

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 06/10/2020

Auditor Information

Name: Maren Arbach	Email: marbach@nd.gov
Company Name: Click or tap here to enter text.	
Mailing Address: PO Box 5521	City, State, Zip: Bismarck, ND 58506-5521
Telephone: 701-328-6653	Date of Facility Visit: 09/09/2019-09/12/2019

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Washington State Department of Corrections		State of Washington, Office of the Governor	
Physical Address: 7345 Linderson Way SE		City, State, Zip: Tumwater, WA 98511	
Mailing Address: PO Box 41100		City, State, Zip: Olympia, WA 98511	
Telephone: 360-725-8213		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Working together for safe communities.

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

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Beth Schubach	Title: Agency PREA Coordinator
Email: blschubach1@doc1.wa.gov	Telephone: 360-725-8789

PREA Coordinator Reports to: Jeneva Cotton, Deputy Director Command B	Number of Compliance Managers who report to the PREA Coordinator 0
--	---

Facility Information

Name of Facility: Washington Correction Center for Women

Physical Address: 9601 Bujacich Road NW Gig Harbor, Washington 98332-8300

Mailing Address (if different than above): [Click or tap here to enter text.](#)

Telephone Number: 253-858-4200

The Facility Is: Military Private for profit Private not for profit

Municipal County State Federal

Facility Type: Jail Prison

Facility Mission: United in Purpose. Devoted in Excellence.

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

Warden/Superintendent

Name: Deborah J Wofford **Title:** Superintendent

Email: djwofford@doc.wa.gov **Telephone:** 253-858-4212

Facility PREA Compliance Manager

Name: William Swain **Title:** Associate Superintendent of Programs

Email: wjswain@doc1.wa.gov **Telephone:** 253-858-4616

Facility Health Service Administrator

Name: Kathleen Reninger **Title:** Health Services Manager 3

Email: kjreninger@doc.wa.gov **Telephone:** 253-858-4217

Facility Characteristics

Designated Facility Capacity: 738 **Current Population of Facility:** 954

Number of inmates admitted to facility during the past 12 months 2047

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 1412

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 1799

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		32	
Age Range of Population:	Youthful Inmates Under 18: None	Adults: 19 to 82 years of age	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		36 Months	
Facility security level/inmate custody levels:		Maximum, Close, Medium, and Minimum Custody	
Number of staff currently employed by the facility who may have contact with inmates:		453	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		159	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		27	
Physical Plant			
Number of Buildings: 34		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		8	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and Disciplinary):		40	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Exterior corner mount, ceiling mount dome, exterior wall mount dome, interior wall mount dome, corner mount dome, parapet mount PTZ, dome. Cameras are placed throughout the facility and outer perimeter. Control is located past public access. Video footage retention is 30 days.			
Medical			
Type of Medical Facility:		Outpatient/Inpatient Multidisciplinary Clinic	
Forensic sexual assault medical exams are conducted at:		St. Joseph's 1717 South J Street Tacoma WA 98405 General Tacoma 315 Martin Luther King Jr Tacoma WA 98405	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		665	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		47	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Washington Department of Corrections (WADOC) and North Dakota Department of Corrections and Rehabilitation (NDDOCR) are both members of the Western States Consortium. As part of this consortium, the NDDOCR was assigned to send an auditor to conduct the audit of the Washington Correction Center for Women (WCCW). The PREA Coordinator from WADOC and the PREA Coordinator from NDDOCR arranged to have the onsite portion of the audit conducted from 09/09/2019 through 09/12/2019. This audit was conducted by dual-certified PREA auditor, Maren Arbach, and three support staff. The agency conducted background checks on all members of the audit team.

Approximately six weeks prior to the onsite audit, audit notices, in English and Spanish, were posted in all living areas, in visitation areas, in the medical area, in the mental health area, and other common areas. The notices provided the auditor contact information which offenders, staff, and visitors could utilize to write confidentially regarding sexual safety at WCCW. No letters were received by the auditor.

Pre-audit documentation, the pre-audit questionnaire, and additional supporting documentation was provided via flash drive. The pre-audit documentation was received in an organized manner with standard by standard folders containing applicable information.

On 09/09/2019, the audit team arrived at WCCW to initiate the onsite portion of the audit. Facility staff provided the team with a roster of all offenders housed at the facility as of 09/07/2019. At that time, there were 876 offenders housed at the facility. A brief meeting was held with facility leadership in which introductions were made and the audit process and methodology were discussed.

Following the in briefing, facility staff lead the audit team on a site review. The site review covered the entire facility including all inmate living areas, all common areas, recreation areas, the kitchen and dining room, visitation, staff office areas, the control rooms, education, medical, the library, programming areas, vocational areas, maintenance, and laundry. PREA signage was observed throughout the facility ensuring reporting information was visible for all inmates, staff, and visitors.

Following the site review, offender interviews were conducted as follows:

Type	Minimum Needed	Actually Conducted
Minimum Number of Offender Interviews	30	44
Random Offender	15	29
Targeted Offender	15	15
Youthful	3	0
Offenders with Physical Disability Inmates who are Blind, Deaf, or Hard of Hearing	1	3

Inmates are Limited English Proficient	1	2
Inmates with Cognitive Disability	1	1
Inmates who Identify as Lesbian, Gay, Bisexual	1	1
Inmates who Identify as Transgender or Intersex	2	2
Inmates in Segregated Housing for High Risk of Victimization	1	0
Inmates who Reported Sexual Abuse	3	4
Inmates who Reported Sexual Victimization During Risk Screening	2	2

The following staff interviews were conducted:

- 1) WADOC Secretary
- 2) WCCW Superintendent
- 3) PREA Coordinator/Contract Monitor
- 4) PREA Compliance Manager
- 5) WCCW Investigator
- 6) Training Coordinator
- 7) Volunteer Coordinator
- 8) Two Volunteers
- 9) Psychologist
- 10) Chaplain
- 11) Mental Health Staff
- 12) Medical Staff
- 13) Seven Shift Supervisors (Captain, Lieutenant, or Sergeant)
- 14) Staff who conduct Risk Assessments
- 15) Classification Staff
- 16) Disciplinary Staff
- 17) Intake Staff
- 18) Grievance Staff
- 19) Mail Room Sergeant
- 20) Mail Room Staff
- 21) Plant Manager
- 22) Two Staff who Work in Segregation
- 23) Seventeen Random Staff

The lead auditor began a conversation with the PREA Coordinator regarding the definitions utilized by the WADOC. Specifically noted was the definition of sexual harassment not including anything regarding requests for sexual favors which is part of the definitions within the standards. During the days onsite, the lead auditor and PREA Coordinator worked to put together updated definitions for submission to headquarters. The PREA Coordinator and Superintendent were notified this would be part of corrective action for the WCCW audit.

In addition, while onsite; the lead auditor witnessed an offender-on-offender sexual harassment where a transgender offender was asked about their genitals. Due to the concerns pertaining investigations, a request was made to the Superintendent to forward all information pertaining to the incident to the auditor as it progressed. The facility staff entered a report on the IMRS system which was sent to the PREA Triage Unit at Headquarters. The triage unit replied back that, since the event was not repeated, no investigation was needed. The auditor spoke with both the Superintendent and the PREA Coordinator about the guidance listed in the frequently asked questions which states that if an event is significant enough, repeated is not required to warrant an investigation. This information was relayed back to the triage unit who instructed the Superintendent to assign an investigator. The guidance regarding repeated was also added to the updated definitions discussed in the preceding paragraph.

During the final day onsite, facility staff who were assisting the audit team noted the files provided to the auditor with the pre-audit questionnaire were not all accurate. Prior to departing the facility, the audit team met with a large group of staff from all areas of the facility for an out briefing. The facility staff were thanked for their efforts and hospitality. The audit team members discussed strengths and growth opportunities with the team.

As the lead auditor began post-onsite file review, it was loaded there were numerous discrepancies in the information. A meeting was held with the PREA Coordinator and facility administration via telephone on 10/04/2019. The facility administration was given until 10/31/2019 to recreate the audit files and submit them to the auditor. All files were resubmitted by the deadline. Due to all new files and information being submitted, the auditor started over the document review process. On 11/05/2019, the lead auditor requested the facility update and resend the pre-audit questionnaire because the information did not match with the new information provided. The facility provided the information on 11/13/2019.

The auditor continued to review documentation and experienced another delay based on the definitions utilized by WADOC/WCCW. WADOC utilizes “Staff Sexual Misconduct” which includes all required elements of sexual abuse but also additional pieces. Number 12 under the definition is “Discouraging or preventing offenders and/or staff from making good faith reports of staff sexual misconduct.” This piece, while assisting the department in their goal of sexual safety, also caused all reports looking for numbers of sexual abuse cases to be exaggerated. On 12/04/2019 and 12/05/2019, the auditor sent email requests to the facility asking for investigation files that were missing from the pre-audit documentation.

The auditor reviewed all cases for the reporting period (07/01/2018 through 10/01/2019) and broke them down utilizing the definitions in the PREA standards.

Offender-on-offender Sexual Abuse	25
Offender-on-offender Sexual Harassment	26
Staff on Offender Sexual Abuse	13
Staff on Offender Sexual Harassment	11
Voyeurism	0
Total	75

The log provided by the facility included 11 allegations of staff failing to report PREA allegations, one allegation of retaliation, and one allegation of a volunteer who was communicating with an offender and provided the offender with money.

After considerable time requesting and reviewing information, the interim report was submitted to the PREA Coordinator on 12/12/2019.

WCCW was under corrective action from 12/12/2019 through 04/06/2020. During that time frame, WADOC and WCCW were required to make changes under 11 standards: 115.11, 115.17, 115.21, 115.31, 115.32, 115.33, 115.35, 115.67, 115.71, 115.76, and 115.81. See the applicable sections below for further details regarding corrective action. All corrective action was completed by the facility and reviewed by the auditor for compliance as of 06/10/2020.

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Washington Correction Center for Women (WCCW) is located in Gig Harbor, WA. The following is taken from a Welcome Book provided by the facility.

“Washington Correction Center for Women is Washington’s only major correctional facility for adult women. WCCW, like the rest of the prisons in Washington State, have a fundamental responsibility to protect the public by separating inmates from the community. They also enhance public safety by providing inmates with programs proven to reduce the likelihood of committing new crimes after release from confinement. Such programs include education, job-skills training, chemical dependency, and mental health treatment. Providing these programs is important in the overall effort to reduce crime because only about three percent of incarcerated inmates will never be released from prison.”

The facility is owned and operated by the State of Washington Department of Corrections. All levels of custody are present here; minimum, medium, maximum, and close custody. The facility currently employs 453 staff. Visitation is held Friday, Saturday, Sunday and Monday. There is also the option of video visitation during those same days. Legal visits are permitted Monday through Friday. The campus consists of 10 housing units, a chapel, clinic, gym complex, fabric shop, Head Start daycare, education and visitation building, treatment facility, two kitchens and a kennel. Outside the secure perimeter are a warehouse and maintenance shop (where minimum-security offenders work) and the administration building.

The kennel consists of a dog grooming and kennel service where people from the community can bring their dogs to be tended to by trained and certified inmates. These inmates are supervised by two staff. Inmates tend a greenhouse on property that provides plants and hands-on experience for a horticulture program offered by a local college. These inmate-students are responsible for caring for several outdoor spaces across the campus. There are several outdoor spaces to sit or participate in sports. There are also regular programs offered at the gym complex.

There are a number of partnerships with the community that allow for inmates to experience and receive certification in carpentry, welding, and concrete work. There are also arts and performing arts programs provided and supported by community volunteers.

Mothers, who are incarcerated while pregnant, can enroll in a program that allows them to keep their infant with them up to 32 months. During that time, they will receive education on care and nutrition, be expected to be the primary caregiver for that child and arrange for daycare at the Head Start program when working within the institution. In addition, the facility also has a breast-feeding program where new mothers can pump and their families can collect the breast milk, on a weekly basis, for their baby.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Number of Standards Exceeded: 7

115.13, 115.16, 115.42, 115.54, 115.62, 115.88, 115.89

Number of Standards Met: 38

115.11, 115.12, 115.14, 115.15, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.43, 115.51, 115.52, 115.53, 115.61, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.401, 115.403

Number of Standards Not Met: 0

Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the

facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (**Policies, directives, forms, files, records, etc.**)

- Policy 490.800: *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)*
- Policy 460.050: *Disciplinary Sanctions (Revised 01/01/19)*
- Operational Memorandum WCCW 490.800: *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)*
- Operational Memorandum WCCW 490.850: *Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/19)*
- Operational Memorandum WCCW 490.860: *Prison Rape Elimination Act (PREA) Investigation (Revision Date 07/17/18)*
- Memo: *PREA Standard 115.11 (a)*
- Memo: *PREA Standard 115.11 (b) and (c)*
- Agency organizational chart
- Facility organizational chart
- Position Description: PREA Coordinator

Interviews

- PREA Coordinator
- PREA Compliance Manager

115.11 (a)

The Washington Department of Corrections (WADOC) utilizes Policy 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)* to guide their PREA compliance efforts.

Policy 490.800 states the department has a zero tolerance for all forms of sexual misconduct. The definitions portion defines sexual misconduct as including aggravated sexual assault, offender-on-

offender sexual assault, sexual abuse, and sexual harassment. It also states it includes staff on offender sexual harassment and staff sexual misconduct. Also included is a separate attachment covering specific definitions. The definitions attachment is extremely thorough and provides definitions for aggravated sexual assault, offender-on-offender sexual assault, staff sexual misconduct, and sexual harassment. Voyeurism is included under the definition of staff sexual misconduct.

While the definitions are thorough, there is no reference in the current version of the definitions pertaining to requests for sexual favors, which is included under the definition of sexual harassment in the PREA standards. In addition, it was found while reviewing investigative files and through observation of an incident that occurred while the auditor was onsite that the agency is currently requiring an act or comment to be repeated for it to be deemed possible sexual harassment and investigated. This practice conflicts with guidance released from the PREA Resource Center on 06/02/15 that states, "Repeated, in the context of this provision, means more than one incident. Please note the seriousness of the conduct should be taken into account in determining the appropriate commensurate response by the agency or the facility. Serious misconduct along these lines, even if committed once, should still be addressed by the agency or facility."

Washington Department of Corrections utilizes Policy 460.050: *Disciplinary Sanctions (Revised Date 01/01/19)* to outline the disciplinary process. This policy states the Disciplinary Hearing Officer will determine appropriate sanctions when an offender is found guilty of a violation. They utilize a scoring matrix that outlines the potential sanctions based on type of offense and how many times the offender has been found guilty of that offense.

WCCW utilizes Operational Memorandum (OM) 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)* to outline their efforts to recognize, prevent, and respond to allegations of sexual abuse and sexual harassment. This MO outlines the following:

- 1) WCCW's zero tolerance policy,
- 2) WCCW's zero tolerance policy towards retaliation against staff and offenders for reporting or investigating and allegation,
- 3) The confidentiality of allegation and investigation information,
- 4) The responsibilities of the PREA Coordinator,
- 5) The responsibilities of the PREA Compliance Manager,
- 6) Interpreter and translation services,
- 7) Partnership with local law enforcement by the Superintendent,
- 8) Staffing practices,
- 9) Staffing plans,
- 10) Electronic monitoring usage,
- 11) Transgender and intersex offender rights,
- 12) Training requirements,
- 13) Vendors and service providers,
- 14) Risk assessments,
- 15) Victim advocacy,
- 16) Offender education, and
- 17) Reporting.

WADOC is not compliant with this provision of the standard.

Corrective Action:

On 12/09/2019, the auditor received an email from the WADOC PREA Coordinator regarding the definitions. Attached to the email was an updated version of Policy DOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, that was being rolled out to all

WADOC facilities. The new definitions have all required elements and include the language from the guidance from the PREA Resource Center quoted in a preceding paragraph. In conversation with the PREA Coordinator, it was explained this standard would still be included under corrective action to ensure the implementation and institutionalization of the new definitions.

During corrective action, the agency/facility took the following steps to gain full compliance with this piece of the standard:

- 1) Revised and reissued the agency definitions to include all required elements.
- 2) Trained the PREA Unit on the revised definitions and on types of allegations that would be exempt from the “repeated” requirement in sexual harassment allegations.
- 3) Provided all facility staff with information on the revised standards and posted the information in offender-accessible areas.

The auditor reviewed allegations that reported during the interim period to determine the vetting of allegation information by the PREA Unit. Based on information provided by the facility, it appears the new definitions are being utilized to make individualized determinations on if the conduct meets a definition within the policy and standards.

WADOC is compliant with this provision of the standard.

115.11 (b)

The Washington Department of Corrections employs a full-time PREA Coordinator (PC). This position moved in September 2019 from under the Deputy Director Command A to the Deputy Director Command B. The Deputy Directors report to the Assistant Secretary of the department.

During the interview with the PREA Coordinator, the auditor asked if the PC felt she had enough time and authority to manage her responsibilities as outlined in Policy 490.800. She indicated she has enough time and feels she gets excellent support from the agency’s administration.

WADOC is compliant with this provision of the standard.

115.11 (c)

WCCW has assigned the responsibilities of the facility PREA Compliance Manager (PCM) to the position of the Associate Superintendent of Programs. This position reports directly to the facility Superintendent. The Associate Superintendent of Programs is responsible for oversight of the law library, the Correctional Program Manager, the Recreation and Athletic Specialist, the Correctional Specialist 2 (Moving On), the Correctional Specialist 1 (CPPC), and the Correctional Specialist 3 (Grievances). The Correctional Records Manager and Education are indirect reports for this position as well.

The PCM has been in this position since July 2019. He reported he has made many changes within his portfolio and has collaborated with the PREA Specialist who is working with WCCW at this time. (The PREA Specialist is a temporary position to assist the facility in preparing for the audit.) He reported completing investigator training and attended a booster-training course. Training records show completion of the investigator training on 06/10/11 and the booster training on 02/07/14. The PCM indicated he has support from the facility Superintendent and has a secretary who assists him with his diverse portfolio.

WCCW is compliant with this provision of the standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination: Documents (**Policies, directives, forms, files, records, etc.**)

- Policy 490.800: *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)*
- Operational Memorandum WCCW 490.800: *Prison Rape Elimination Act (PREA) Prevention and Reporting (Revision Date 04/25/19)*
- Operation Memorandum WCCW 490.850: *Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/19)*

- Operational Memorandum WCCW 490.860: *Prison Rape Elimination Act (PREA) Investigation (Revision Date 07/17/18)*
- Memo: *115.12 a&b Memo*
- Memo: *115.12 a&b Attachment 1: Shell contract language including PREA requirements*
- Memo: *115.12 a&b Attachment 2: DOJ guidance email regarding Pioneer Human Services*
- Memo: *115.12 a&b Attachment 3: Memo from WDOC Secretary*
- Memo: *115.12 a&b Attachment 4: Letter from Department of Children, Youth, & Families explaining RCW 72.01.410*
- Memo: *115.12 a&b Attachment 5: Memo from WADOC PREA Coordinator regarding housing contracts*
- Interagency Agreement: *State of Washington Department of Social and Health Services*
- Housing Contract: *Yakima County Jail*
- Interagency Agreement: *Agreement with Yakima County Jail for the confinement of up to 300 DOC felony offenders.*
- Contract: *WADOC and ABHS contract for long-term residential chemical dependency treatment services*
- Interagency Agreement: *WADOC and Department of Social and Health Services*

Interviews

- PREA Coordinator
- PREA Compliance Manager
- Agency Contract Administrator

115.12 (a)

Revised Code of Washington (RCW) 72.01.410 requires that persons convicted as adults of a felony offense committed under age 18, who previously would have been placed with the Department of Corrections (DOC), must be initially placed in a facility operated by the Department of Children, Youth, and Families (DCYF), not DOC.

The facility provided the auditor with a copy of the interagency agreement between WDOC and the DCYF for the housing of juvenile felony offenders up to the age of 21. Page 11 of this agreement outlines the requirements to comply with PREA and the monitoring requirements. Monitoring may include but is not limited to site visits, access to agency data, and review of applicable documentation. The initial agreement began in January 2015 with an extension executed in December 2015. The agreement is active on an ongoing basis unless one of the party provides written notice. The agency's PREA-related information is located at <https://www.dcyf.wa.gov/practice/practice-improvement/prea>.

WDOC has a contract with the American Behavioral Health Systems (ABHS) for the housing of offenders within the community. ABHS operates three facilities the agency utilizes for residential substance abuse treatment for offenders. The offenders in the community may be sanctioned to participate in the program. Offender failure to complete the program may lead to a violation of their field supervision and possible incarceration. The current contract expired June 2019 and a renewal is being developed after delays caused by legislative budget hearings and development of the budget. At this time, the WADOC continues to place offenders in the ABHS facilities.

ABHS has three facilities the WADOC uses for housing offenders. These facilities are as follows:

- 1) Chehalis: Final audit report issued on 07/18/2018.
- 2) Mission: Final audit report issued 06/30/2019.
- 3) Cozza: Final audit report issued 02/21/2016.
 - a. This facility is waiting for the issuance of their current final audit report.

This agency's PREA information is located at <https://www.americanbehavioralhealth.net/prea>.

WADOC has a contract with Yakima County Jail to house female offenders from the Washington Corrections Center for Women (WCCW) in an over-flow capacity. The jail has completed two PREA audits. The most recent audit has a final report dated 08/30/2018. The agency's PREA-related information is located at <http://yakimacounty.us/1141/Prison-Rape-Elimination-Act>.

WADOC is compliant with this provision of the standard.

115.12 (b)

The auditor reviewed all contracts provided by the agency, the audit reports for the contract facilities, and all other documentation provided with the pre-audit questionnaire. Each of the contracts/interagency agreements contains provisions that the contracted agency must comply with all PREA standards. In addition, each contract has language outlining the right and obligation of the WADOC to monitor for compliance. This monitoring process includes, but is not limited to, onsite monitoring/site visits, notification of allegations/investigation information as applicable, and ongoing conversations between the contract agency and the WADOC on the best methods for complying with the standards and ensuring offender safety.

WADOC is compliant with this provision of the standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?
 Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

- 115.13 a, b, c Memo: *Memo from Superintendent Wofford*
- 115.13 a, b, c: *Policy DOC 110.110 Work Release Management Expectations*
- 115.13 a, b, c: *Policy DOC 300.500 Work Release Screening*
- 115.13 a, b, c: *Policy DOC 400.210 Custody Roster Management*
- 115.13 a, b, c: *Policy DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting*
- 115.13 d Memo: *Memo from Superintendent Wofford*
- 115.13 d: *Policy DOC 110.100 Prison Management Expectations*
- 115.13 d: *Policy DOC 400.500 Post Orders/Operations Manual and Post Logs*
- 115.13 d: *Policy DOC 420.370 Security Inspections*
- 115.13: *Facility Staffing Plan*
- 115.13: *Documentation showing mandatory posts being filled with overtime or by pulling officers from non-mandatory posts.*
- 115.13: *Documentation showing closing of programs to move assigned officers to mandatory posts.*

Interviews

- Superintendent
- PREA Compliance Manager
- PREA Coordinator
- Intermediate or higher-level facility staff

115.13 (a)

WCCW reported the average daily offender population is 871. This is the same number the staffing plan is based on. The plan states the operational capacity of WCCW is 764 with room to house up to 1018, not including segregation.

WADOC implemented custody and non-custody staffing models in 1988. The model utilized considers the facility design and the make-up of the offender population housed at the facility. In 2013, revisions were made that added an additional officer to the second shift at medium facilities and an additional officer to first shift in stand-alone minimum facilities. Each year, quality assurance audits are conducted to ensure compliance with the staffing model.

Each WADOC, including WCCW, completed a staffing plan on an annual basis that is submitted to the PREA Coordinator for review. As part of the staffing plan development, the facility conducts a vulnerability assessment to determine any areas or processes that may be creating risk.

WCCW's staffing plan breaks each requirement of 115.13 (a) out individually. The plan thoroughly evaluates the facility by looking at each element separately as well as how they affect each other. The facility does not have any findings of inadequacy from the courts, federal investigative agencies, internal or external oversight bodies.

During the interview with the Superintendent, she indicated a new study had been completed which shows the need for another 17 staff for various positions at the facility. At this time, she reported they enhance direct supervision wherever possible. She stated, when there is an emergency, the facility utilizes non-uniformed staff to assist.

WCCW is compliant with this provision of the standard.

115.13 (b)

WCCW indicated in the PAQ that, if there is a deviation from the staffing plan, the most common reasons are staff shortage, facility emergencies, and inclement weather. When there is a shortage, the facility utilizes overtime or closes down non-mandatory areas and moves the officers to a mandatory post. The facility provided documentation of three occurrences in the reporting period where a non-mandatory area was closed to ensure coverage of a mandatory area.

WCCW is compliant with this provision of the standard.

115.13 (c)

As outlined under provision (a), the facility completes a staffing plan yearly following completion of a vulnerability assessment. This is then sent to the PREA Coordinator who reviews the plan for all required information. Once the PREA Coordinator has finished reviewing the plan, it is sent to the applicable Deputy Director.

During the most recent assessment, the Superintendent stated she submitted a budget request for the expansion of the monitoring capabilities at WCCW. The facility continually assesses potential areas of vulnerability during walkthroughs, which will be discussed under provision (d).

WCCW is compliant with this provision of the standard.

115.13 (d)

The facility provided a memo, which stated the Superintendent, associate Superintendents, correctional program manager, captain, facilities manager, and duty officers are required to conduct weekly unannounced area visits throughout the facility during all three shifts. The memo stated facility staff are aware they are prohibited from alerting other staff of the unannounced rounds, a.k.a. walkabout, being conducted.

During the site review, the audit team noted the offenders seemed familiar with the executive team and the observed interactions appeared to be a normal occurrence. Upon arrival within the unit, the supervisor is required to log in in a written logbook. Logbook entries were spot-checked and there is ample evidence of unannounced rounds of the facility by the executive team and facility supervisors.

WCCW is compliant with this provision of the standard.

Standard 115.14: Youthful inmates**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Memo: 115.14 a, b, c
- 115.14 a, b, c Attachment 1: *Revised Code of Washington: 72.01.410 Child under eighteen convicted of crime amounting to felony*
- 115.14 a, b, c Attachment 2: *Interagency Agreement Department of Corrections and Department of Social and Health Services*
- 115.14 a, b, c Attachment 3: *Memo from WADOC PREA Coordinator regarding housing contracts*
- 115.14 a, b, c Attachment 4: *Operational Memorandum WCCW 320.500 Youthful Offender Program*

115.14 (a)(b)(c)

WCCW does not house youthful offenders at their facility. Starting July 28, 2019, Engrossed Second Substitute House Bill 1646 (E2SHB) requires all individuals convicted in adult court of felony offenses committed under the age of 18 must be placed in a facility run by the Department of Children, Youth, and Families.

Operational Memorandum 320.500 outlines the process that would be followed if a youthful offender was mistakenly transferred to WCCW. The procedure states every attempt will be made to move the youthful offender to a Juvenile Rehabilitation Administration (JRA) facility within 24 hours. The youthful offender will be assessed by medical and mental health staff and, if they have documented medical or mental health needs, they will be housed in the Clinic Inpatient Unit. If they do not, the youthful offender will be housed in segregation and will be checked on every 30 minutes. The facility would ensure the youthful offender would not be in contact with any adult offender.

In conversation with the PREA Coordinator, she indicated WCCW has not had an instance of a youthful offender going through intake at the facility.

WCCW is compliant with the provisions of the standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

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

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.15 a, b, c Memo: *Memo from Superintendent Wofford*
- 115.15 a, b, c Attachment 1: *Memo from Assistant Secretary Sinclair*
- 115.15 a, b, c Attachment 2: *Sample Strip Search Log*
- 115.15 a, b, c Attachment 3: *Operational Memorandum WCCW 420.310 Searches of Offenders*
- 115.15 a b c: *Policy DOC 420.312 Body Cavity Search*
- 115.15 d: *Memo from Superintendent Wofford*
- 115.15 d Attachment 1: *Agency directive mandating signage and notification of offenders in Close Observation Areas of the possibility of cross gender viewing*
- 115.15 d Attachment 2: *Photo of opposite gender signage*
- 115.15 d: *Policy DOC 320.265 Close Observation Areas*
- 115.15 d: *Policy DOC 490.800 Prison Rape Elimination Act Prevention and Reporting*
- 115.15 e: *Memo from Superintendent Wofford*
- 115.15 e: *Policy DOC 490.820 Prison Rape Elimination Act Risk Assessments and Assignments*
- 115.15 f Memo: *Memo from Superintendent Wofford*
- 115.15 f Attachment 1: *Slides for online Pat Search training course*
- 115.15 f Attachment 2: *Facilitator guide for Pat Searches class*
- 115.15 f Attachment 3: *Sample Training Records*
- 115.15 f Attachment 4: *Email to all WCCW staff from training staff detailing the pat search procedure*
- 115.15: *Close Observation Assignment Position Roster by Shift*

Interviews

- Random offender interviews

- Targeted offender interviews
- Random staff interviews
- Transgender offender interviews

115.15 (a)

WCCW does not conduct cross-gender unclothed or cross-gender visual body cavity searches. Targeted and randomly selected offenders all indicated no unclothed searches by staff of the opposite gender.

WCCW is piloting a body scan search program. The body scanner allows the offender to remain fully clothed while staff of the same gender as the offender can see on the screen if any potential contraband is present. The portion of the search of offender policy related to the body scanner allows for scanning instead of an unclothed search in the following circumstances:

- 1) Returning from visits;
- 2) Returning from work crew assignments outside the secure perimeter;
- 3) When arriving from another facility; or
- 4) Prior to placement in dry cell watch.

Prior to conducting the scan, the officer completes a pat search of the offender and searches the offender's personal items. Each body scan conducted must be documented on the body scan search log.

While onsite, the audit team observed the utilization of the body scanner. In conversations with the operator, the officer indicated the body scanner is utilized in lieu of unclothed searches unless the offender is pregnant. The team observed the monitor as the scan was conducted. The scanner shows the outline of the body and organs but does not show a clear view of the genitalia or breasts.

When staff at WCCW conduct an unclothed search of an offender, they are required by policy to document the search in the strip search log. This log includes the date, the offender name, the offender DOC number, the reason for the search, if contraband was found, the names of each of the two female officers who conducted the search, and who authorized the search.

WCCW is compliant with this provision of the standard.

115.15 (b)

WCCW does not allow for the pat searching of female offenders by staff of the opposite gender. DOC policy 420.310 requires pat searches to be conducted by trained staff of the same gender except in emergent situations. If a staff of the opposite gender conducts the pat search, policy requires a report be completed in the Incident Management Reporting System (IMRS) before the end of shift. The distribution of that report will include the PREA Coordinator. During the site review and interviews, the audit team found no evidence of cross-gender pat searches being conducted at WCCW.

WCCW is compliant with this provision of the standard.

115.15 (c)

WCCW utilizes multiple logs to document the completion of different searches. Unclothed searches are documented in the strip search log. Policy requires two staff of the same gender as the offender are present for an unclothed search.

Body cavity searches are authorized by the facility Superintendent because they are responsible to ensure there is reasonable suspicion to conduct the search and document their approval on the Body Cavity Search Authorization form. All participants involved in a body cavity search are required to be the same gender as the person searched. The policy requires a unit supervisor, shift commander, or shift sergeant monitor the body cavity search. Prior to conducting the search, an unclothed search is completed and documented. Body cavity searches are documented via video and incident documents are completed.

Cross-gender searches are documented by submitting a report in IMRS. This report is sent to agency level staff for review and distributed to parties who need to know. The PREA Coordinator is notified each time a cross gender search is conducted.

WCCW is compliant with this provision of the standard.

115.15 (d)

WCCW utilizes the knock and announce process within their facilities, which the audit team observed throughout the site review. While most of the units are standard cell configurations, the minimum security area has areas where the offenders have individual rooms with doors. In addition, the audit team observed signage, both in English and Spanish, throughout the facility stating, "Men and women work in this area."

Policy DOC 320.265 Close Observation Areas states observation assignments will be conducted by an officer of the same gender as the offender, except in emergent situations. The memo included from the Superintendent states, "Staff of the opposite gender of the offender may be assigned to work in the security booth in an Intensive Management Unit (IMU) or Segregation Unit, where officers are required to monitor surveillance camera monitors. These cameras are able to monitor offenders housing in these maximum security cells. However, the surveillance system only allows these cameras to come on when the door is opened, prohibiting the booth officer from viewing offender in an unclothed state or while using the toilet. Only during an emergent extraction would the offender be in an unclothed state when these surveillance systems are activated. Whenever possible, the offender is provided with a suicide suit which covers private body parts. However, based on the offender's risk, the offender may be placed in the close observation cell without any form of clothing and immediately issued a smock. There have been times when the offender refuses to take the smock, however the staff would continue to make attempts to encourage the offender to take and put the smock on. The agency considers these to be exigent circumstances and therefore in compliance with agency policy and this standard."

Upon further communication with the facility staff, documentation was provided showing the close observation is an area that is only supervised by female staff. The documentation provided was the roster for all shifts within the facility to include the Close Observation area.

WCCW is compliant with this provision of the standard.

115.15 (e)

WADOC Policy 490.820, Prison Rape Elimination Act (PREA) Risk Assessments and Assignments, states employees and contract staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. The memo from the Superintendent indicates the offender's disclosure of genital status to non-medical staff is the determining factor which would then initiate a housing review protocol. The PAQ indicated the facility has not conducted a search of this type during the reporting period.

During interviews with random staff and transgender offenders, all indicated the staff would not search the offender to determine what type of genitalia they had.

WCCW is compliant with this provision of the standard.

115.15 (f)

WADOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting states, "Employees and contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex offenders."

WCCW provided the content created for the online training course for pat searches as well as the facilitator guide for the classroom content that has been developed. At this time, the online training course is being utilized to train existing staff on the requirements for conducting pat searches and includes conducting pat searches on transgender and intersex inmates as well as conducting cross-gender pat searches. New hires are trained in a classroom setting and skills are assessed. In addition, the Training and Development Unit has made available to all staff two pages out of the participant packet covering the pat search process. These pages outline the process for the officers on a step-by-step basis. This information was sent out to all WCCW staff on 08/16/2019, prior to the onsite visit.

WCCW provided a roster of all new staff hired for the reporting period as well as proof of training completion for the classroom course.

WCCW is compliant with this provision of the standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.16 a Memo: *Memo from Superintendent Wofford*
- 115.16 a Attachment 1: *DOC Sign Language Contract Interpreters*
- 115.16 a Attachment 2: *Position description of the Deaf Services Coordinator*
- 115.16 a Attachment 3a: *Presentation slides covering the Americans with Disabilities Act*
- 115.16 a Attachment 3b: *Slides showing the American with Disabilities Act test*
- 115.16 a Attachment 4a: *"End the Silence" Facilitator's Guide*
- 115.16 a Attachment 4b: *Discussion questions from "End the Silence" graphic novel*
- 115.16 a Attachment 5: *Roster of all intakes at WCCW with a column to indicate any offender who was low functioning, disabled, or if translation material was used*
- 115.16 a Attachment 6: *Email regarding access to content for offenders who are Spanish speakers and lower functioning*
- 115.16 b, c Memo: *Memo from Superintendent Wofford*
- 115.16 b, c Attachment 1: *Copies of the Spanish versions of handouts and postings*
- 115.16 b, c Attachment 2: *Letter from Assistant Secretary regarding offender language services*
- 115.16 b, c Attachment 3: *Proof of background checks and PREA training for interpreters*
- 115.16 b, c Attachment 4: *Samples of completed Prison Rape Elimination Act (PREA) Language Logs*
- 115.16 b, c Attachment 5: *Email regarding access to content for offenders who are Spanish speakers and lower functioning*

115.16 (a)

Policy DOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* states, "The need to provide targeted orientation will be determined on a case-by-case basis, taking into consideration:

- 1) Reading comprehension levels,
- 2) Mental health input/evaluation,
- 3) Cognitive abilities,
- 4) Interactions with staff, and/or
- 5) Language barriers other than Spanish."

WADOC has created a Deaf Services Coordinator position within the agency. This position has the responsibility of coordinating all sign language interpreting services for deaf and hard of hearing offenders. This duty includes recruiting and assessing the skills of prospective interpreters. At the time of this writing, WADOC has contracts with 18 different people who are able to provide sign language translation for offenders.

WADOC has a contract with two language lines to assist with translation for languages other than Spanish. The language line staff may be used for offender orientation training, reporting, and investigations. Based on a memo from the Assistant Secretary, the language lines should be utilized as a secondary resource. WADOC has 12 vendors who have been approved to provide interpretation services for over 13 languages.

The facility has access to training designed for offenders with decreased cognitive abilities. These training tools, to include a facilitator guide, provide the essential information at a level that is easier to comprehend.

If an offender is cognitively disabled, the facility would provide one-on-one education for the offender to ensure understanding of their rights.

WCCW is compliant with this provision of the standard.

115.16 (b)

As stated under provision a, WADOC and WCCW have taken strides to ensure that all offenders, including those that are deaf, hard of hearing, limited English proficient, cognitively disabled, and physically disabled, have access to all agency and facility information pertaining to sexual safety.

While onsite, the audit team interviewed one offender who was identified as limited English proficient and two offenders who were hard of hearing. All three offenders stated facility staff ensured they were aware of their rights in regards to sexual safety. When asked for specifics regarding how to make a report, all offenders were able to provide the information. They were all aware of the reporting information posted by the phones in their respective units.

WCCW is compliant with this provision of the standard.

115.16 (c)

OM WCCW 490.800 outlines the utilization of interpreters. The OM states, "Professional interpreter or translation services, including sign language, are available to assist offenders in understanding this OM, reporting allegations, and/or participating in investigations of sexual misconduct.

- 1) Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.
- 2) The Deaf Services Coordinator is authorized to provide the same professional interpreter/translation services for sign language as contract interpreters with regard to assisting offenders in understanding this OM, reporting allegations, and/or participating in investigations of sexual misconduct.
- 3) With the exception of the Deaf Services Coordinator, staff interpreters/translators will only be used for these purposes in exigent circumstances."

The facility reported they have not had any instances during the reporting period where another offender was allowed to interpret or assist another inmate.

During interviews with random staff, all indicated knowledge that offenders are not allowed to interpret or provide assistance with anything pertaining to the facility's sexual safety program.

WCCW is compliant with this provision of the standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.17 a, b, f, g Memo: *Memo from Superintendent Wofford*

- 115.17 a, b, f, g Attachment 1: *List of all staff hired or promoted during the reporting period*
- 115.17 a, b, f, g Attachment 2a: *Sample of completed Sexual Misconduct and Institutional Employment/Service Disclosure forms*
- 115.17 a, b, f, g Attachment 2b: *Sample of completed Sexual Misconduct and Institutional Employment/Service Disclosure forms*
- 115.17 a, b, f, g Attachment 2c: *Sample of completed Sexual Misconduct and Institutional Employment/Service Disclosure forms*
- 115.17 a, b, f, g Attachment 3: *Shell PREA language for contracts*
- 115.17 a, b, f, g Attachment 4: *Memo from correctional manager outlining the process for external translators retained by contract to include a spreadsheet showing completion of the sexual misconduct disclosure form*
- 115.17 a, b, f, g Attachment 5: *Spreadsheet of sign language contract interpreters including signing date of the sexual misconduct disclosure form*
- 115.17 a, b, f, g Attachment 6: *Spreadsheet of staff/contractors to include criminal history completion date and completion of PREA form*
- 115.17 a, b, f, g Attachment 7: *Sample of completed Sexual Misconduct and Institutional Employment/Service Disclosure forms*
- 115.17 a, b, f, g Attachment 8: *Sample of PREA annual question Storyline file*
- 115.17 a, b, f, g: *Policy DOC 810.015 Criminal Record Disclosure and Fingerprinting*
- 115.17 c Memo: *Memo from Superintendent Wofford*
- 115.17 c Attachment 1: *List of all staff hired or promoted during the reporting period*
- 115.17 c Attachment 2: *Sample of completed Request for Criminal History Record Information*
- 115.17 c Attachment 3: *Sample of completed Request for Criminal History Record Information*
- 115.17 d Memo: *Memo from Superintendent Wofford*
- 115.17 d Attachment 1: *Shell PREA language for contracts*
- 115.17 d Attachment 2: *Memo from correctional manager outlining the process for external translators retained by contract to include a spreadsheet showing completion of the background checks*
- 115.17 d Attachment 3: *Spreadsheet showing completion of background checks for contractors*
- 115.17 d Attachment 4: *Spreadsheet showing completion of background checks for contractors*
- 115.17 d Attachment 5: *Sample of completed Request for Criminal History Record Information*
- 115.17 e Memo: *Memo from Superintendent Wofford*
- 115.17 e Attachment 1a: *Log showing completion of five-year background checks of non-custodial staff*
- 115.17 e Attachment 1b: *Log showing completion of five-year background checks of custodial staff*
- 115.17 e Attachment 2: *Sample of completed Request for Criminal History Record Information*
- 115.17 e Attachment 3: *Log showing completion of background checks for interpreters*
- 115.17 e Attachment 4: *Log showing completion of background checks for sign language contract interpreters*
- 115.17 e Attachment 5: *Log showing completion of background checks for facility contractors*
- 115.17 e Attachment 6: *Sample of completed Request for Criminal History Record Information*
- 115.17 h Memo: *Memo from Superintendent Wofford*
- 115.17 h: *Policy DOC 800.005 Personnel Files*
- *Email from PREA Coordinator concerning 115.17 (f)*
- *Auditor selected 18 files for staff*

Interviews

Human Resources Staff

115.17 (a)

OM WCCW 490.800 covers the requirement of this standard on pages six and seven. In addition to asking if the person (1) has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, or other institution, (2) 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 (3) has been civilly or administratively adjudicated to have engaged in the activity described above, WADOC and, by extension, WCCW asks if the person has engaged in sexual misconduct with an offender on supervision.

The facility provided 18 files to show compliance with this provision of the standard. In addition, the lead auditor also selected and requested an additional 18 files to confirm the practice. In total, the lead auditor reviewed the following types/number of files:

	New Hire	Promotion	Rehire/Transfer
Total Number during Reporting Period	71	18	18
Total Number Reviewed	24	7	5

The facility is compliant with this provision of the standard.

115.17 (b)

OM WCCW 490.800 states the department will consider incidents as prescribed by this provision. The department completes this by conducting checks into the following:

- 1) Washington Crime Information Center/National Crime Information Center
- 2) Employment/volunteer applications
- 3) Reference checks
- 4) Personnel file review
- 5) Contract disclosure statements
- 6) Offender Management Network Information system

WCCW is compliant with this provision of the standard.

115.17 (c)

During the reporting period, the facility hired 159 employees who may have contact with offenders.

As stated under provision (b), the department utilizes available resources to conduct thorough background checks on prospective employees. In addition, as part of the application process, the applicant must disclose prior institutional employers. The facility provided extensive documentation to show compliance with this provision of the standard. In addition, the lead auditor requested an additional 18 files to confirm the practice.

WCCW is compliant with this provision of the standard.

115.17 (d)

The facility stated they were not retaining documentation after criminal background checks on contract employees. The new process included the creation of one spreadsheet where all background checks for contractors, non-custody, custody, and volunteer background checks are logged. The training department is responsible for maintaining the documentation of contractor new employee training as well as the custody database. Human Resources will be responsible for all new hires, promotions, and non-custody staff. The Community Involvement Coordinator will be responsible for volunteers.

As stated under provision (b), the department utilizes available resources to conduct thorough background checks on prospective contractors. This new process is enabling the facility to have easy access to the background check completions and allows staff to easily see when contractors are due for an additional background check.

WCCW is compliant with the provisions of the standard.

115.17 (e)

The spreadsheet described under provision (d) includes a column for each person indicating when each person is due for the five-year background check. Review of the documentation provided in the PAQ as well as files selected by the lead auditor shows the facility is substantially compliant with this provision.

WCCW is compliant with this provision of the standard.

115.17 (f)

As outlined under provision (a), the facility asks all applicants and employees who may have contact with offenders the three questions required by the standard as well as if they have engaged in sexual misconduct with an offender under supervision.

The department utilizes a different method than asking the questions as part of annual reviews. To ensure completion of this by all staff on a yearly basis, the training department created a linear online test. This test asks each of the four questions and requires the employee to select true or false. Historically, when an employee would select false, an email notification was generated and sent to the training administrator and the headquarters PREA staff. When questioned about what would happen when a staff person selected false, the PREA Coordinator was informed by the Training Unit the email notification had been deactivated so no follow up has been conducted since the deactivation.

Corrective Action:

In December 2019, the tracking for the answers was reactivated. At this time, when someone selects false, a daily notification will be sent to the PREA Coordinator and one other person. The PREA Coordinator or designee will work with the appointing authority to investigate and resolve the issue. As part of the corrective action, the auditor received a report from 07/01/2017 through 12/10/2019. All false responses for employees who were still working with the department were investigated and corrected. Since that clean up, there has been one case of an accidental selection of false within the system. Documentation of the follow up with the employee was provided. The follow up occurred in under two weeks.

WCCW is compliant with this provision of the standard.

115.17 (g)

Policy DOC 810.015, Criminal Record Disclosure and Fingerprinting, requires all individuals employed, promoted, or authorized to provide services to fully divulge criminal information. Failure to do so may be cause for disciplinary action, up to and including dismissal or termination of services. In addition, employees who fail to report an arrest, criminal citation, or any other court-imposed sanction or condition that may affect their fitness for duty or the program of the agency may be subject to disciplinary action, up to and including dismissal.

WCCW is compliant with the provisions of the standard.

115.17 (h)

Policy DOC 800.005, *Personnel Files*, states, "To the extent possible, institutional employers seeking employment verification will be provided all available information on substantiated allegations of sexual misconduct or harassment. Employment verification requests from institutional employers will be directed to the Appointing Authority, who will coordinate the review and response."

In review of the 24 new hire files either provided with the PAQ by the facility or selected at random by the lead auditor, the facility is making appropriate efforts to contact all prior institutional employers. Included in the employee file is the response from the prior employers if they responded to the request for information.

WCCW is compliant with this provision of the standard.

Corrective Action:

- Create and implement a process for the tracking, notification, and follow up with staff who select “False” as the answer for the questions outlined in provision (f).
- Provide the auditor with a report of all WCCW staff who indicated “False” during the reporting period.
- Provide the auditor with a report outlining the follow up actions taken when a staff person selects “False.”

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.18 a, b Memo: *Memo from Superintendent Wofford*
- 115.18 a, b Attachment 1: *Sample Capital Project Request*
- 115.18: *Policy DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting*

Interviews

Agency Head
Superintendent

115.18 (a)(b)

WCCW has not undergone any substantial modification or expansions to their facility or upgrades to their monitoring technology since the last audit in March 2017. Historically, when a facility is considering a substantial modification or expansion, WADOC contracts with a consultant who has expertise in the design of correctional facilities. WADOC provides guidance to the consultant based on guidelines, standards, and policies, to include the Prison Rape Elimination Act of 2003.

WCCW is compliant with the provisions of this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.21 a, b Memo: *Memo from Superintendent Wofford*
- 115.21 a, b Attachment 1: *Log of PREA cases open and/or closed for reporting period*
- 115.21 a, b Attachment 2: *A National Protocol for Sexual Assault Medical Examinations Adults/Adolescents Second Edition*
- 115.21 a, b Attachment 3: *DOJ Guide Index for Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice's "A National Protocol for Sexual Assault Medical Examinations Adults/Adolescents"*
- 115.21 a, b Attachment 4: *WADOC Sexual Assault Evidence Collection: Uniform Evidence Protocol*
- 115.21 a, b Attachment 5: *WADOC Forensic Medical Exam Procedure for DOC Health Care Staff*
- 115.21 a, b Attachment 6: *WADOC Forensic Medical Exam Procedures-Transport Staff Procedures*
- 115.21 a, b Attachment 7: *Sample Aggravated Sexual Assault Checklist*
- 115.21 c, d, e, f, g Memo: *Memo from Superintendent Wofford*
- 115.21 c, d, e, f, g Attachment 1: *Log of designated advocates and hospitals for forensic medical exams*
- 115.21 c, d, e, f, g Attachment 2: *Outlook meeting invite for introduction to new rape crisis center advocate*
- 115.21 c, d, e, f, g Attachment 3: *Letter from Assistant Secretary of Health Services regarding ensuring documentation if a SANE/SAFE is not available to conduct the examination*
- 115.21 c, d, e, f, g Attachment 4: *Sample escorted leave authorization form*
- 115.21 c, d, e, f, g Attachment 5: *Sample billing showing department payment*
- 115.21 c, d, e, f, g Attachment 6: *Interagency agreement between WADOC and Department of Commerce Office of Crime Victims Advocacy*
- 115.21 c, d, e, f, g Attachment 7: *Pamphlet for Sexual Assault Support and Information Line*
- 115.21 c, d, e, f, g Attachment 8: *Information sheet covering access to in-person victim advocacy*
- 115.21 c, d, e, f, g Attachment 9: *Letter from Office of Crime Victims Advocacy outlining training requirements*

- 115.21 c, d, e, f, g Attachment 10: *Letter from Office of Crime Victims Advocacy regarding selected community sexual assault programs for PREA services*
- 115.21 c, d, e, f, g Attachment 11: *Sample incident report showing transfer to hospital for examination and advocacy notification*
- 115.21 c, d, e, f, g Attachment 12: *OM WCCW 590.500 Legal Access for Offenders*
- 115.21 c, d, e, f, g Attachment 13: *Mutual aid agreement between WADOC and Washington State Patrol*
- 115.21: *Policy DOC 600.000 Health Services Management*

Interviews

Random Staff
 PREA Compliance Manager
 Inmate who reported sexual abuse

115.21 (a)

WCCW conducts administrative investigations for any allegations within the facility. Criminal investigations are referred to either the Pierce County Sheriff or, if they decline to investigate, the Washington State Patrol District 1. During the reporting period, the facility had 107 administrative investigations. Five of these were referred to law enforcement. In the first case, law enforcement declined to investigate so it was completed by WADOC headquarters. The second case was determined to be unsubstantiated in the administrative investigation and the criminal investigation is still ongoing. The third case is at the prosecutor’s office pending the decision of if it will be charge criminally. The fourth case was referred to law enforcement and administratively investigated with an unsubstantiated finding. The final case was referred to law enforcement. Investigators utilize the April 2013 “A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition” as a guide for sexual assault evidence collection requirements.

WCCW is compliant with this provision of the standard.

115.21 (b)

Investigators utilize the April 2013 “A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition” as a guide for sexual assault evidence collection requirements. This manual is appropriate for both adult and youthful offenders.

WCCW is compliant with this provision of the standard.

115.21 (c)

WCCW has had three investigations where forensic medical examinations were conducted by a SANE during the reporting period. All three of these examinations took place at St. Joseph’s Medical Center. Documentation was included from a SANE nurse from Rapid SAVE Investigation confirming a member of the team was dispatched to the hospital to perform the examination.

Policy DOC 600.000 states, “Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided at no cost to the offender.” Documentation was included with the PAQ showing the medical expenses for the offenders who received exams. The documentation included the billing from the hospital showing the cost for the examinations as well as a print out of the offender’s trust account statement. The amount/dates listed on the billing do not appear on the trust account statements for the offender.

WCCW is compliant with this provision of the standard.

115.21 (d)

WADOC has an interagency agreement with the Department of Commerce Office of Crime Victims Advocacy. This agreement provides the following services:

- 1) A PREA sexual assault support and information line.
- 2) Advocacy services through the PREA Sexual Assault Support and Information Line during business hours.
- 3) Training for new PREA advocates and technical assistance to support current PREA advocates.
- 4) Distribute information and resources for the Community Sexual Assault Programs (CSAP).
- 5) Ensure grants are in place for CSAP's.
- 6) Management of DOC PREA grants; develop grant applications, develop and execute grants, manage invoices and reporting requirements.
- 7) Ensure CSAP advocates will provide sexual assault advocacy services by telephone via referral from the PREA Sexual Assault Support and Information Line.
- 8) Ensure CSAP advocates will be available 24/7 to attend any sexual assault medical forensic exam at a community-based health facility.
- 9) Ensure CSAP advocates will provide in-person advocacy services as needed and appropriate.
- 10) Provide DOC data at least quarterly.
- 11) Conduct regular meetings with DOC and the Washington Coalition of Sexual Assault Programs.

WCCW has a strong relationship with the advocacy group, Rebuilding Hope, for their area. The facility administration meets with the advocates whenever a new one is hired. This enables the facility to maintain a list of all advocates who are approved access into the facility as well as a list of who they can expect to arrive at the hospital for the examination. In addition to this partnership with Rebuilding Hope, they are currently working on a partnership with Mirror Ministries which deals with sex trafficking. Compliance documentation included a monthly email showing how many offenders contacted the agency within the preceding month.

WCCW is compliant with this provision of the standard.

115.21 (e)

Rebuilding Hope advocates will respond to the community health care facility for each forensic medical examination conducted. If the offender chooses, the advocate will remain with the offender throughout the examination process.

During a telephone interview with the head of Rebuilding Hope, she indicated a strong relationship with WCCW. She stated when an offender is transported for an examination, the facility and the hospital will contact the advocates to ensure they are onsite to provide services should the survivor request them. While onsite at the hospital, the advocate will have the offender sign any needed releases. She stated advocates are onsite at the facility once or twice per month to meet with survivors at the facility. She indicated the meetings with the survivors generally last about 30 minutes. The advocacy service has a point of contact within the facility who assists with ensuring the survivors are available for these meetings. The monthly or bi-monthly meetings may continue for months or years, if needed. One requirement not completed is the facility notifying the advocate of investigatory interviews. She stated they hear about the interviews from the survivor after they have taken place.

Corrective Action:

WCCW has incorporated tracking for the offering of advocacy during the interview process into their investigation log. The auditor was provided with a copy of the log on a monthly basis during the corrective action period. During the corrective active period, there was only one case where the alleged victim was transported to the hospital and an advocate responded. During the investigative interviews, the alleged victim declined having an advocate present. There are two additional cases where advocacy could potentially be offered during an investigation. Both of these cases are on hold at this time.

WCCW is compliant with this provision of the standard.

115.21 (f)

The Pierce County Sheriff's Department would be the primary investigator for any crimes committed on the grounds of the Washington Correction Center for Women. If they refuse to conduct the investigation, the Washington State Patrol (WSP) would conduct the investigation. WADOC maintains a Memorandum of Understanding (MOU) with WSP to conduct investigations. The MOU with WSP is active through 06/30/2020.

WCCW is compliant with this provision of the standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.22 a, b, c, d Memo: *Memo from Superintendent Wofford*
- 115.22 a, b, c, d Attachment 1: *Mutual aid agreement between WADOC and Washington State Patrol*
- 115.22 a, b, c, d Attachment 2: *Webpage information*

Interviews

Investigative Staff
Agency Head

115.22 (a)

During the reporting period, WCCW received 107 allegations that were investigated administratively and five of these were referred for criminal investigation. All investigations were completed or are ongoing.

In interviews with the offenders, there do not appear to be any allegations that are unaccounted for on the investigation log provided by the facility.

WCCW is compliant with this provision of the standard.

115.22 (b)

Policy DOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* states, "Allegations may be referred to law enforcement for criminal investigation."

The WADOC website is thoughtfully and comprehensively designed to ensure the public and family and friends have the ability to understand the full process from the initial allegation through the investigation. Under the section of the site covering "Criminal Investigations", it states, "All sexual abuse cases will be referred for investigation by a Washington State certified law enforcement officer as defined in WAC 139-05-210 and RCW 9.46.210."

During the interview with the agency head, he indicated the WADOC receives many allegations statewide and the response varies depending on location. The WCCW Superintendent stated they have had some

difficulties getting the local Sheriff's Department to respond to investigate allegations within the facility. She reported she and the lead investigator are working on building a partnership with the Sheriff's Department.

During an interview with an investigator, he indicated when an allegation is received, the facility completes the administrative investigation first and then refers the information for criminal investigation. He reported he and the other investigators try not to be the primary investigator for PREA allegations, but act as a resource for those who are assigned to complete them. He reported they try to keep themselves free to investigate drugs, identity theft, and other issues but check in with assigned investigators two weeks after the assignment to ensure progress on the investigation.

As stated under provision (a), during the reporting period, five allegations were referred for criminal investigation. The investigation log as well as the investigative files, confirms the referrals and criminal investigations are being completed.

WCCW is compliant with this provision of the standard.

115.22 (c)

The WADOC website section "How does the investigations process work?" breaks down the steps and responsibilities in both the criminal and administrative investigations. In addition, there is an additional section to explain the investigative findings that can be reached in an administrative investigation.

WCCW is compliant with this provision of the standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.31 a, b, c, d Memo: *Memo from Superintendent Wofford*
- 115.31 a, b, c, d Attachment 1: *Proof of disclosure acknowledgements*
- 115.31 a, b, c, d Attachment 2a: *Sample employee training records*
- 115.31 a, b, c, d Attachment 2b: *Sample employee training records*
- 115.31 a, b, c, d Attachment 2c: *Sample employee training records*
- 115.31 a, b, c, d Attachment 2d: *Sample employee training records*
- 115.31 a, b, c, d Attachment 2e: *Sample employee training records*
- 115.31 a, b, c, d Attachment 2f: *Sample employee training records*
- 115.31 a, b, c, d Attachment 3: *Sample PREA training acknowledgements*
- 115.31 a, b, c, d Attachment 4a: *2019 Annual PREA training content*
- 115.31 a, b, c, d Attachment 4b: *2019 Annual PREA Training Facilitator Guide*

115.31 (a)

WADOC requires PREA training at hire and every year thereafter. The course provided by the facility is listed as a two-hour training program. To be eligible to be a facilitator, the agency requires the person to complete a training for trainer workshop and an approved instructor development course. The course content reviewed covers the following topics:

- 1) The zero tolerance policy for sexual abuse and sexual harassment.
- 2) How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- 3) Offenders' right to be free from sexual abuse and sexual harassment.
- 4) The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- 5) The dynamics of sexual abuse and sexual harassment in confinement.
- 6) The common reactions of sexual abuse and sexual harassment victims.
- 7) How to detect and respond to signs of threatened and actual sexual abuse.
- 8) How to avoid inappropriate relationships with offenders.
- 9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming.
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

WCCW is compliant with this provision of the standard.

115.31 (b)

WADOC has created a training curriculum that is appropriate for both male and female offenders. The content for the curriculum is reviewed and approved by the agency's PREA Coordinator prior to

implementation. Due to the fact the curriculum is designed to be applicable to both male and female offenders, the requirement to retrain staff upon transfer to another facility is not applicable.

WCCW is compliant with this provision of the standard.

115.31 (c)

WADOC began mandatory training on PREA in 2006 when the agency published its initial PREA policy. In addition, they require training on a yearly basis for all employees. This exceeds the requirement of offering the training every two years.

As part of the online training course, the system requires the participant to confirm their understanding of the content. If they do not acknowledge their understanding, the course will not register as complete and the participant is directed to obtain additional information and/or retake the training in order to be able to confirm their understanding. For in person training, the acknowledgement is documented by signing a course roster.

For the reporting period, the facility is responsible for ensuring training of 457 employees. At the time the PAQ documentation was provided to the auditor only 414 or 90%, of employees had completed the training.

Corrective Action:

During corrective action, the facility assigned staff to complete PREA training. In addition to providing training for all staff on the updated definitions, staff were assigned to complete the general PREA training required under this standard and the facility was required to show completion of the training by a minimum of 95% of the staff.

WCCW is compliant with this provision of the standard.

115.31 (d)

The facility has two methods for documenting the completion and understanding of the PREA training. During in class training, the staff person signs the roster acknowledging understanding of the content. During online training, the system requires the participant to confirm their understanding of the content. If they do not acknowledge their understanding, the course will not register as complete and the participant is directed to obtain additional information and/or retake the training in order to be able to confirm their understanding. On 04/30/2020, WCCW provided documentation showing completion of training by 97% of the staff assigned to the facility.

WCCW is compliant with this provision of the standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.32 a, b, c Memo: *Memo from Superintendent Wofford*
- 115.32 a, b, c Attachment 1a: *2019 Annual PREA training content*
- 115.32 a, b, c Attachment 1b: *2019 Annual PREA Training Facilitator Guide*
- 115.32 a, b, c Attachment 2a: *Instructions for completion of volunteer mandatory training*
- 115.32 a, b, c Attachment 2b: *Sample volunteer training slides*
- 115.32 a, b, c Attachment 3: *Contract shell*
- 115.32 a, b, c Attachment 4: *Letter outlining requirements for in-person interpreter training*
- 115.32 a, b, c Attachment 5: *Proof of training completion for contract interpreters*
- 115.32 a, b, c Attachment 6a: *WCCW contracts*
- 115.32 a, b, c Attachment 6b: *Interagency agreement with Yakima County*
- 115.32 a, b, c Attachment 6c: *Contract with YWCA*
- 115.32 a, b, c Attachment 7: *Proof of PREA training and acknowledgement*
- 115.32 a, b, c Attachment 8: *Proof of PREA training and disclosure*
- 115.32 a, b, c Attachment 9: *Sample PREA acknowledgements for contractors*
- 115.32 a, b, c Attachment 10: *PREA pamphlet for staff, contractors, and volunteers*
- 115.32 a, b, c Attachment 11: *Proof of PREA acknowledgement for maintenance staff*
- 115.32 a, b, c Attachment 12: *Sample PREA acknowledgements for maintenance staff*
- 115.32 a, b, c Attachment 13a: *Log showing all volunteer training completion*
- 115.32 a, b, c Attachment 13b: *Log showing all volunteer training completion*

- 115.32 a, b, c Attachment 13c: *Log showing all volunteer training completion*
- 115.32 a, b, c Attachment 14: *Sample PREA disclosures and training acknowledgement for volunteers*
- 115.32 a, b, c Attachment 15: *Sample PREA disclosures and training acknowledgement for volunteers*

115.32 (a)(b)(c)

WADOC requires all contractors to complete some type of training on PREA. Any contractors who have regular contact with the offenders complete the same training as staff. If they fail to complete their new hire orientation training, they are allowed 15 days to get it completed. If they fail to complete the training during that time frame, the supervisor will notify the training department of the non-compliance and the contractor has through the next business day to complete the training. If they still do not complete the training, they will not be permitted to work until the training is completed.

Contractors assigned to work in the facility who fail to complete their annual in-service training will be given an opportunity to complete the training during a make-up session. If they do not complete the training during a make-up session, they are given a non-compliant status and the facility Appointing Authority and their onsite supervisor are notified.

Those contractors who have limited, unescorted contact with the offenders complete form 03-478, PREA Acknowledgement, and are provided with the PREA brochure for staff, contractors, and volunteers rather than completing annual training. These contractors would be those who fill vending machines, repair office equipment, clean the kitchen equipment, deliver supplies, or perform short-term services in maintenance. For the reporting period, the facility indicated they had 27 contractors assigned to the facility. Nineteen of the contractors had completed the training.

Volunteers are required to complete the same training as the staff. During the reporting period, there were 692 volunteers assigned to the facility. Of these, 627, or 90%, completed the PREA training as required. The volunteers interviewed while onsite confirmed receiving initial PREA training and also receiving an annual refresher training online. The facility provided a log of all volunteers currently authorized in the facility. This log lists the date of initial orientation as well as the most recent PREA refresher training. The volunteers are also required to complete a "PREA Disclosure and Training Acknowledgement for Volunteers" form. The form has several items the volunteer must initial in addition to signing and dating. These are:

- 1) I confirm that I have not engaged in sexual misconduct with an individual under Department supervision. I acknowledge and understand that I have a continuing duty to disclose and immediately report to the Appointing Authority my involvement in any form of sexual misconduct.
- 2) I have not engaged in sexual abuse in a prison/jail/lockup/community confinement/juvenile facility or other institution defined as follows: Any facility or institution which is owned, operated, managed by, or providing services on behalf of the State, Federal Government, or political subdivision of a State (i.e., county, city, or town). This does not include employment in privately owned and operated facilities such as nursing homes where the sole connection to the State is a state license to operate the establishment unless state and/or federal government agencies contract with the facility or its parent company, to house incarcerated individuals. (e.g., facility for the mentally ill, disabled, chronically ill, or handicapped, residential care or treatment facility for juveniles, facility that provides skilled nursing, intermediate or long-term care, or custodial residential care).
- 3) I have never been civilly or administratively adjudicated (there was a formal finding and a judgement or a decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting.
- 4) I have never been accused of or investigated for sexual harassment or sexual involvement of any type in any place I have worked or volunteered.
- 5) I have never been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment.

- 6) I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above.
- 7) All answers and statements are true and complete to the best of my knowledge. I understand that untruthful answers or deliberate omissions may cause termination of volunteer services.
- 8) I have successfully completed the Prison Rape Elimination Act (PREA) volunteer training. I verify that I have reviewed and understand all sections of the training course and all answers and statements are true and complete to the best of my knowledge.

If a volunteer fails to complete training, they are suspended and their identification is removed from public access. The volunteer is given 30 days to complete the training. If they complete it, they are reactivated. If they fail to complete the training, they are terminated from volunteering.

WCCW is compliant with provision (a) of this standard.

Corrective Action:

On 04/30/2020, WCCW provided documentation showing completion of PREA training by 82% of the contractors and 99% of the volunteers.

On 05/18/2020, WCCW provided documentation showing completion of PREA training by 93% of the contractors. The remaining contractors have been banned from the facility until the PREA training is completed.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.33 a, b, e Memo: *Memo from Superintendent Wofford*
- 115.33 a, b, e Attachment 1: *Inmate Orientation Handbook*
- 115.33 a, b, e Attachment 2: *PREA pamphlet for offenders*
- 115.33 a, b, e Attachment 3: *Date stamped photos of PREA reporting signage*
- 115.33 a, b, e Attachment 4a: *Log of offender completion of orientation*
- 115.33 a, b, e Attachment 4b: *Log of offender completion of orientation*
- 115.33 a, b, e Attachment 4c: *Log of offender completion of orientation*
- 115.33 a, b, e Attachment 4d: *Log of offender completion of orientation*
- 115.33 a, b, e Attachment 4e: *Log of offender completion of orientation*
- 115.33 a, b, e Attachment 4f: *Log of offender completion of orientation*
- 115.33 a, b, e Attachment 5: *Sample reception unit intake sheets and documentation of PREA completion*
- 115.33 c Memo: *Memo from Superintendent Wofford*
- 115.33 c Attachment 1: *List of offenders accepted to facility prior to 08/20/2012 showing date of PREA training*
- 115.33 c Attachment 2: *Sample documentation from database documenting PREA training completion*
- 115.33 d Memo: *Memo from Superintendent Wofford*
- 115.33 d Attachment 1: *PREA pamphlet for offenders*
- 115.33 d Attachment 2a: *Script of PREA orientation video for offenders*
- 115.33 d Attachment 2b: *Spanish Script of PREA orientation video for offenders*
- 115.33 d Attachment 3a: *"End Silence" Facilitator Guide*
- 115.33 d Attachment 3b: *"End Silence" Discussion Questions*
- 115.33 d Attachment 4: *Email outlining training of offenders who are limited English proficient and intellectually disabled*
- 115.33 d Attachment 5: *Sample Prison Rape Elimination Act Language Log showing usage of tele-interpreters*
- 115.33 d Attachment 6a: *OM WCCW 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting*
- 115.33 d Attachment 6b: *Sample log showing new addition of column for documentation of offenders who are low functioning, have a known disability, or usage of translation services/materials*
- 115.33 f Memo: *Memo from Superintendent Wofford*
- 115.33 f Attachment 1: *PREA pamphlet for offenders*
- 115.33 f Attachment 2: *Sample log marking checks for PREA information signage*

115.33 (a)

WCCW provides PREA information at intake utilizing the PREA brochure. PREA reporting information and information regarding advocacy support is provided in the form of posters in the intake area. The pamphlet covers what PREA is, the definitions, and how to prevent sexual assault. All offenders are provided the information at arrival prior to conducting the PREA assessments.

WCCW is compliant with this provision of the standard.

115.33 (b)(d)

WCCW provides a PREA orientation via video within a short period of time after arrival. This video starts with an introduction by the department Secretary. They utilized the "PREA: What You Need to Know" video

content interspersed by videos created by WADOC. The WA pieces talk about the specific reporting requirements. This video is available in both English and Spanish.

WCCW is compliant with this provision of the standard.

115.33 (c)

The facility maintains training materials for offenders in English and in Spanish. The facility also has access to a training program titled “End Silence” which is created for training youth in custody. This curriculum could be utilized to train lower mentally functioning offenders on their rights to be free from sexual abuse and sexual harassment. In addition, the facility utilizes one-on-one training whenever necessary to further ensure those who are lower functioning receive information and access to all PREA information.

There were 2047 offenders admitted during the reporting period. Of those, 32 completed the orientation late, 276 did not complete orientation, 514 did not receive orientation because they transferred to another facility within 30 days, and 31 had pending completion of orientation. One thousand, one hundred and ninety-four offenders completed the orientation process within the required timelines. Following the onsite portion of the audit, on 11/15/2019, WCCW held a training date for all offenders who had not completed the orientation within the 30-day requirement. The staff compiled rosters from each unit and called the offenders to attend. Attendance was documented by staff highlighting each offender’s name as they entered. The offenders were shown the PREA video and then provided facility specific information regarding how to make a report. Documentation of orientation completion is maintained within the offender management system.

While WCCW staff worked to ensure completion of training by all offenders, this did not occur until after the onsite portion of the audit.

Corrective Action:

During each month of corrective action, the facility provided the auditor with a log of all new intakes to include dates of orientation. Log review indicates the following:

- 1) Total admissions: 408
- 2) Total admissions where 30 days has not lapsed: 6
- 3) Total transfers/releases before end of 30 days: 96
- 4) Total late orientations: 5

Based on this, WCCW has a compliance rating of 98.7% for completing orientation within the 30-day time.

WCCW is compliant with this provision of the standard.

115.33 (e)

WCCW has signage throughout the facility regarding offender’s rights and reporting options. The information is also included in the Inmate Handbook. During the site review, the audit team observed signage in all housing units and throughout the facility.

WCCW is compliant with this provision of the standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its

investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.34 a, b, c, d Memo: *Memo from Superintendent Wofford*
- 115.34 a, b, c, d Attachment 1: *Log of PREA Workplace Investigation Training participants*
- 115.34 a, b, c, d Attachment 2: *Log of WCCW Investigator Training participants*
- 115.34 a, b, c, d Attachment 3: *Washington Administrative Code sections covering law enforcement requirements*
- 115.34 a, b, c, d Attachment 4: *Engrossed Substitute House Bill 1109*

115.34 (a)(b)(c)(d)

WADOC began conducting PREA Investigator Training in 2011. The course content was updated upon release of the final standards and was launched in November 2013. This new information was launched in a course called "PREA Booster Training." This content was available for a limited period of time for those people who had completed the investigator training prior to the update. In order to be considered a qualified investigator, the person must have completed the PREA Investigator Training and the PREA Booster Training. All new investigators must go through a new PREA Investigator Training course, which includes the content from both courses. WCCW provided proof of investigator training for all investigators they utilize for PREA investigations. The training transcripts for each of the 48 investigators were included in the PAQ documentation.

WADOC investigator training covers all elements required under provision (b). An interview with an investigator confirmed training on the required elements as well.

WCCW is compliant with all provisions of this standard.

Recommendation:

Based on the interview with the investigator, offering refresher training for facility investigators would be beneficial.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**The following evidence was analyzed in making a compliance determination:
Documents (*Policies, directives, forms, files, records, etc.*)**

- 115.35 a, b, c, d Memo: *Memo from Superintendent Wofford*
- 115.35 a, b, c, d Attachment 1 Part 1: *Online training slides for DOC PREA for Health Services*
- 115.35 a, b, c, d Attachment 1 Part 2: *Online training slides for DOC PREA for Health Services*
- 115.35 a, b, c, d Attachment 2: *Log of Health Services Training Completion*

115.35 (a)(b)(c)(d)

WADOC requires that all Health Services employees and contract staff complete both the PREA for Health Services class and the annual PREA training with the exception of medical records, clerical, the Dietary Services Manager, and the psychologist who is assigned exclusively to the sex offender treatment programming as these people do not have regular, private contact with the offenders.

WCCW provided the class content for the DOC PREA for Health Services online course. The learning objectives listed within the course are:

- 1) Identify DOC policies and protocols that define best practices for responding to sexual misconduct victims in the correctional environment.
- 2) Discuss how and to whom to report sexual misconduct.
- 3) Explain the role of medical and mental health staff when responding to incidents of sexual misconduct.
- 4) Describe how to detect and assess signs of sexual misconduct.
- 5) Describe the necessary steps to take to preserve forensic evidence.
- 6) Discuss aftercare counseling and monitoring procedures.

WCCW also provided a print out of all staff who completed the PREA for Health Services Online class from 09/2017 through 09/2019. The different classes are differentiated on the log as “FY18” or “FY19”. The PAQ indicates that 91 staff, or 85%, are compliant with their training completions. While the content is compliant with this standard, all staff who work regularly in the facilities are required to complete the training per provision (a).

Medical staff and contract employees at the facility do not conduct forensic exams. All forensic exams are conducted at an outside medical facility.

WCCW is compliant with all provisions of this standard.

Corrective Action:

WCCW provided documentation on 04/09/2020 showing completion of training by 97% of the health services staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.41 a, b, c, d, e, h Memo: *Memo from Superintendent Wofford*
- 115.41 a, b, c, d, e, h Attachment 1: *Letter to classification staff about changes to PREA risk screening requirements*
- 115.41 a, b, c, d, e Attachment 2a: *Log of offender risk screening completions*
- 115.41 a, b, c, d, e Attachment 2b: *Log of offender risk screening completions*
- 115.41 a, b, c, d, e Attachment 2c: *Log of offender risk screening completions*
- 115.41 a, b, c, d, e Attachment 2d: *Log of offender risk screening completions*
- 115.41 a, b, c, d, e, h Attachment 3b: *Sample documentation from database showing completion of risk screenings*
- 115.41 a, b, c, d, e, h Attachment 3c: *Sample documentation from database showing completion of risk screenings*
- 115.41 a, b, c, d, e, h Attachment 4: *Sample documentation from database showing completion of risk screenings*
- 115.41 a, b, c, d, e, h Attachment 5: *Blank Prison Rape Elimination Act (PREA) Risk Assessment form*
- 115.41 a, b, c, d, e Attachment 6a: *OMNI PREA Risk Assessment Assessors Guide*
- 115.41 a, b, c, d, e Attachment 6b: *OMNI PREA Risk Assessment Assessor and Reviewer User's Guide*
- 115.41 a, b, c, d, e Attachment 6c: *Online training slides for those conducting risk assessments*
- 115.41 a, b, c, d, e, h Attachment 7: *Letter to all classification counselors regarding inquiring into offender's LGBTI status*
- 115.41 f Memo: *Memo from Superintendent Wofford*
- 115.41 f Attachment 1a: *Log of offender risk screening completions*

- 115.41 f Attachment 1b: *Log of offender risk screening completions*
- 115.41 f Attachment 1c: *Log of offender risk screening completions*
- 115.41 f Attachment 1d: *Log of offender risk screening completions*
- 115.41 f Attachment 2: *Sample documentation from database showing completion of risk screenings*
- 115.41 g Memo: *Memo from Superintendent Wofford*
- 115.41 g Attachment 1: *WCCW PREA cases open/closed for reporting period*
- 115.41 g Attachment 2: *Documentation showing completion of risk re-assessments based on substantiated allegations*
- 115.41 g Attachment 3: *Documentation showing completion of risk re-assessments based on substantiated allegations*
- 115.41 i Memo: *Memo from Superintendent Wofford*
- 115.41 i Attachment 1a: *Manual for OMNI Offender Screening-PREA Risk Assessment*
- 115.41 i Attachment 1b: *Manual for OMNI Offender Screening-PREA Risk Assessment continued*
- 115.41 i Attachment 2: *Outline of PREA Risk Screening Access by groups*

115.41 (a)(b)(c)

Policy DOC 490.820, Prison Rape Elimination Act (PREA) Risk Assessments and Assignments, states the following: “Classification counselors and designated work release employees will complete a PRA (PREA Risk Assessment) within 72 hours of arrival for all offenders arriving at any Department facility. This includes offenders returning to a facility from out-to-court status. Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays. Facilities will take into account all available information (e.g., previous PRAs, medical/mental health assessment information).”

WCCW received 2047 offenders during the reporting period. Of those, 248 offenders did not remain in the facility for 72 hours. Of the remaining 1799 offenders, 1791 received their screening within 72 hours. This is a 99.5% show of compliance.

WCCW utilizes a screening within their offender management system, OMNI. The lead auditor reviewed the screening tool and it is designed so that whoever would complete the assessment with the offender, the results would be the same.

WCCW is compliant with these provisions of the standard.

115.41 (d)(e)

The WADOC asks all of the required questions of these standard. The screening asks the following questions concerning potential predation:

- 1) Does the offender have any previous prison incarcerations as an adult?
- 2) Has the offender ever committed sexual assault/abuse while incarcerated in any type of facility to include jails or other state corrections agencies?
- 3) Has the offender ever committed any other violent act while incarcerated in any type of facility to include jails or other state corrections agencies?
- 4) If the offender answers yes to both of the following questions, the item will score points only once in this section.
 - a. Has the offender ever been convicted of a sexual offense or a crime with sexual motivation in which the victim was between 14 and 65 years old?
 - b. Has the offender ever been convicted of a violent offense?

The screening asks the following questions concerning potential victimization:

- 1) First incarceration (Adult, Prison only)
- 2) Age less than 25 or over 65
- 3) Size and stature
 - a. Females: less than 5’0 and/or 80 lbs.

- 4) Previous or current commitment for sex offense/crime with sexual motivation in which the victim was a child of 13 years or younger or elderly person of 65 years or older
- 5) Mental impairment, developmentally or intellectually disabled, mentally ill, or physical disability
- 6) History of sexual abuse, victimization (points assessed only for males)
- 7) Victim of sexual assault in confinement
- 8) Behavior characteristics or display of sexual orientation in a way that projects vulnerability (is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender non-conforming)
- 9) Criminal history is exclusively non-violent
- 10) Offender perceives themselves to be vulnerable.

WCCW is compliant with these provisions of the standard.

115.41(f)

WCCW received 2047 offenders during the reporting period. Of those, 635 did not remain in the facility for 30 days. Of the remaining 1412 offenders, 1303 (92%) offenders were reassessed within the 30-day requirement. Fifty-five of these assessments or 3% were completed after the 30-day time frame. The final 54 offenders did not have a 30-day assessment as they either transferred or released into the community before it was completed.

WCCW has developed multiple assessments within the OMNI system. They are:

- 1) Initial Assessment: All offenders arriving to a facility on a new term of incarceration.
- 2) Follow-Up Assessment: Completed no sooner than 21 days but no later than 30 days after incarceration.
- 3) Transfer Assessment.
- 4) For Cause Assessment: Conducted within 10 days when additional information is received indicating a potential for victimization or predation, when the offender self-discloses, when there is a finding of guilt for an infraction for sexual assault or violence, or when an allegation of sexual abuse or staff sexual misconduct is substantiated.

OMNI is programmed with a feature that sends a notification when an offender is overdue for a required risk assessment.

WCCW is compliant with this provision of the standard.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

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

115.42 (c)

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

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.42 a, b Memo: *Memo from Superintendent Wofford*
- 115.42 a, b Attachment 1: *PRA Housing Guide*
- 115.42 a, b Attachment 2: *Print out from OMNI showing completed assessments*
- 115.42 a, b Attachment 3a: *Print outs of incoming transport/job screening checklists*
- 115.42 a, b Attachment 3b: *Print outs of incoming transport/job screening checklists*
- 115.42 c, d, e, f Memo: *Memo from Superintendent Wofford*
- 115.42 c, d, e, f Attachment 1: *“Protocol for the Housing of Transgender and Intersex Offenders/Protocol for Housing Review for Transgender”*
- 115.42 c, d, e, f Attachment 2: *Completed “Protocol for the Housing of Transgender and Intersex Offenders” form*
- 115.42 c, d, e, f Attachment 3: *Completed “Protocol for the Housing of Transgender and Intersex Offenders” form*

- 115.42 c, d, e, f Attachment 4: *OM WCCW 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments*
- 115.42 g Memo: *Memo from Superintendent Wofford*
- 115.42 g Attachment 1: *Memo from Assistant Secretary Prisons regarding ensuring those who are transgender, intersex, lesbian, gay, bisexual, and gender non-conforming offenders are not housed in dedicated facilities or areas within a facility.*
- 115.42 g Attachment 2: *Print out from OMNI of all offenders who had a positive indication for the behavior characteristics or display of sexual orientation in a way that projects vulnerability (Is perceived to be gay, lesbian, transgender, intersex, or gender non-conforming.)*

115.42 (a)(b)

The assessment utilized by WCCW rates each offender as “potential victim”, “potential predator”, “dual identifier”, or “unrestricted”. Prior to placing an offender in a cell or room, staff is responsible to review the offender’s current PRA rating and document the review. If an offender rating changes, their current cellmate/roommate is immediately reviewed to ensure no potential conflicts. In addition, anyone who is rated as a potential predator or potential victim will have a monitoring plan developed. The plan may include things such as increased counselor initiated contact, increased check-ins by facility staff, or notification of unit staff with instructions to monitor the offender for changes in normal behavior. This rating, in addition to the monitoring plan, assist facility staff in ensuring best efforts are made to protect the offenders within their cell, unit, work assignment, education, and the facility. Each offender is assessed and monitored, if necessary, individually.

WCCW is compliant with these provisions of the standard.

115.42 (c)(d)(e)

WADOC utilizes a review team to make decisions pertaining to transgender and intersex offenders assignment to the facility. The review team completes a Protocol for the Housing of Transgender and Intersex Offenders form. The form includes consideration of behavioral health concerns, medical concerns, length of incarceration, past history of victimization or predation, the likelihood of victimization in male and female facilities, physical appearance, past housing placements, potential concerns or risks related to cellmates in male and female facilities, shower arrangement availability, and the offender’s own view on where they feel they should be housed. The Deputy Director, who can either support the determination made at the facility level or refer the information to the headquarters team who will make a determination, reviews this form.

Based on review of the completed forms for current transgender or intersex offenders, these meetings and a determination occurs within one to two days after the offender is admitted to the facility.

WCCW utilizes this same form to conduct an assessment every six months the transgender or intersex offender is housed within the facility. The team assesses many of the items listed above but also includes other things such as the offender’s current work and programming, adjustment to the facility to include infractions, as well the offender’s view regarding the housing assignment and showers.

WCCW exceeds these provisions of the standard.

115.42 (f)

Policy DOC 490.820, *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments*, states, “WCCW has individual shower stalls/separate shower times to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders.”

Based on site review observations and observations during time on the housing units as well as interviews with staff and transgender offenders, the audit team found this policy statement to be accurate. Staff

indicated that, if a transgender offender had access to a shower that had individual stalls but still was not comfortable showering when the rest of the offenders were showering, the facility would be able to make an accommodation to allow them to shower at a different time.

WCCW is compliant with this provision of the standard.

115.42 (g)

WCCW does not have a designated housing area for offenders who identify as lesbian, gay, bisexual, or who are transgender or intersex. The audit team spoke with multiple transgender or intersex offenders housed in different areas of the facility.

WCCW is compliant with this provision of the standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination: Documents (**Policies, directives, forms, files, records, etc.**)

- 115.43 a, b, c, d, e Memo: *Memo from Superintendent Wofford*
- 115.43 a, b, c, d, e Attachment 1: *List of offenders who scored as potential victims*

- 115.43 a, b, c, d, e Attachment 2: *Print outs of incoming transport/job screening checklists*
- 115.43 a, b, c, d, e Attachment 3: *Print outs of incoming transport/job screening checklists*

115.43 (a)

Policy DOC 490.820 states, “Placement in Administrative Segregation for more than 24 hours should only occur if no suitable alternative housing exists and will last only until alternative placement can be made. Each alternative considered, along with the reason(s) it was determined unsuitable, will be documented in a PREA Housing chrono entry.”

WCCW provided documentation showing they have not had any offenders placed in involuntary segregated housing during the audit-reporting period. Documentation provided showed offenders who were assessed as having a risk of being victimized and placed in segregation. In reviewing the information on these offenders, there were no instances where this placement was involuntary due to sexual safety risk.

WCCW is compliant with this provision of the standard.

115.43 (b)(c)(d)(e)

There were no WCCW offenders placed in involuntary segregation due to risk of being victimized.

WCCW is compliant with this provision of the standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.51 a, b, c, d Memo: *Memo from Superintendent Wofford*
- 115.51 a, b, c, d Attachment 1: *WAC 137-48-020: Definition of Legal Mail*
- 115.51 a, b, c, d Attachment 2: *List of entities that qualify as legal mail*
- 115.51 a, b, c, d Attachment 3: *Statewide Inmate Orientation Handbook*
- 115.51 a, b, c, d Attachment 4: *Pamphlet for Offenders regarding PREA*
- 115.51 a, b, c, d Attachment 5: *Intergovernmental Agreement between WADOC and Colorado Department of Corrections-Outside reporting*
- 115.51 a, b, c, d Attachment 6: *Memo from WADOC ADA Compliance Manager-Memo regarding allowing accommodations for illiterate and learning disabled offenders to utilize audio recordings.*
- 115.51 a, b, c, d Attachment 7: *PREA Cases Open and/or Closed 07/01/2018 thru 10/16/2019*
- 115.51 a, b, c, d Attachment 8: *WCCW Offender Compliant Log 01/01/2019-09/15/2019*
- 115.51 a, b, c, d Attachment 9a: *PREA Training Acknowledgement Form and PREA Facilitator Guide*

- 115.51 a, b, c, d Attachment 9b: *PREA Facilitator Guide*
- 115.51 a, b, c, d Attachment 10: *PREA pamphlet-Information for staff, contract staff and volunteers*
- 115.51 a, b, c, d DOC Policy 490.850: *Prison Rape Elimination Act (PREA) Response*

115.51 (a)(c)

WADOC provides offenders with multiple reporting methods. These include:

- 1) Confidential toll-free reporting hotline,
- 2) Anonymous reports,
- 3) Third-party,
- 4) Verbal reports to any staff, contractor, or volunteer,
- 5) Kites,
- 6) Grievances,
- 7) Kiosk messages,
- 8) Legal mail to designated individuals such as the PREA Coordinator, as well as
- 9) Outside reporting to the PREA Coordinator of the Colorado Department of Corrections
 - a. Utilizes form 21-379 Prison Rape Elimination Act (PREA) Allegation form
 - i. Available throughout the facility with pre-addressed envelopes.

Interviewed offenders were all able to list at least three different methods for reporting. They are provided with the information in the Inmate Handbook and are also given a pamphlet at intake that lists the reporting options.

WCCW is compliant with this provision of the standard.

115.51 (b)

WADOC partners with the Colorado Department of Corrections (CDOC) for outside reporting. The facility provided a copy of the intergovernmental agreement between the two entities. As part of this agreement, WADOC and CDOC will act as the reporting entity for each other’s facilities. The agreement outlines the creation of a form (WADOC utilizes 21-379 Prison Rape Elimination Act (PREA) Allegation form) and process for the mailing of allegations by offenders. If an allegation was received from an offender in WADOC custody, CDOC would log the information and forward the allegation to WADOC either with or without the reporters name depending if they wanted to remain anonymous. Each agency annually submits a log of all allegations received for tracking and documentation purposes.

While onsite, the audit team saw the forms with pre-addressed envelopes within the housing units. The facility faces a struggle of the offenders taking the forms/envelopes to use as scratch paper. They make a sincere effort to ensure the supplies are stocked at all times.

WCCW does not house anyone for civil immigration purposes. Everyone has been criminally convicted prior to being sentenced to the facility.

WCCW is compliant with this provision of the standard.

115.51 (d)

DOC Policy 490.850, *Prison Rape Elimination Act (PREA) Response*, includes a flowchart with the PREA Reporting Process. In this flowchart, staff are required to notify their shift commander who will notify the Superintendent or duty officer. If the allegation is against the shift commander, the staff may report directly to the Appointing Authority. If the allegation is against the Appointing Authority, staff is authorized to report directly to the next higher authority. Typically, this would be the Deputy Director of Prison Command. This information is disseminated to staff through policy, staff training, and staff pamphlets.

WCCW is compliant with this provision of the standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.52 a, b, c, d, e, f, g Memo: *Memo from Superintendent Wofford*
- 115.52 a, b, c, d, e, f, g Attachment 1: *Memo from WADOC Secretary regarding the requirements of PREA allegations received through the grievance systems*
- 115.52 a, b, c, d, e, f, g Attachment 2: *Log detailing all allegations received via grievance*
- 115.52 a, b, c, d, e, f, g Attachment 3: *Sample offender complaint forms*
- 115.52 a, b, c, d, e, f, g Attachment 4: *Sample responses to grievances alleging sexual abuse or sexual harassment*
- 115.52 a, b, c, d, e, f, g Attachment 5: *Sample emergency offender complaints*
- 115.52 a, b, c, d, e, f, g Attachment 6: *Log detailing all allegations received via grievance*

115.52 (a)(b)(c)(d)(e)(f)(g)

If an offender at WCCW submits an allegation of sexual abuse or sexual harassment utilizing a grievance, the offender is notified by the facility that it is being pulled from the grievance process for submission as a potential PREA investigation. The staff submits the grievance information via IMRS and it is reviewed by the PREA Triage Team. If the allegation does not meet any of the definitions under the policy, the staff notify the offender and they are provided the opportunity to resubmit the grievance following the grievance policy.

During the reporting period, 15 allegations were received through the grievance system. All allegations were pulled out of the grievance process and treated as a regular allegation. Eight of the allegations were determined by triage not to meet the definitions of prohibited acts. One of these allegations was an emergency and the alleged victim was immediately separated from the alleged abuser prior to the triage review being completed.

WCCW does not process these allegations through the grievance system until they have already been assessed by the PREA Unit so they are exempt from this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.53 Memo: *Memo from Superintendent Wofford*
- 115.53 Attachment 1: *Sexual Assault Support and Information Line pamphlet*
- 115.53 Attachment 2: *Community Sexual Assault Programs in Washington State pamphlet*
- 115.53 Attachment 3: *Memo from WADOC Superintendent regarding advocacy*
- 115.53 Attachment 4: *In-person Victim Advocacy Services Guide*
- 115.53 Attachment 5: *Information on legal requirements for Community Sexual Assault Programs*
- 115.53 Attachment 6: *Interagency agreement between WADOC and Department of Commerce Office of Crime Victims Advocacy*
- 115.53 Attachment 7: *Outlook calendar invite regarding meet and greet with new advocate from Rebuilding Hope*

115.53 (a)(b)(c)

WCCW has an MOU with Rebuilding Hope, The Sexual Assault Center of Pierce County. Offenders may contact the agency for support services utilizing a toll-free, non-recorded number. Posters and pamphlets notify offenders of this. In addition, advocates visit the facility to meet with offenders once or twice monthly. In an interview with staff from the advocacy center, she reported the contacts are generally about 30 minutes and they may see the offenders for months or years depending on what the offender needs. The Advocacy Coordinator creates the list of offenders to be met with and forwards this information to the facility PREA specialist.

WADOC has an interagency agreement with the Department of Commerce Office or Crimes Victims Advocacy (OCVA). This agreement is active through 06/30/2021.

WCCW is compliant with this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

- 115.54 Memo: *Memo from Superintendent Wofford*
- 115.54 Attachment 1: *Zero Tolerance Information pamphlet for Family and Friends*
- 115.54 Attachment 2: *WADOC website information*

115.54 (a)

WADOC provides extensive options for making a report on behalf of an offender. Visitors within the facilities are notified of reporting options via posters and pamphlets. These offer reporting options through mail and telephone. The phone options include a direct phone call as well as a toll-free PREA hotline number. In addition, the WADOC website contains information on making a report through the mail, by phone, or by email. A test was conducted of the email reporting option by the lead auditor. Within 10 minutes, a response was received from the agency PREA Coordinator stating the report had been received. The Coordinator was asked how long it can take for a response to this type of report. She reported the email is sent to her as well as the PREA Triage Team. Generally, this report would be processed within 24 of the allegation being submitted.

WCCW exceeds the requirements of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.61 a, b, c, e Memo: *Memo from Superintendent Wofford*
- 115.61 a, b, c, e Attachment 1: *PREA pamphlet for staff, contract staff, and volunteers*
- 115.61 a, b, c, e Attachment 2: *PREA signage for staff*
- 115.61 a, b, c, e Attachment 3: *Statewide Inmate Orientation Handbook*
- 115.61 a, b, c, e Attachment 4: *PREA signage outline treatment and counseling availability*
- 115.61 a, b, c, e Attachment 5a: *WCCW Offender Compliant Log*
- 115.61 a, b, c, e Attachment 5b: *WCCW Offender Compliant Log*
- 115.61 a, b, c, e Attachment 6a: *Sample IMRS log*
- 115.61 a, b, c, e Attachment 6b: *Sample IMRS log*
- 115.61 a, b, c, e Attachment 6c: *Sample Case*
- 115.61 a, b, c, e DOC Policy: *Prison Rape Elimination Act (PREA) Response*
- 115.61 d Memo: *Memo from Superintendent Wofford*
- 115.61 d Attachment 1: *RCW 74.34.020-definition of vulnerable adult*
- 115.61 d Attachment 2: *Interagency agreement between WADOC and Washington State Department of Social and Health Services (DSHS) Adult Protective Services (APS)*
- 115.61 d Attachment 3: *Print out of offenders who qualify as vulnerable population*
- 115.61 d Attachment 4: *List of victims classified as a vulnerable adult*
- 115.61 d DOC Policy 350.550, *Reporting Abuse and Neglect/Mandatory Reporting*

115.61 (a)

WADOC Policy 490.850, *Prison Rape Elimination Act (PREA) Response*, states, “Staff must immediately report any knowledge, suspicion, or information received including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.”

During interviews with staff, they were able to articulate the reporting requirements listed within this provision.

WCCW is compliant with this provision of the standard.

115.61 (b)

WADOC Policy 490.850, *Prison Rape Elimination Act (PREA) Response*, states, “Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.”

All staff interviewed were able to articulate the need for confidentiality regarding allegation information. They indicated they would report the information directly to their shift commander and not talk with anyone else regarding the allegation information.

WCCW is compliant with this provision of the standard.

115.61 (c)

WADOC Policy 490.850, *Prison Rape Elimination Act (PREA) Response*, states, “Offenders will be informed of the requirements of mandatory reporting at Reception, and information will be posted in Health Services areas where it can be seen by offenders. Health Services providers must inform of the duty to report before providing treatment when an offender:

- 1) Displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination, or
- 2) Discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting.”

During the site review, the audit team observed signage within the Health Services area of the facility. The signage indicates that medical and mental health practitioners are required to report incidents of sexual abuse.

WCCW is compliant with this provision of the standard.

115.61 (d)

DOC Policy 350.550, *Reporting Abuse and Neglect/Mandatory Reporting*, states, “The Department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitation, or neglect involving vulnerable adults to the appropriate authority.”

WADOC has an interagency agreement with the Washington State Department of Social and Health Services (DSHS) Adult Protective Services (APS). As part of this agreement, WADOC will notify APS of “any allegations of sexual abuse/sexual harassment or other types of mistreatment including abuse, neglect, and financial exploitation of offenders who have been classified as vulnerable adults as defined by the state or local jurisdiction’s vulnerable person’s statute and as further defined by RCW 74.34.020.” WADOC is responsible to ensure the completion of an investigation unless APS elects to investigate the allegation. APS will determine this on a case-by-case basis.

For the reporting period, WCCW has not had any allegations involving someone who meets the definition of vulnerable adult based on the Revised Code of Washington definition.

WCCW is compliant with this provision of the standard.

115.61 (e)

WCCW provided all case information to the PREA audit team with the PAQ. In this information were 28 cases where the initial information was reported either in person or in writing to medical or mental health practitioners. Fifteen of the cases involved allegations of misconduct within other facilities and WCCW notified the facilities of the information. In the remainder of the cases, the information was forwarded to the facility Superintendent and a PREA checklist was initiated.

WCCW is compliant with this provision of the standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination: Documents (Policies, directives, forms, files, records, etc.)

- 115.62 Memo: *Memo from Superintendent Wofford*
- 115.62 Attachment 1: *List of offenders who scored as potential victim*
- 115.62 Attachment 2: *Sample PREA monitoring*
- 115.62 Attachment 3a: *Sample PREA monitoring*
- 115.62 Attachment 3b: *Sample PREA housing screening*
- 115.62 Attachment 4a: *Protocol for the Housing of Transgender and Intersex Offenders/Protocol for Housing Review for Transgender and Intersex Offenders Log*
- 115.62 Attachment 4b: *Sample Protocol for the Housing of Transgender and Intersex Offenders forms*
- 115.62 Attachment 4e: *Sample Protocol for the Housing of Transgender and Intersex Offenders forms*
- 115.62 Attachment 4f: *Housing assignment review factor sheet*
- 115.62 Attachment 4g: *Sample Protocol for the Housing of Transgender and Intersex Offenders forms*
- 115.62 Attachment 4h: *Sample Protocol for the Housing of Transgender and Intersex Offenders forms*
- 115.62 Attachment 4i: *Sample Protocol for the Housing of Transgender and Intersex Offenders forms*
- 115.62 Attachment 4j: *Sample Protocol for the Housing of Transgender and Intersex Offenders forms*
- 115.62 Attachment 5a: *Sample allegation information*
- 115.62 Attachment 5b: *Sample allegation information*

115.62 (a)

WCCW creates a monitoring plan for each offender who is assessed as a potential victim during the PREA Risk Assessment process. This plan is individualized and includes periodic status checks by staff which is documented in the offender's record.

Any time an allegation is received, the facility administration looks at housing, job assignments, victim needs, the severity of the allegation/act, and any other relevant factors to assist in determining the best course of action. The assessment of the information is all documented on the response checklists and in IMRS reports. Actions taken can include reassignments, housing changes, or, if necessary, a transfer to another facility.

In interviews with the Department Secretary, Superintendent, and random facility staff, all indicated immediate response is taken when there is a substantial risk of sexual abuse. The process the agency has put in place to create a monitoring plan prior to any potential incidents shows excellent foresight and opens the lines of communication between staff and the offender early.

WCCW exceeds the requirements of this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.63 a, b, c Memo: *Memo from Superintendent Wofford*
- 115.63 a, b, c Attachment 1: *WCCW Offender Compliant Log*
- 115.63 a, b, c Attachment 2: *Notification to outside agency of allegation*
- 115.63 d Memo: *Memo from Superintendent Wofford*
- 115.63 d Attachment 1: *List of all Cases Open in Response to Information Received from outside WCCW*

115.63 (a)(b)(c)

Policy DOC 490.850, *Prison Rape Elimination Act (PREA) Response*, states, "The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident:

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

During the reporting period, WCCW received 57 allegations regarding allegations of misconduct within another facility. The facility Superintendent is responsible for making the notification unless another individual is officially serving in an acting capacity while the Superintendent is out.

Based on review of the notifications made for these 57 allegations, it appears the Superintendent will make the notification either be email or by telephone and all appear to have been completed within the 72-hour requirement. The facility enters all allegations into IMRS, which are reviewed by the PREA Triage Team. The team will send a notice that the Administrator is to make the notification within 72 hours and that the team should be included on the notification for documentation purposes.

WCCW is compliant with these provisions of the standard.

115.63 (d)

WCCW received five allegations from other facilities within the reporting period. All five were submitted through IMRS for review by the PREA Triage Team and referred for investigation. Documentation shows the Appointing Authority ensures the allegation information is followed up on at the facility level.

WCCW is compliant with this provision of the standard.

Standard 115.64: Staff first responder duties**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.64 (a)**

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

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.64 Memo: *Memo from Superintendent Wofford*
- 115.64 Attachment 1: *First Response Actions pamphlet*
- 115.64 Attachment 2: *Investigation Log*

115.64 (a)(b)

WCCW utilizes Operational Memorandum (OM) 490.850, Prison Rape Elimination Act (PREA) Response (Revision Date 02/06/19) to outline their response to allegations of sexual abuse and sexual harassment. The OM states that upon receiving an allegation of offender-on-offender sexual assault, the Appointing Authority/Shift Commander/CCS (Community Corrections Supervisor) will immediately separate the accused from the alleged victim and witnesses.

During the reporting period, WCCW had 38 allegations of sexual abuse either by staff or another offender.

Based on investigative file review of these 38 files, there was only one case where there was the potential for physical evidence collection. The investigative file includes the result of the forensic medical examination that was performed at a medical center outside of the facility. In all of the 38 files, separation was completed by the facility to ensure the safety of the alleged victim. The other 37 cases were allegations such as contact through clothing and would not require crime scene preservation.

WCCW had a total of 38 allegations that meet the definition of sexual abuse under the standards. The first responder in 35 out of the 38 cases was a uniformed staff person.

WCCW is compliant with this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.65 Memo: *Memo from Superintendent Wofford*
- 115.65 Attachment 1: *PREA Response Plan Contents*

115.65 (a)

WCCW utilizes the PREA Response Plan developed by the WADOC. The plan is a comprehensive collection broken into four sections. They are:

- 1) Response to Aggravated Sexual Assault Allegations
- 2) Response to all other Sexual Misconduct Allegations
- 3) Checklists and Forms to use in all Sexual Misconduct Allegations
- 4) Policies/Operational Memorandums

The plan is broken down by facility type for certain areas, such as specific information for work release. Otherwise, all facilities respond utilizing the same forms and plan. The plan includes the following:

- 1) PREA Response Team member with contact information
- 2) Initial Emergency Checklist

- 3) Aggravated Sexual Assault Checklist
- 4) DOC 16-358 Crime Scene Activity Log
- 5) Hospitals available for Forensic Medical Examinations
- 6) PREA Response Kit
- 7) Instructions for Submitting the PREA Response Packet
- 8) Aggravated Sexual Assault Medical Follow-Up Checklist
- 9) PREA Response and Containment Checklist
- 10) Sexual Assault Evidence Collection: Uniform Evidence Protocol
- 11) PREA Definitions
- 12) Contact information for city, county, and state law enforcement
- 13) Contact information for Child and Adult Protective Services
- 14) DOC 02-348 Fight/Assault Activity Review
- 15) Applicable evidence log
- 16) DOC 21-043 Evidence Card
- 17) DOC 16.357 Crime Scene Containment/Preservation/Processing Checklist
- 18) DOC 13-509 PREA Mental Health Notification

The response plan is kept in the facility shift commander's office.

WCCW is in compliance with this standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.66 a, b Memo: *Memo from Superintendent Wofford*
- 115.66 a, b Attachment 1: *Collective Bargaining Agreement: Teamsters Union 117 Volume 1 July 1, 2019 through June 30, 2021*
- 115.66 a, b Attachment 2: *Collective Bargaining Agreement: Teamsters Union 117 Volume 1 July 17, 2017 through June 30, 2019*
- 115.66 a, b Attachment 3: *MOU with Teamsters Local Union 117 and WFSE*

115.66 (a)

WCCW has a collective bargaining agreement with the Teamsters Union 117. The auditor was provided a copy of the agreement in the pre-audit documentation. The agreement states, "An employee accused of misconduct will not be removed from his/her existing work assignment unless there is a safety/security concern, including security issues due to any allegation that involves a conflict between staff."

The lead auditor interviewed the Secretary of WADOC. During the interviews, he indicated there are no issues with their union in terms of removing an alleged abuser from their post during the investigation and discipline process.

WCCW is compliant with this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with

victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.67 a, b, c, d, e, f Memo: Memo from Superintendent Wofford
- 115.67 a, b, c, d, e, f Attachment 1: IMRS case entry and email regarding staff response
- 115.67 a, b, c, d, e, f Attachment 2: List of cases that required monitoring
- 115.67 a, b, c, d, e, f Attachment 3: Sample PREA Monthly Retaliation Monitoring Reports
- 115.67 a, b, c, d, e, f Attachment 4a: Sample PREA Monthly Retaliation Monitoring Reports
- 115.67 a, b, c, d, e, f Attachment 4b: Sample PREA Monthly Retaliation Monitoring Reports
- 115.67 a, b, c, d, e, f Attachment 5: Log of Offenders who Reported Retaliation Issues
- 115.67 a, b, c, d, e, f Attachment 6: Log for Tracking Offender Retaliation Monitoring

115.67 (a)(b)(c)(d)(e)

Policy DOC 49.860, *Prison Rape Elimination Act (PREA) Investigation*, covers the process for retaliation monitoring. The policy states monitoring will begin at the initiation of an investigation into offender-on-offender sexual assault/abuse or staff sexual misconduct. The assessor will be responsible to monitor for indicators or reports of retaliation against alleged victims and reporters. The policy lists indicators include but are not limited to:

- 1) Disciplinary reports,
- 2) Changes in grievance trends,
- 3) Housing/program changes and reassignments, or
- 4) Negative performance reviews.

Any report or indication of retaliation is to be reported to the Appointing Authority immediately who will take an appropriate action. The monitoring is to continue for 90 days. If the Appointing Authority deems necessary, the monitoring may continue for longer.

During the interview with the staff person in charge of ensuring retaliation monitoring is completed, she indicated they have not been doing it at WCCW. Investigative file review confirms a few cases where one retaliation monitoring check was completed, but no cases where full retaliation monitoring was done.

Corrective Action:

WCCW staff started retaliation monitoring directly after the conclusion of the onsite audit (09/15/2020.) During the corrective action period, WCCW provided the auditor with a log containing all investigations and the retaliation monitoring dates. From the start of the retaliation monitoring, the facility had 54 investigations. In each of the cases, retaliation monitoring was completed for at least 90 days unless the allegation was deemed to be unfounded. There were eight instances where one of the contacts was missed for a month. The retaliation monitoring was extended for an additional month to ensure there are no issues.

WCCW is compliant with this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Investigative files from reporting period
- 115.68 Memo: Memo from Superintendent Wofford

- 115.68 Attachment 1: *Alleged Victims Housing Assignments*
- 115.68 Attachment 2: *Sample Offender Movement History pages*
- 115.68 Attachment 3: *Sample Placement Referrals*
- Policy DOC 490.820, *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments*

115.68 (a)

Policy DOC 490.820, *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments*, states that offenders who may potentially be at risk may be placed in administrative segregation but only if no suitable alternative is available.

The auditor reviewed all 38 investigative files that alleged sexual abuse. Of those files, there were three cases where the alleged victim was housed in segregation but it was not related to the allegation.

- 1) Offender placed in segregation on 07/29/2018 and made allegation on 07/30/2018.
- 2) Offender placed in segregation for fight on 08/22/2019. Made allegation on 08/22/2019 after placement in segregation.
- 3) Offender placed in segregation due to an investigation into an assault on another offender.

There have been no cases where a potential or alleged victim was placed in involuntary segregation.

WCCW is compliant with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

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

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination: **Documents (Policies, directives, forms, files, records, etc.)**

- 115.71 a, j Memo: *Memo from Superintendent Wofford*
- 115.71 a, j Attachment 1: *Case log for reporting period*
- 115.71 a, j Attachment 2: *Monthly Case Activity Report*
- 115.71 b, c Memo: *Memo from Superintendent Wofford*
- 115.71 b, c Attachment 1b: *Log of trained investigators*
- 115.71 b, c Attachment 2: *Log of cases by investigator*
- 115.71 b, c Attachment 3: *Sample training records for investigators*
- 115.71 b, c Attachment 4: *Sample investigation reports*
- 115.71 d, g, h, k, l Memo: *Memo from Superintendent Wofford*
- 115.71 d, g, h, k, l Attachment 1: *Law enforcement referral log*
- 115.71 d, g, h, k, l Attachment 2: *Investigator training curriculum*
- 115.71 d, g, h, k, l Attachment 3: *Mutual Aid Agreement with Washington State Patrol*
- 115.71 d, g, h, k, l Attachment 4: *WADOC website screenshots*
- 115.71 d, g, h, k, l Attachment 5: *Appointing Authority training curriculum*
- 115.71 e, f Memo: *Memo from Superintendent Wofford*

- 115.71 e, f Attachment 1: *Appointing Authority training curriculum*
- 115.71 e, f Attachment 2: *Local review committee tracking*
- 115.71 e, f Attachment 3: *Sample Local PREA Investigation Review Checklist*
- 115.71 i Memo: *Memo from Superintendent Wofford*
- 115.71 l Attachment 1: *Records Retention Schedule*
- Policy DOC490.860, *Prison Rape Elimination Act (PREA) Investigation*

115.71 (a)

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

When someone at the facility is notified of an allegation, the shift supervisor completes a report in IMRS. This information is transmitted to headquarters where the PREA Triage Team reviews the allegation to determine if the incident meets the definitions from the PREA standards and WADOC policy. If the act does not, the Triage Team will notify the facility Superintendent the allegation does not meet a definition and advise no further action is needed in regards to a PREA response. If the act does, the Triage Team will notify the facility Superintendent to assign an investigator to complete an investigation. If an investigation uncovers the act is potentially criminal, the local sheriff’s department would be requested to respond and investigate. If the Sheriff’s Department would refuse, the Washington State Patrol would conduct the investigation.

Based on investigative file review, any allegations that were referred back to the facility for investigation were assigned to an investigator and completed. WCCW provided a log showing the number of days to complete an investigation. The range was 1 to 494. The average length of an investigation is 207 days. Many of the cases during the reporting period were sexual harassment allegations that required minimal interviews or video review. The definition of prompt based on the Merriam-Webster dictionary is “immediately, done without delay.” In the interview with the investigator, he indicated the investigative unit is not generally assigned investigations into PREA allegations. He reported their team acts as a resource for the assigned investigator. He stated at two weeks, he will normally check in with the assigned investigator to see how the investigation is proceeding. He expressed frustration that the assigned investigator will not complete the investigation and it ends up being reassigned to another investigator. He reported he will quality check the investigation reports as they are completed.

Corrective Action:

During the corrective action period, WCCW implemented the following process:

- 1) Investigator is assigned.
- 2) Two weeks after assignment, a follow up email is sent to the investigator for a progress update and to ensure they receive any assistance they need.
- 3) At four weeks, another email is sent requesting a progress report.
- 4) If the investigation is not completed by the due date, Senior Leadership will assist the trained investigator with completing the investigation by:
 - a. Requesting an administrative hold on active PREA cases when PREA investigations are held up due to Law Enforcement request or referral.
 - b. Coordinating with appropriate departments to provide relief for investigators who are experiencing difficulties completing their investigations due to duty constraints, including the authorization of overtime if needed.
 - c. Reissuing PREA cases other another trained investigator who can complete the investigation as soon as possible.

Since the beginning of corrective action (12/12/2019), WCCW has had the following investigations:

Completed	30
On Hold	1
Pending	0
Active	14

Of the investigations that are completed, the range of days to complete the investigations was 6 to 75 days. The average length of an investigation is 34 days.

WCCW is compliant with this provision of the standard.

115.71 (b)

As covered in 115.34, the agency and facilitators are all required to complete specialized training to conduct investigations into allegations of sexual abuse and sexual harassment. WCCW provided a log of all cases to include the investigator who was assigned. In addition, a list of all trained investigators was provided. Based on comparison of these two lists, WCCW is only utilizing investigators who have completed the specialized training.

WCCW is compliant with this provision of the standard.

115.71 (c)

The lead auditor reviewed investigation files for 74 investigations. In each case, the investigator outlines all interviews conducted, physical and forensic evidence, if applicable, electronic monitoring data, if applicable, and all relevant information. Based on the record retention schedule, all PREA investigation reports and supplemental information must be retained for 50 years after the conclusion of the investigation.

WCCW is compliant with this provision of the standard.

115.71 (d)

WADOC and WCCW investigators only conduct compelled interviews following the completion of the criminal investigation by outside law enforcement or after outside law enforcement has declined to investigate.

Investigations were referred in the following cases:

- 1) 18-17964: Referred and pending law enforcement response
- 2) 19-18944: Referred
- 3) 19-18658: Investigated and pending prosecutor action
- 4) 19-18830: Referred
- 5) 19-18863: Referred

*Some of the above cases occurred outside of the reporting period for this audit. WCCW provided the information as proof to the auditor of compliance with the requirements of this provision.

WCCW is compliant with this provision of the standard.

115.71 (e)

In review of all investigation files for the reporting period, it appears the investigators do not judge credibility based on a person's status as staff person or offender.

The investigator interviewed reported they do not pass any judgement and follow the facts and evidence.

The Appointing Authority reviews completed investigation reports. She indicated it is her responsibility to ensure no bias in credibility assessments, conduct her own assessment of credibility, and detail the justification for the findings on the finding sheet that is included with each investigation report.

WCCW is compliant with this provision of the standard.

115.71 (f)

During the investigation review process, the Appointing Authority informally reviews for staff actions or failures to act. If the allegation is offender sexual assault or abuse or staff sexual misconduct and has a finding of substantiated and unsubstantiated, a formal Local Review Process is implemented. As part of this process, the team completes the WADOC form 02-383, Local PREA Investigation Review Checklist.

WCCW is compliant with this provision of the standard.

115.71 (g)

WCCW provided the auditor with all case files for the reporting period. For each investigation, a complete investigation report was included outlining all physical, testimonial, and documentary evidence as well as all supplemental information received, such as written statements.

WCCW is compliant with this provision of the standard.

115.71 (h)(l)

WCCW had five cases in the reporting period that were referred for criminal investigation.

- 1) 18-17964: Referred and pending law enforcement response
- 2) 19-18944: Referred
- 3) 19-18658: Investigated and pending prosecutor action
- 4) 19-18830: Referred
- 5) 19-18863: Referred

The investigator interviewed indicated the investigative team would be tasked with acting as a liaison between the outside investigator and the facility.

WCCW is compliant with this provision of the standard.

115.71 (i)

WADOC Records Retention Schedule requires all PREA investigation reports and supplemental information must be retained for 50 years after the conclusion of the investigation. The files are reviewed prior to destruction to ensure they do not need to continue being held, such as a case where the abuser is still incarcerated.

WCCW is compliant with this provision of the standard.

115.71 (j)

As stated under provision (a), the WADOC policy states, "Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department."

Investigative file review shows that, regardless if the perpetrator or victim leaves the facility or employment, the investigation continued. For example, one case involved both a perpetrator and victim who were released from custody. In this case, the investigator compiled all information available at the facility, but was not able to make contact with the perpetrator or victim in the community for interview. Based on that, the investigation was not able to reach a finding because they were not able to compile enough information.

WCCW is compliant with this provision of the standard.

115.71 (k)

The auditor is not required to audit this provision of the standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.72 Memo: *Memo from Superintendent Wofford*
- 115.72 Attachment 1: *RCW 72.09.225, Sexual Misconduct by State Employees, Contractors*
- 115.72 Attachment 2: *Appointing Authority curriculum excerpt regarding level of proof for substantiating allegations*
- 115.72 Attachment 2: *Facility case spreadsheet for reporting period*

115.72 (a)

WADOC does not have the investigator determine the finding of the investigations. The investigator is responsible for conducting the investigation and detailing all of the facts in a report. This report is reviewed by the Appointing Authority who makes the finding determination in the case. The Appointing Authority is required to complete specialized training regarding their role as the decision maker for findings in addition to completing the specialized investigator training. Both the investigator who was interviewed and the Appointing Authority indicated they require a preponderance of evidence to deem an allegation substantiated.

WCCW is compliant with this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- Policy DOC 490.860, *Prison Rape Elimination Act (PREA) Investigation*
- 115.73 Memo: *Memo from Superintendent Wofford*
- 115.73 a, b Memo: *Memo from Superintendent Wofford*
- 115.73 a, b Attachment 1: *Case log for reporting period*
- 115.73 c, d, e, f Memo: *Memo from Superintendent Wofford*
- 115.73 c, d, e, f Attachment 1: *OM WCCW 490.860, Prison Rape Elimination Act (PREA) Investigation*
- 115.73 c, d, e, f Attachment 2: *Case log for reporting period*
- 115.73 c, d, e, f Attachment 3: *Sample Investigation Finding Sheets*
- 115.73 c, d, e, f Attachment 4: *Case log for reporting period*
- 115.73 c, d, e, f Attachment 5: *Sample Investigation Finding Sheets*

115.73 (a)(b)(c)(d)

OM WCCW 490.860, outlines the requirements of offender notification of investigation findings. If the offender has already been released, the Appointing Authority will notify the offender in writing. The auditor reviewed 38 sexual abuse files for the reporting period. In each case, there was either an investigation status notification form or a copy of the notification letter in the file. If an outside entity such as the

Washington State Patrol conducts the investigation, the facility investigator ensures they stay in contact and complete the notification at the end of the investigation.

WCCW has not had any substantiated allegations of sexual abuse during the reporting period. There was one case that was processed as a PREA allegation involving a volunteer who was corresponding with an offender through J-Pay, which is a violation of the policy. The volunteer was terminated.

WCCW had 38 allegations of sexual abuse for the reporting period. Of those, six of the cases are pending. Twenty of the cases have a finding of unsubstantiated and twelve are unfounded. In each case, there was either an investigation status notification form or a copy of a notification letter in the file.

WCCW is compliant with these provisions of the standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.76 a, b, c, d Memo: *Memo from Superintendent Wofford*
- 115.76 a, b, c, d Attachment 1: *RCW 72.09.225 Sexual Misconduct by State Employees, Contractors*
- 115.76 a, b, c, d Attachment 2: *WAC 357-40-010, Can an appointing authority take disciplinary action?*
- 115.76 a, b, c, d Attachment 3: *Letter from WADOC Secretary*
- 115.76 a, b, c, d Attachment 4: *Collective Bargaining Agreement: Teamsters Local Union 117*
- 115.76 a, b, c, d Attachment 5: *PREA case log*
- 115.76 a, b, c, d Attachment 6: *Sample case documentation pertaining to discipline*

115.76 (a)

Policy DOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, states, "The Department recognizes the right of offenders to be free from sexual misconduct. The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution, when appropriate. The Department does not recognize consensual sexual contact between staff and offenders as a defense against allegations of sexual misconduct."

WCCW is compliant with this provision of the standard.

115.76 (b)

During the reporting period, WCCW did not have any allegations against staff that were grounds for dismissal. However, the facility provided the auditor with two cases in the months preceding the reporting period that were. In each case, the facility had placed the staff person on leave or reassigned them to work from home during the investigation process. Upon completion of the investigations, one staff person was separated from employment during probation and the other was terminated.

WCCW is compliant with this provision of the standard.

115.76 (c)

During the reporting period, WCCW had no substantiated investigations of misconduct or harassment by staff so there are no samples of discipline outside of termination.

WCCW is compliant with this provision of the standard.

115.76 (d)

For the two cases preceding the reporting period, no referral to law enforcement for criminal investigation was completed. The facility PREA Compliance Manager indicated this was an oversight at the facility. The WCCW PREA Specialist has added a tracker to the case log which they document whether a referral for criminal investigation was completed to ensure these are done for all applicable cases.

Corrective Action:

The interim report was issued to WCCW on 12/21/2019. Since that time, there were no allegations that were due for law enforcement referral. However, the facility has implemented a field for the tracking of law enforcement referrals into their investigation tracking log. The auditor reviewed this log to ensure each case was assessed to see if a referral to law enforcement would have been appropriate.

WCCW is compliant with this provision of the standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.77 a, b Memo: *Memo from Superintendent Wofford*
- 115.77 a, b Attachment 1: *RCW 72.09.225, Sexual Misconduct by State Employees, Contractors*
- 115.77 a, b Attachment 2: *Letter from WADOC Assistant Secretary*
- 115.77 a, b Attachment 3: *Investigation log of cases involving contractors/volunteers*
- 115.77 a, b Attachment 4: *Sample case documentation pertaining to discipline*

115.77 (a)(b)

Policy DOC 490.860, *Prison Rape Elimination Act (PREA) Investigation*, states, "Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited contact with offenders."

During the reporting period, WCCW had one unsubstantiated allegation against a volunteer. However, based on the information from the investigation, even though it was an unsubstantiated allegation, WCCW terminated the volunteer's access to the facility and to the offender. The actions found during the investigation were not criminal so no referral to law enforcement was made.

There were no substantiated allegations against a contractor or volunteer for the reporting period.

WCCW is compliant with this standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.78 a, b, c, d, e, f, g Memo: *Memo from Superintendent Wofford*
- 115.78 a, b, c, d, e, f, g Attachment 1: *WAC 137.28 Detailing Offender Disciplinary Process*
- 115.78 a, b, c, d, e, f, g Attachment 2: *WAC 137-28-310 Detailing Offender Disciplinary Process*
- 115.78 a, b, c, d, e, f, g Attachment 3: *WAC 137-28-360 Detailing Offender Disciplinary Process*
- 115.78 a, b, c, d, e, f, g Attachment 4: *WAC 137-25-020 Detailing Offender Disciplinary Process*

- 115.78 a, b, c, d, e, f, g Attachment 5: *Log of offender-on-offender cases*
- 115.78 a, b, c, d, e, f, g Attachment 6: *Sample discipline documentation*
- 115.78 a, b, c, d, e, f, g Attachment 7: *Current codes outline Mental Health Services Utilization*

115.78 (a)

During the reporting period, WCCW had 25 allegations that meet the definition of offender-on-offender sexual abuse per the standards. Of those allegations, 15 were deemed to be unsubstantiated, seven were unfounded, and three are pending completion of investigation. Since there were no substantiated allegations, there are no disciplinary cases to review for the reporting period.

WCCW is compliant with this provision of the standard.

115.78 (b)(d)

The auditor reviewed Policy DOC 460.050, *Disciplinary Sanctions*. For a first offense of aggravated sexual assault against another offender, the offenders faces the following potential sanctions:

- 1) Restitution,
- 2) Loss of housing assignment,
- 3) Recommendation for Facility Risk Management Team review,
- 4) Persistent Prison Misbehavior referral,
- 5) Indeterminate Sentence Review Board (Board) review for hearing or reconsideration of minimum term,
- 6) Urinalysis or breath alcohol testing,
- 7) 0-30 days confinement to cell,
- 8) 0-30 days segregation,
- 9) 0-180 loss of fee-based recreation,
- 10) Loss of quarterly food packages for two to four quarters,
- 11) 0-45 days loss of good conduct time,
- 12) 0-60 consecutive days suspension of visitation (either all or specified individuals),
- 13) 0-30 days interruption/restriction of correspondence, telephone, and/or electronic communication privileges (may be limited to specified individuals),
- 14) 0-45 days less of earned time (only after losing all good conduct time),
- 15) 0-30 days loss of one or more privileges listed under the General Violation Sanction options.

An offender found guilty of codes 611 (Committing Sexual Assault against a Staff Member), 613 (Committing an Act of Sexual Contact against Staff), 635 (Committing Sexual Assault against another Offender), or 637 (Committing Sexual Abuse against another Offender) may be sanctioned to a multidisciplinary Facility Risk Management Team review. This team would review and refer the offender for programming such as Mental Health Therapy, Sex Offender Treatment and Assessment, or Anger Management.

WCCW is compliant with these provisions of the standard.

115.78 (c)

WAC 137-28-360 states, "In determining an appropriate sanction, the hearing officer should consider the inmate's mental health and his/her intellectual, emotional, and maturity levels and what effect a particular sanction might have on the inmate in light of such factors. The hearing officer may request the assistance of other department staff, including mental health staff, in determining appropriate sanctions."

During the reporting period, there was no disciplinary sanctions for offenders to review.

WCCW is compliant with this provision of the standard.

115.78 (e)

Policy DOC 490.860, *Prison Rape Elimination Act (PREA) Investigation*, states, “Alleged victims are not subject to disciplinary action related to violating PREA policies except when an investigation of staff sexual misconduct determines the staff did not consent to the contact.”

WCCW has not had any cases of sexual contact with staff where the staff person did not consent during the reporting period.

WCCW is compliant with this provision of the standard.

115.78 (f)

Policy DOC 490.860, *Prison Rape Elimination Act (PREA) Investigation*, states, “A report of sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.

WCCW is compliant with this provision of the standard.

115.78 (g)

WADOC prohibits all sexual activity between offenders, to include consensual relationships. Offenders are subject to disciplinary sanctions for participating in any sexual activity unless it was coerced.

WCCW is compliant with this provision of the standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.81 a, b Memo: *Memo from Superintendent Wofford*
- 115.81 a, b Attachment 1: *List of offenders who indicated prior victimization or predation*
- 115.81 a, b Attachment 2: *PREA Mental Health Notifications*
- 115.81 a, b Attachment 2: *PREA Mental Health Notifications*
- 115.81 c Memo: *Memo from Superintendent Wofford*
- 115.81 d, e Memo: *Memo from Superintendent Wofford*
- 115.81 d, e Attachment 1a: *Health Information Management Protocols manual*
- 115.81 d, e Attachment 1b: *Excerpt from Health Information Management Protocols manual*
- 115.81 d, e Attachment 1c: *Excerpt from Health Information Management Protocols manual*
- 115.81 d, e Attachment 2a: *Sample Offender Records*
- 115.81 d, e Attachment 2b: *Sample Offender Records*

- 115.81 d, e Attachment 1c: *Excerpt from Health Information Management Protocols manual*
- 115.81 d, e Attachment 2c: *Sample Offender Records*
- Policy DOCR 640.020, *Health Records Management*

115.81 (a)(b)

WCCW utilizes OMNI for the completion of risk assessments as outlined in standard 115.41. If the applicable questions are marked yes, the assessor completes a 13-509, PREA Mental Health Notification form which documents if the offender chooses to meet with mental health staff. Whether the offender elects to meet with mental health staff or declines, a copy of the form is filed in the offender's health record. If they have elected to meet with mental health staff, the notice is sent to Health Services so an appointment can be scheduled within 14 days of the assessment completion date.

WCCW provided a log of all offenders who indicated yes on the applicable assessment questions. This log shows the date of assessment completion, if the offender requested a meeting with mental health, the date the notification was turned in to mental health, the meet by date (within 14 days of assessment), and the date they were seen by mental health. For September and October 2019, 38 offenders elected to be seen by mental health staff. Of those 38, five were met with within 14 days.

Corrective Action:

During corrective action, the facility utilized a spreadsheet for the tracking of completion of the 14 day screenings. From December 12 through the end of April 2020, the facility had 34 offenders who met the requirements for meetings with behavioral health. Of those, 31 were met with during the 14 day time period equating to 90% of offenders have the meeting within the required time period.

WCCW is compliant with this provision of the standard.

115.81 (c)

This standard is only applicable to jails.

115.81 (d)(e)

The Health Information Management Protocols Manual defines routine and non-routine users of health records information. Routine users are limited to DOC Health Services staff, including the contract healthcare providers, which are involved in the patients' healthcare. These users are allowed to access the information without the need for a consent form. Non-routine users who are allowed access without authorization must meet one of the following criteria:

- 1) Is reasonably believed to be providing healthcare to the patient.
- 2) Requires the information for:
 - a. Education, planning, quality assurance, and/or peer review.
 - b. Administrative, legal, financial, or actuarial services to the provider.
 - c. Assisting the provider in delivery of healthcare and who will not use or disclose the information for any other purpose and will take steps to protect it.
- 3) Whose health and safety may be in imminent danger and disclosure will avoid or minimize the danger.
- 4) Is the successor in interest to the provider maintaining the health information (this is usually referred to as continuity of care). This includes DSHS providers as well as all other DOC facilities.
- 5) Is conducting research projects or audits, with certain qualifications.
- 6) Is an official of a penal or other custodial institution in which the patient is detained.
- 7) If authorized under DOC 640.020, *Offender Health Records Management*.

WCCW staff has not requested offender medical information. The facility administration make housing, bed, work, education, and programming assignments based on information they have on the offender or that the offender reports to persons outside of the medical and mental health departments. Medical staff have the

right to release any information to the facility if they believe they reporter is in imminent danger and the disclosure will avoid or minimize the danger. For example, if an offender reports they are being sexually abused within the facility, the medical and mental health staff are permitted to release this information to protect the offender.

In cases where facility medical or mental health staff would want to or be requested to release information about prior victimizations, all institutions within the WADOC utilize DOC 13-035, *Authorization for Disclosure of Health Information*. All offenders at WCCW are 18 years of age or older.

WCCW is compliant with these provisions of the standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.82 Memo: *Memo from Superintendent Wofford*
- 115.82 a, b, c, d Attachment 1: *Sample of offender billings*

115.82 (a)(b)(c)(d)

WCCW had two cases during the reporting period where an offender received medical forensic examinations at outside medical facilities. Transportation for the offenders to the facilities to receive these examinations occurred in a timely fashion according to the investigative files. As part of the examination process, the offenders are given information about emergency contraception and sexually transmitted infection prophylaxis. If, for some reason, they are not given that information, it is completed by facility medical staff.

When someone reports to a medical facility for a sexual assault examination, advocacy is contacted and responds regardless of if the facility contacts them. The offender being examined has the choice to have the advocate present or not.

WCCW has medical staff onsite 24 hours per day. When an allegation of aggravated sexual assault is received, the PREA Response Team is activated. The team is made up of a sergeant, the investigator or designee, medical staff, mental health staff, and any other staff deemed necessary based on the allegation.

WCCW provided documentation showing treatment services for offender victims were covered by the department and the offender was not billed.

WCCW is compliant with this standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.83 a, b Attachment 1: *Planned Parenthood pamphlet*
- 115.83 a, b, c, f, g Memo: *Memo from Superintendent Wofford*
- 115.83 a, b, c, f, g Attachment 1: *Screenshots from offender medical records showing sexual assault exams conducted at outside medical facilities*
- 115.83 a, b, c, f, g Attachment 2: *Sample Primary Encounter Reports*
- 115.83 a, b, c, f, g Attachment 3a: *Washington DOC Health Plan Information*
- 115.83 a, b, c, f, g Attachment 3b: *Excerpt of Washington DOC Health Plan Information*
- 115.83 a, b, c, f, g Attachment 3c: *Excerpt of Washington DOC Health Plan Information*
- 115.83 a, b, c, f, g Attachment 3d: *Excerpt of Washington DOC Health Plan Information*
- 115.83 d, e Memo: *Memo from Superintendent Wofford*
- 115.83 d, e Attachment 1: *Planned Parenthood pamphlet*
- 115.83 h Memo: *Memo from Superintendent Wofford*
- 115.83 h Attachment 1: *PREA case log for reporting period*
- 115.83 h Attachment 2: *Sample PREA Mental Health Notification forms*
- Policy DOC 610.025, *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct*

115.83 (a)

WCCW's initial response to an allegation of aggravated sexual assault is to activate the PREA Response Team. The team is made up of a sergeant, the investigator or designee, medical staff, mental health staff, and any other staff deemed necessary based on the allegation. Medical staff will do the initial assessment and document their findings. They will ask the victim if they would like to speak with behavioral health staff. The acceptance or declination of mental health services is documented on the 13-509, PREA Mental Health Notification form.

115.83 (b)(c)

All WCCW offender victims who are in need of follow up services after an allegation of sexual abuse/assault, will receive services as appropriate based on the assessments of medical and mental health staff. All services provided appear to be consistent with the community level of care.

WCCW is compliant with this provision of the standard.

115.83 (d)(e)

For the reporting period, there were no allegations of sexual abuse that could have resulted in pregnancy. However, agency and facility policy and processes require pregnancy testing and information on lawful pregnancy-related medical services to be offered by the medical department.

WCCW is compliant with this provision of the standard.

115.83 (f)

WCCW provided documentation of one case where a female offender was sexually abused by another female offender. The victim was taken to an outside medical facility for an examination and was provided with testing and medication for sexually transmitted infections.

WCCW is compliant with this provision of the standard.

115.83 (g)

WCCW provided documentation showing treatment services for offender victims were covered by the department and the offender was not billed.

WCCW is compliant with this provision of the standard.

115.83 (h)

WCCW did not have any substantiated allegations of offender-on-offender aggravated sexual assault for the reporting period.

Policy DOC 610.025 requires mental health staff to attempt to conduct a mental health evaluation of all offenders who have been identified as a perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions unless one has already been completed for the allegation. These evaluations are to be completed within 60 days.

WCCW is compliant with this provision of the standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.86 a, b, c, d, e Memo: *Memo from Superintendent Wofford*
- 115.86 a, b, c, d, e Attachment 1: *Log of reviews*
- 115.86 a, b, c, d, e Attachment 2: *Sample Local PREA Investigation Review Checklist forms*

115.86 (a)(b)(c)(d)(e)

WCCW has a meeting of the Local Review Committee scheduled for every Thursday to ensure all members of the team are able to meet within the 30-day deadline of this standard. The following normally attend this meeting:

- 1) Superintendent
- 2) Chief Investigator
- 3) Associate of Programs
- 4) Correctional Program Manager
- 5) Health Care Manager
- 6) Mental Health representative
- 7) Correctional Unit Supervisor
- 8) Captain/designee.

WCCW provided the Local PREA Investigation Review Checklist as part of the case file for each substantiated and unsubstantiated sexual abuse allegation. This checklist includes all the required elements of provision (d). In addition, at the end of the checklist is a spot with action items where it can be indicated who is assigned to complete the item. In the cases reviewed for this reporting period, there were no action items to follow up on by the facility.

WCCW is compliant with this provision of the standard.

Standard 115.87: Data collection**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- 115.87 a, b, c, d, e, f Memo: Memo from Superintendent Wofford
- 115.87 a, b, c, d, e, f Attachment 1: 2017 Survey of Sexual Victimization
- WADOC Annual Report

115.87 (a)(b)(c)(d)(e)(f)

WADOC collects and aggregates the sexual abuse data as required by this standard.

WCCW provided the completed 2017 Survey of Sexual Victimization. The 2018 survey was not available since there was a delay in the Bureau of Justice Statistics requesting the information during 2019. The PREA Coordinator ensures the information is gathered and submitted in a timely manner when requested.

WCCW is compliant with this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.88 a, b, c, d Memo: *Memo from Superintendent Wofford*
- 115.88 a, b, c, d Attachment 1: *WADOC website pages*
WADOC Annual Report

Interviews

- Agency Head
- PREA Coordinator
- PREA Compliance Manager

115.88 (a)(b)(c)(d)

The WADOC annual report is very comprehensive. It includes multiple charts breaking down the allegations for the previous years in multiple ways such as by gender, race, age range, location of the act, sanctions, allegation type, allegation findings, etc. The 97-page report compares the statistics from 2018 against the trends from 2012 through 2017. The facilities within the WADOC, to include WCCW, are committed to continual improvement to their processes and continually assess and modify practices to ensure the safety of the offenders in their care. The annual report can be found at:

<https://www.doc.wa.gov/corrections/prea/resources.htm#reports>.

WCCW exceeds the requirements of this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (*Policies, directives, forms, files, records, etc.*)

- 115.89 a, b, c, d Memo: *Memo from Superintendent Wofford*
- 115.89 a, b, c, d Attachment 1: *Breakdown of OMNI PREA Access by Security Groups*
- 115.89 a, b, c, d Attachment 2: *WADOC website pages*
- 115.89 a, b, c, d Attachment 3: *Record Retention Schedule*
- Pre-Audit Questionnaire

Interview

- PREA Coordinator

115.89 (a)

While not required by the standard, Policy DOC 490.860, *Prison Rape Elimination Act (PREA) Investigation*, states, "All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Electronic Data Classification." According to the Electronic Data Classification policy, Category 4 data requires Appointing Authority approval and a data sharing agreement approved through the contracts office to be released outside of the department. Access to the information is limited even within the facility to a need to know basis.

WCCW is compliant with this provision of the standard.

115.89 (b)

WADOC publishes the annual report at: <https://www.doc.wa.gov/corrections/prea/resources.htm#reports>. All reports from 2013-2018 are currently located on the website.

WCCW is compliant with this provision of the standard.

115.89 (c)

The lead auditor reviewed all reports provided by the facility. All information provided is statistical and no personal identifying information is included.

WCCW is compliant with this provision of the standard.

115.89 (d)

WCCW provided a copy of the WADOC Records Retention Schedule. All facilities are required to keep all PREA investigation information for 50 years after the close of the investigation.

WCCW is compliant with this provision of the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.401

The lead auditor and audit team had access to all areas of the WCCW facility. All interview participants were selected by the lead auditor and the facility staff were notified of the selections once the team was onsite. The audit team was given unrestricted access to all offenders and staff at the facility.

Contact information for the lead auditor was posted throughout the facility and was seen by the audit team while onsite. No correspondence was received.

WCCW is compliant with this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the

case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

WADOC website

The WCCW prior audit reports are located at:

<https://www.doc.wa.gov/corrections/prea/resources.htm#reports>

WCCW is compliant with this standard.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Maren Arbach

06/10/2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.