provide interpretive and translation services through Department and/or contract services at all Department Facilities. The policy also requires non-Spanish limited English Proficient offenders, including those requiring American Sign Language, to receive orientation in a language that they understand.

The department has several contracts with individuals who are certified in sign language. Additionally this auditor was provided a list of individuals and firms that are contracted with WADOC to provide interruptive services. There are two telephone vendor interpretive services, CTS Language Link and Linguistica International, available 24 hours a day, seven days a week. Helen B. Radcliff has PREA information posters located in all of the common areas in both English and Spanish. The PREA video is available in both English and Spanish and has closed caption for the hearing impaired. WADOC has several PREA brochures available that are designed for the low functioning offender.

WADOC requires that only professional interpreters or translation services, including sign language, are available to assist offenders in understanding the PREA policy, reporting allegations, and/or participating in investigations of sexual misconduct. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.

Memorandum dated signed January 3, 2017, by the Director of Helen B. Radcliff states that they have not housed any offenders who have needed interpretive services during this audit period. The facility has not housed any offenders that have uncorrected vision or hearing impairments during this audit period. When interviewing staff at the facility, they were able to inform the auditors on how they would use the interpretive services if needed. None of the staff said they would use another offender to interpret for them.

Standard 115.217 Hiring and promotion decisions

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

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Policy 490.800, section V, outlines the WADOC's staffing practices related to PREA. The policy states that 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 center, juvenile facility or other institution; 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 activity described above. WADOC requires perspective employees and contractors to disclose if they have had any of the previously stated sexual misconduct in their history. The contract with Pioneer Human Services (PHS), the agency contacted to operate Helen B. Radcliff, has this PREA standard language in their contract with WADOC. All potential employees are asked to complete a questionnaire during the hiring process and disclose any prior sexual misconduct that they may have committed while working at a detention facility. PHS cannot hire an employee who has answers "Yes" to any of the questions. Additionally the candidates are required to disclose if they worked in any other detention type facility.

Policy requires that PHS consider any incidents of sexual harassment in determining whether or not to hire, promote, or enlist the services of anyone who may have contact with an offender.

WADOC and PHS complete criminal background checks on all perspective employees and contractors. This background checks are also completed at least every five years on current employees. These background checks include the Washington Crime Information Center and National Crime Information Center. A list of all employees was provided to this auditor. All employees at Helen B. Radcliff have had a background completed within 5 years.

Employees are informed that failure to fully divulge criminal information may be cause for disciplinary action, up to and including dismissal or termination of service annually during the required PREA training..

Policy allows WADOC to provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom such employee has applied for work.

Standard 115.218 Upgrades to facilities and technologies

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

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Policy 490.800, PREA Prevention and Reporting, section VII, B, states that the Department will consider the possible effects on its ability to protect offenders from sexual misconduct when: Designing 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.

Helen B. Radcliff has not had any physical modifications during this audit period. The upgrade to Helen B. Radcliff's video surveillance for the 15-17 budget year is ranked eleventh of twelve work release facilities.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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Helen B. Radcliff does not conduct their own criminal investigations into Sexual Assaults. In the event that an offender claims to have been sexually assaulted, and the facility needs additional resources, the facility works with the Intelligence and investigation unit from Washington Corrections Center for Women and contacts the Seattle Police Department, Kings County Sheriff’s Office or the Washington State Police. Staff are trained how to preserve evidence until the proper authorities arrive.

Policy 490.850, section III, 5, a, requires that all offenders alleging sexual acts perpetrated by either staff or another offender that occurred within the previous 120 hours and involved penetration or exchange of body fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic exam. Harborview Medical Center is the primary provider of these services. The SAFE/SANE nurse was interviewed by this auditor and she confirmed that, in the event of a sexual assault, Harborview Medical Center would conduct the forensic exam.

Helen B. Radcliff has a contract in place with Harborview Medical Center for Sexual Assault and Traumatic Stress to provide advocacy services. Helen B. Radcliff has not required any services from the victim advocate during this audit period.

WADOC has an agreement with Seattle Police Department to respond to Helen B. Radcliff for investigations of sexual assaults. The Seattle Police Department will handle to case according to their sexual assault response policy.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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Policy 490.860, PREA Investigation, requires the Department to thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. All allegations are referred to the WADOC PREA Coordinator. The coordinator determines if the information meets the prima facie for a PREA investigation. If the allegation is criminal in nature, the case is referred to the Seattle Police Department for investigation. If the case is administrative it is assigned to Helen B. Radcliff Work Release. The facility has one trained investigator on staff. Investigations can be conducted by any WADOC PREA trained investigator. There are several other trained investigators at the other local work releases that assist in investigations.

There is an agreement between the WADOC and the Seattle Police Department that, in the event of a sexual assault, the staff at Helen B. Radcliff will contact Seattle PD and preserve evidence until they arrive.

Helen B. Ratcliff did not have any PREA allegation investigations during this audit period.

Standard 115.231 Employee training

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

- Does Not Meet Standard (requires corrective action)

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

Policy 490.800, section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. A review of the training guide (PREA 101) revealed that the training covers policies and operational memorandums related to the Prison Rape Elimination Act, and the criminal and disciplinary penalties for engaging in prohibited behavior. The training also covers: The WADOC zero tolerance policy; How to prevent, detect, report, and respond to sexual misconduct; Offender's rights to a sexual abuse and sexual harassment free environment; offender's and staff's right to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamic of sexual abuse and sexual harassment in confinement; The common reactions of victims; How to detect and respond to signs of threatened or actual sexual abuse; How to avoid inappropriate relations with offenders; How to communicate effectively with LGBTI offenders and; How to comply with laws related to mandatory reporting. This training is delivered to the employees and contractors through an online class. Additionally all employees attend the Work Release Academy. The training at this academy covers the PREA policy in some detail.

The training provided by WADOC, addresses both male and female issues in some detail. Employees at Helen B. Radcliff receive training gender specific to both male and female offenders.

The documents provided to this auditor indicated that all employees and contractors are current with the PREA training. During the interviews with staff, they all were able to articulate their role in the prevention, response and reporting of PREA.

Standard 115.232 Volunteer and contractor training

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

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

Policy 490.800, section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. The training that volunteers and contractors are required to take is the same training that employees must take (PREA 101). This training exceeds the requirement for this standard.

The document provided to this auditor indicated that all contractors and volunteers are current with the PREA training. A review of all of Helen B. Ratcliff staff's training records demonstrates compliance with this standard. During the interviews with contractors and volunteers, they all were able to articulate their role in the prevention, response and reporting of PREA.

Standard 115.233 Resident education

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

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

Policy 490.800, PREA Reporting and Preventing, section XII, requires that all 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.

Newly arriving offenders at Helen B. Radcliff attend an orientation class that covers the PREA zero tolerance policy, how to report PREA incidents, their right to be free of retaliation for reporting such incidents, and WADOC's policies for responding to such incidents. Each offender signs a document confirming that they have received the information. Offenders attend this class within 48 hours of arrival. Of the 267 offenders received last year, only 8 did not receive the PREA orientation information within 48 hours. All of the offenders eventually received the information.

Each offender is provided with a PREA brochure that explains the Department's PREA policies. PREA information is available via posters throughout the facility. The posters and brochure are in English and Spanish. This auditor was provided copies of these materials.

WADOC has several versions of PREA brochures available for low functioning offenders. Helen B. Radcliff plays a video that explains the PREA policy and how to report sexual misconduct. The video is close captioned for the hearing impaired. This video is also in Spanish.

Every offender interviewed knew the department's zero tolerance policy, that they have a right to be free from sexual harassment/assault and how to report a PREA incident.

Standard 115.234 Specialized training: Investigations

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

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

Policy 490.800, PREA Prevention and Reporting, requires that all PREA Investigators be trained in: Crime scene management and 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.

A review of the lesson plan provided to the auditor demonstrates compliance with this standard. All of the required topics are covered in the 14 hour training required for investigators. A list of attendees in the training revealed that Helen B. Radcliff has one trained investigator. The investigator was interviewed during this audit. Documents were provided demonstrating that she had completed the required training. The investigator indicated that she would most likely not investigate a PREA incident at Helen B. Radcliff, however would investigate allegations at the other work releases in the Seattle area. Any allegation at Helen B. Radcliff could be investigated by an investigator from one of the other work releases. Helen B. Radcliff did not have any PREA allegations filed during this audit period.

All allegations that appear to be felonious crimes are referred to the Seattle Police Department Police.

Standard 115.235 Specialized training: Medical and mental health care

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

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

Helen B. Radcliff does not have any full time or part time medical service employees. All of the medical services are referred for services in the community. Harborview Medical Center is the primary facility for SAFE/SANE exams. In the event that Harborview's SAFE/SANE nurse is not available, there are other hospitals in the area that can provide this service.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

Policy 490.820, PREA Risk Assessments and Assignments, requires 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 compliance within 72 hours, even on weekends and holidays.

WADOC uses an objective screening program called Offender Management Network Information (OMNI) to screen all offenders for risk of victimization and abusiveness. The OMNI program has "yes" and "no" check boxes and data fields for the screening staff to enter data about each offender. Based on the data entered, the offender is rated on their potential for victimization or abusiveness. Nine of the ten criteria listed in PREA 115.41 (d) are included for entry in OMNI. There is not a location to enter information on civil immigration statuses. Helen B. Radcliff does not house offenders solely for civil immigration processing. OMNI also includes fields to enter information about prior acts of sexual abuse, violent offenses, and history of prior institutional violence or sexual abuse.

Prior to offenders arriving at Helen B. Radcliff, OMNI is reviewed to check on the offenders PREA risk classification. Offenders with a risk assessment that indicates that they are a potential victim are placed in a single room or a double room with an occupant that has been assessed as "no risk identified". Once the offender arrives a staff member completes another PREA risk assessment, including an interview with the offender. This face-to-face assessment is conducted within 72 hours of arrival. Another PREA risk assessment is completed between 21 and 30 days of arrival at the work release facility. A review of the provided documents demonstrates a majority of the assessments are complying with the required time frames. All of the offenders interviewed acknowledged that they were interviewed and asked about their safety upon arrival to Helen B. Radcliff.

Offenders are not disciplined for refusing to respond to these questions. Only limited classifications of staff have access to this program and offenders do not have access.

Standard 115.242 Use of screening information

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

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

WADOC requires each facility to utilize the data obtained from the OMNI program to place offenders in the proper housing, bed, work, education and program assignment ensuring separation of potential victims and potential predators. Each offender is evaluated on his or her own case factors to ensure their safety.

Prior to being transferred to Helen B. Ratcliff, OMNI PREA risk assessments are reviewed to insure that there are no housing restrictions or concerns. Housing and bed assignments are completed by use of the PREA Risk Assessments. Bed moves are only completed after a committee review. Offenders with a risk assessment that indicates that they are a potential victim are placed in a single room or a double room with an occupant that has been assessed as "no risk identified". Offenders housed at Helen B. Ratcliff Work Release are employed by private entities in the community. Offenders are responsible for securing their own employment. The same is true for most education and rehabilitative programs.

Per policy each transgender or intersex offender is reviewed for any threats to their safety. WADOC utilizes form DOC 02-384, Protocol for the Housing of Transgender and Intersex Offenders, to evaluate each transgender and intersex offender prior to housing. The DOC 02-384 is a thorough assessment of the offender's case factors and these reviews take into account the offender's own view of their safety. Every six months each transgender and intersex offender is re-evaluated utilizing form DOC 02-385, Protocol for Housing Review for Transgender and Intersex Offenders. These reviews are a comprehensive assessment of the offender's safety concerns, including the offender's own perceived views of his or her safety.

The facility does not house offenders based on their perceived LGBTI statuses. The facility has single showers available for offenders who do not wish to shower in the presence of others. According to a memorandum provided by the facility director, Helen B. Ratcliff has not had any offenders identifies as lesbian or bisexual housed at the facility during this audit period.

All of the offenders interviewed felt that staff are concerned about their safety and feel sexually safe at Helen B. Ratcliff.

Standard 115.251 Resident reporting

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

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

WADOC provides several methods to report sexual abuse and sexual harassment, retaliations for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders can correspond through mail (which is not read), call a toll free phone number (phone calls are not monitored) to the WADOC PREA unit, tell staff, send a note to a staff member or have a friend or family member report it. These options allow for anonymous reporting. WADOC has a contract in place with the Colorado Department of Corrections to serve as each other's external reporting entity. The offender's handbook contains the phone

numbers and address to report any sexual abuse/harassment. Additionally posters are visible throughout the facility, in English and Spanish, which provide the toll free number to call. Pre-addressed envelopes to the Colorado Department of Corrections PREA Unit are available on the bulletin board for the offenders to use. All of the offenders interviewed knew how to report a PREA incident. They also knew that their friends and family can report an incident on their behalf.

Policy requires, and staff are trained, to document all reported PREA allegations, whether it is in writing, a verbal report, anonymously, or a third party report.

Staff are required to report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor. Every staff member interviewed stated that, if an offender were to report a PREA allegation, they would contact the Work Release Administrator via telephone. They also stated that they would not share the information with any other people, unless directed to do so.

Standard 115.252 Exhaustion of administrative remedies

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

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

PREA standard 115.52(a) states that an agency is exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. Memorandum dated December 20, 2016, signed by the Secretary of Washington department of Corrections, states that WADOC does not process PREA-related allegations through the offender grievance process.

If an offender files a grievance alleging sexual misconduct, a copy of the grievance is forwarded to the WADOC PREA unit. If it determined that the issue of the grievance is not related to PREA, the offender may pursue the issue through the grievance process. If the issue has been determined to be PREA related, the case is referred to the Appointing Authority (Work Release Administrator) who assigns the case to an investigator. The investigation is pursued like any other PREA investigation. This process requires that the allegation is investigated by a PREA trained investigator and that the Appointing Authority makes the final decision. Additionally, since PREA allegations are removed from the grievance process, offenders do not have to exhaust administrative remedies before attempting to resolve the issue through litigation. This information is available to the offenders in the grievance policy handbook.

There are no time limits to reporting an allegation of sexual misconduct. Since the PREA unit forwards the grievance to the appointing authority to initiate an investigation, the grievance is not submitted to the staff member who is the subject of the complaint.

Helen B. Ratcliff did not have any PREA allegations reported through the grievance process.

Standard 115.253 Resident access to outside confidential support services

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

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

WADOC and Helen B. Ratcliff have several outside advocacy groups that offenders can contact both via mail or telephone for emotional support services related to sexual abuse. The facility has a bulletin board that is dedicated to PREA information. This bulletin board contains information on how to contact the rape crisis centers and victim advocates in the region. Offenders have access to a brochure that lists all of the community sexual assault programs in Washington State. Additionally the facility has posters in several locations with the phone number and hours of operation for the Office of Crime Victims Advocacy. WADOC does have an interagency agreement with the Office of Crime Victims Advocacy to provide support services to offenders who are victims of sexual assault.

Offender's phones are not monitored and mail is not read. All communications are not monitored by staff allowing confidential communications with victim advocates.

Standard 115.254 Third-party reporting

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

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

Policy DOC 490.800, PREA Prevention and Reporting, assigns responsibility to the PREA Coordinator of ensuring that the WADOC website is current with information on how friends and families can report sexual abuse and sexual harassment. The Program Manager is responsible to ensure that posters are viewable by visitors and the public providing information on how to report an allegation of sexual abuse or sexual harassment.

The information on how to report a sexual assault/harassment is printed on posters in the visiting area in both English and Spanish. The information is also on the Department's website.

Helen B. Ratcliff did not have any PREA allegations received from a third party source.

Standard 115.261 Staff and agency reporting duties

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

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

Policy DOC 490.850, PREA Response, requires that staff 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, volunteers and contractors are trained to report any PREA allegation to their supervisor confidentially. They are not to share the information with any other individual unless there is a need to know. All of the staff interviewed stated that they would contact the Work Release Administrator if they received any information about a PREA incident.

Information related to allegations or incidents of sexual misconduct is confidential and will only be disclosed when necessary for treatment, investigation, and other security and management decisions.

Helen B. Ratcliff does not have any medical or mental health staff. All of these services are provided within the community.

Standard 115.262 Agency protection duties

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

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

Policy DOC 490.850, PREA Response, states that 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. The accused may be placed in restrictive housing. Placement decisions will be based on the seriousness of the allegation. Least restrictive housing should be considered. In the event that the allegation involves staff sexual misconduct, the one-on-one contact between the accused and alleged victim is prohibited while the allegation is investigated. The Appointing Authority can redirect or modify the duties of the staff member during the investigation. If the accused is a contract staff or volunteer, the Appointing Authority may restrict their entrance into the institution until the conclusion of the investigation.

Because of the physical design of the facility, Helen B. Ratcliff would transfer the accused to back to prison to separate an alleged victim from an alleged perpetrator. Employees would be redirected to another work release or restricted from coming on grounds during the investigation if the allegation was staff sexual abuse.

Helen B. Ratcliff did not have any PREA allegations that required the separation of the victim and the suspect.

Standard 115.263 Reporting to other confinement facilities

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

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

Policy DOC 490.850, PREA Response, requires that the Appointing Authority notify the appropriate Appointment Authority or facility administrator within 72 hours of receipt of an allegation when an alleged incident occurred within another Department or another jurisdiction or involves a staff who reports through another Appointing Authority.

Helen B. Ratcliff did not receive any allegations from offenders that occurred at other facilities.

Any allegations received by Helen B. Ratcliff from another facility are handled in the same manner as any PREA allocation. No other facilities contacted Helen B. Ratcliff to report an allegation of sexual abuse or harassment that occurred at Helen B. Ratcliff.

Standard 115.264 Staff first responder duties

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

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

Policy DOC 490.850, PREA Response, address how each facility shall respond to an allegation of sexual assault. The Community Corrections Supervisor is responsible to insure that the PREA response plan is followed. The procedure includes a checklist to provide guidance through the initial response process. This checklist includes separating the alleged victim from the alleged perpetrator, preserving any physical evidence, contacting the local authorities, notifying the chain of command and transferring the alleged victim to the hospital for emergency medical concerns and forensic exam.

Policy 420.365, Evidence Management for Work Release, outlines the procedure for securing evidence in the event of a crime. The evidence is processes in a manor to insure that it is admissible in court. Any evidence collected in a PREA crime scene will be turned over to the local law enforcement agency that is handling the criminal investigation.

Helen B. Ratcliff trains their staff to: Separating the victim from the suspect; preserving the crime scene for evidence and; Request the victim and accused do not destroy any evidence by washing, toileting, changing clothes, eating, drinking, or smoking. All of the staff interviewed were able to demonstrate their knowledge of their responsibilities to the audit team.

Staff, volunteer's and contractor's required PREA training, identifies any staff, volunteer or contractor, whoever receives the information first, as first responders. As a first responder, these employees are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the suspect, remove uninvolved offenders and relay observations. The staff that the audit team interviewed knew their role as a first responder. Each of the employees stated that they would contact the Work Release Administrator once the situation were controlled and isolated.

Standard 115.265 Coordinated response

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

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

Policy DOC 490.850, PREA Response, address how each facility shall respond to an allegation of sexual assault. Each institution is required to establish a response team consisting of a sergeant, investigator, medical staff, mental health staff and other classifications as necessary. This policy includes a checklist for the staff member in charge to follow.

Helen B. Ratcliff has a response plan in place that outlines the duties of each individual when responding to a PREA sexual assault. This plan is maintained at the Duty Station so that it is available during all hours. The plan includes separating the alleged victim from the alleged perpetrator, preserving the crime scene, notifying the supervisor, contacting local authorities, medical and victim advocate. All of the staff were aware of this plan and where it was located if needed.

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

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

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

A review of the Collective Bargaining Agreements provide to this auditor demonstrate compliance with this standard. Management does have the right to separate the offender from a staff member who is the subject of an investigation either by temporarily reassigning the employee, redirecting the employee or restricting that employee from grounds during the investigation.

The Work Release Administrator explained to this auditor under what conditions he would redirect an employee to a different work release or restrict an employee from coming on ground.

Standard 115.267 Agency protection against retaliation

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

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

Policy 490.860, PREA Investigation, explains the WADOC retaliation prevention policy. The Appointing Authority at the facility where the victim is housed will notify the PCM that monitoring is required. The PCM will ensure alleged victims and offender reporters are monitored and meet with at least monthly. Retaliation against employees is monitored by the Human Resource Manager at the direction of the Appointing Authority. While monitoring the PCM looks for housing unit/job changes, negative performance reviews or disciplinary reports. The monitoring is conducted for at least 90 days unless the Appointing Authority determines that the monitoring period should be extended.

The PCM documents the monitoring of offenders on a form DOC 03-503, PREA Monthly Monitoring Report, and forwards that to the Appointing Authority.

At Helen B. Ratcliff the monitoring duties of the PCM are carried out by the Community Correctional Officer. There were no cases requiring monitoring during this audit period.

Standard 115.271 Criminal and administrative agency investigations

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

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

Policy DOC 490.860, PREA Investigations, require that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. Staff investigating PREA allegations will be trained in: Crime scene management, including evidence collection; Confidentiality; Maranda and Garrity warnings; Crisis intervention; Investigating sexual misconduct; Techniques for interviewing victims of sexual misconduct and; Criteria and evidence required to substantiate administrative action or prosecution referral. The investigation will be completed even if the offender is no longer under the jurisdiction of the Department or the accused staff is no longer employed by the Department.

Investigators are trained to follow the evidence protocol as called out by Policy DOC 420.375, Contraband and Evidence Handling. The training documents reviewed by the audit team demonstrated compliance with this standard. During the interview, the investigator explained the training that she received and proper handling of evidence.

All potential felony cases are referred to the Seattle Police Department or the Washington State Police. WADOC investigators only conduct compelled interviews if the District Attorney has declined prosecution. Once the case is referred to the local law enforcement agency, that agency determines if the case will be referred for prosecution. Helen B. Ratcliff did not have any cases that were referred to the local law enforcement agency for investigation during the audit period.

WADOC policy does not allow the use of a polygraph on alleged victims, reports or witnesses in PREA investigations. According to the Work Release Administrator, victim, witness, and suspects credibility is based on its own merit.

The investigations include all physical evidence, testimony, reasoning behind credibility assessments and investigative facts and findings. All administrative investigations are forwarded to the Appointing Authority who will make a determination if the staff actions of failure to act contributed to the abuse. The Appointing Authority then makes a determination of unfounded, unsubstantiated or substantiated.

Helen B. Ratcliff did not have any PREA investigations during this audit period.

Office of the Secretary of State, Washington State Achieves, Record Retention Schedule requires all PREA investigation documents be retained 50 years after the close of the investigation. A memorandum dated Mach 29, 2017, signed by the Deputy Secretary, WADOC, states that "If a review of the investigatory records reveals that the accused individual does not meet the 5-year requirement outlined above (PREA standard 115.71 i), the records will be maintained until this requirement is meet, even if it exceeds the 50 year retention time frame."

WADOC policy requires that investigations are completed thoroughly even if the victim or suspect (offender or staff member) is no longer with WADOC. The Work Release Administrator confirmed that this is the practice at Helen B. Ratcliff.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

Policy DOC 490.860, PREA Investigation, requires the Appointing Authority to determine if the allegation is substantiated, unsubstantiated, or unfounded. Substantiation is based on a preponderance of evidence.

The training that all Appointing Authorities attend teaches that substantiation is 51% sure that the event occurred. The Appointing Authority is the individual charged with determining the conclusion of the investigation. The Appointing Authority for Helen B. Ratcliff is the Work Release Administrator. The interview with the Work Release Administrator confirmed this is the practice.

Standard 115.273 Reporting to residents

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

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

Policy DOC 490.860, PREA Investigations, requires that the alleged victim will be informed in person, in a confidential manner, of the results of the investigation (substantiated, unsubstantiated or unfounded). If the allegation was investigated by the local law enforcement agency, the results of the investigation will be retained with the PREA case file and the offender will be notified of these results. In the event that the case was substantiated or unsubstantiated, and involves a staff member, the alleged victim will be notified if the accused staff member is no longer assigned to the unit, works at the same facility or the Department learns that the accused has been indicted on or convicted of staff sexual misconduct within the facility. In the event that the case was substantiated or unsubstantiated, and the suspect is an offender, the alleged victim will be notified if the Department learns that the accused has been indicted on or convicted of sexual misconduct within the facility.

During the interview with the Work Release Administrator, he stated that he would give the direction to notify the victim of the outcome to the Community Correctional Officer who would provide documentation that the offender was notified.

Helen B. Ratcliff did not have any Sexual Abuse cases reported during this audit period.

Standard 115.276 Disciplinary sanctions for staff

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

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

Washington State Human Resources policies state that the Secretary shall immediately institute proceedings to terminate the employment of any persons who is found to have had sexual intercourse or sexual contact with an inmate or pled guilty or convicted on a sex crime where the victim was an inmate.

Per WADOC policy, staff may be terminated for violation of the PREA Policies. In the event that the employee resigns prior to the completion of the investigation, the investigation is continued. If the nature of the staff sexual misconduct is criminal in nature, the case is forwarded to the local law enforcement agency to conduct the investigation.

Helen B. Ratcliff has not had any substantiated PREA allegations against any employees for sexual abuse/harassment during this audit period.

Standard 115.277 Corrective action for contractors and volunteers

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

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

Policy DOC 490.860, PREA Investigations, requires any substantiated PREA allegation that is criminal in nature be referred to law enforcement and any applicable licensing board. 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 Departmental PREA policies, appropriate actions will be taken.

If the allegation was against permanent contract staff that work at Helen B. Ratcliff would be placed on administrative time off until the completion of the investigation to separate the alleged victim and the alleged suspect. The Program Director stated that Pioneer Human Services will terminate employees that have sexually assaulted or sexually harassed an offender. During this audit period, there were no substantiated investigations involving a contractor or volunteer at the Helen B. Ratcliff Work Release.

Standard 115.278 Disciplinary sanctions for residents

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

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

Policy DOC 460.000, Disciplinary Process for Prisons, sets the due process requirements for offender disciplinary hearings. This includes a right to have copies of all non-confidential documents, a notice of when the hearing will be held, a right to call witnesses, a right to be present at the hearing, a right to written results of the hearing and a right to appeal. These are the same policies for all disciplinary hearings including offender-on-offender sexual abuse.

In the event that the offender is found guilty of a disciplinary violation, the Disciplinary Hearing Officer (DHO) will determine the appropriate sanctions based on the Departmental guidelines. When determining sanctions, the DHO may consider factors in mitigation or aggravations based on the offender's mental health status, prior conduct or overall prison adjustment. An offender that is found guilty of committing sexual abuse against an offender or committing sexual assault against an offender may be sanctioned to a multidisciplinary review for consideration of available interventions (e.g. Mental Health Therapy, Sex Offender Treatment Program, Anger Management).

Helen B. Ratcliff did not have any substantiated PREA cases during this audit period. Therefore no disciplinary actions were taken.

Standard 115.282 Access to emergency medical and mental health services

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

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

Helen B. Ratcliff does not employ any medical or mental health staff. Medical services are provided by Harborview Medical Center. The information for the Harborview Medical Center is posted at the facility, and provided in the offender's orientation handbook.

Policy 610.300, Health Services for Work Release Offenders, states that, offenders that report sexual misconduct have access to local community providers for medical treatment and mental health evaluations as appropriate. Offenders that are victims of sexual misconduct that took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections and emergency contraception as medically appropriate. The Appointing Authority will authorize payment and coverage of any medically necessary treatment and any identified mental health treatment. Offenders are not responsible for any medical costs accrued while incarcerated.

A telephonic interview was conducted with the SAFE/SANE staff at Harborview Medical Center. She confirmed that Harborview Medical Center handles most of the medical needs of the offenders at Helen B. Ratcliff. Any mental health needs are referred to a local provider in the community.

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

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

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

Policy DOC 610.025, Health Services of Offenders in Cases of Alleged Sexual Misconduct, requires the facility to transfer the alleged victim to the designated health care facility within 2 hours when an offender makes an allegation of sexual assault within 120 hours of the alleged assault occurring. The offender is offered a mental health appointment and, unless the offender declines, will be seen by mental health within one business day. Policy requires immediate access to mental health services if the offender is in crisis. Once evaluated a treatment plan is put in place. This treatment plan may include individual/group therapy, referral to medical/mental health specialists, medication or outside medical/mental health treatment. The offender's medical file is not transferred to the work release. In the event that an offender has ongoing medical/mental health treatment plan, the information is forwarded to the work release prior to the offender's arrival. Arrangements are made with the community providers to insure continuity of care. If the offender divulges any medical/mental health issues at the intake interview, the offender is referred to a local provider for further evaluation.

Policy 610.300, Health Services for Work Release Offenders, states that, offenders that report sexual misconduct have access to local community providers for medical treatment and mental health evaluations as appropriate. Offenders that are victims of sexual misconduct that took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections and emergency contraception as medically appropriate. The Appointing Authority will authorize payment and coverage of any medically necessary treatment and any identified mental health treatment.

Policy requires that pregnancy tests be offered as follow-up to a sexual assault. If the victim is becomes pregnant, information and access to all lawful pregnancy-related medical services are provided.

For offenders identified as perpetrator in a substantiated sexual misconduct, staff will submit a referral for community mental health evaluation.

Standard 115.286 Sexual abuse incident reviews

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

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

Policy DOC 490.860, PREA Investigation, states that for each substantiated or unsubstantiated finding of offender-on-offender sexual assault and staff sexual misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case. The committee will meet every 30 days or as needed. The committee will consist of facility managers, 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.

The form DOC 02-383 includes the questions: As a result of the investigation, is a change in policy or local procedure indicated; Was the incident motivated by race, sexual orientation, transgender or intersex status, gang affiliation or other group dynamic; Did physical barriers or other physical plant layout enable the abuse; Did the incident take place in an area subject to video monitoring; Were the Department approved staffing models followed and; Was monitoring technology available/adequate?

Helen B. Ratcliff did not have any PREA allegations that required the PREA Review Committee to meet during this audit period.

Standard 115.287 Data collection

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

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

WADOC policies set standard definitions utilized in PREA reports, investigations and documentation. The policies also include an Investigation Report Template that is a standardized instrument for investigations utilized throughout WADOC.

WADOC has established a PREA allegation and case database within the Offender Management Network Information (OMNI) system. This system allows for a standardized collection of data. The data collected in OMNI is sufficient to complete the SSV-IV forms.

The PREA Coordinator collects the data annually from all WADOC facilities and contracted facilities and compile an annual report. The collected data is analyzed to identify factors contributing to sexual misconduct in Department Facilities and offices. In 2016, DOJ requested the 2015 PREA report information from WADOC. This information was provided to the DOJ as requested.

Standard 115.288 Data review for corrective action

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

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

Policy DOC 490.860, PREA Investigations, requires the PREA Coordinator to generate an annual report of findings. This report includes an analysis of PREA prevention and response for the Department and each facility, including high-level summary information and detained facility data analysis. The report also includes findings and corrective action at the facility and Departmental levels. The PREA Coordinator completes an assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective action from previous years. The Secretary of Corrections approves the report. This auditor reviewed the WADOC website and was able to easily find the annual PREA report. The report contained no confidential information.

Standard 115.289 Data storage, publication, and destruction

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

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

WADOC maintains the PREA reporting data in the OMNI system. The access to the data in this system is limited to staff who have a need to know. Access to the system is reviewed by the Emergency Operations Administrator to insure the integrity of the system. The PREA report is completed annually in accordance to PREA standard 115.88. This report is posted on the WADOC website. A review of the report posted on the website confirms that all personal identifier were removed prior to posting.

Office of the Secretary of State for the State Washington Record Retention Schedule requires that all PREA investigations be retained for 50 years.

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

John Katavich

April 24, 2017

Auditor Signature

Date