

Washington State
Department of
Corrections Annual
PREA Report
Calendar Year 2020





The Prison Rape Elimination Act (PREA) requires that each facility collect and review data “...in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training.” (Standard 115.88 a) This review is intended to:

- Identify problem areas and corrective action taken on an ongoing basis for each facility and the agency as a whole;
- Compare the current years data and corrective actions with those from previous years; and
- Assess the agency’s progress in addressing sexual abuse (standard 115.88 a and b).

This report is intended to provide information for calendar year 2020.

Stephen Sinclair
Secretary

BACKGROUND

The Prison Rape Elimination Act of 2003 (PREA) Public Law 108-79 was signed into federal law September 2003 following unanimous support from both parties in Congress. The purpose of the act is to “provide for the analysis of the incidents and effects of prison rape in Federal, State and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape” (Prison Rape Elimination Act, 2003). PREA seeks to establish a zero-tolerance policy regarding sexual abuse, assault, and harassment in all correctional systems, including prisons, jails, police lockups and other confinement facilities for adults and juveniles.

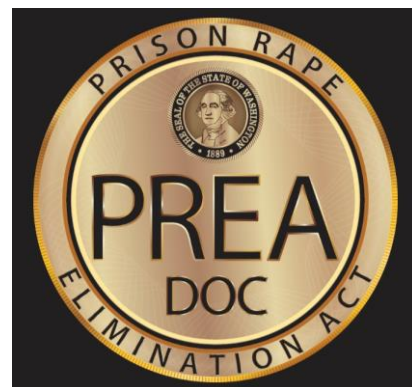
PREA also mandated the publication of standards to ensure compliance, detailing implementation specifications intended to create a culture of sexual safety within each facility. In addition to these mandatory standards, PREA requires all correctional facilities to conduct sexual abuse incident reviews and collect “accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.” (Standard 115.87 a)

The final rule and standards were published in the federal register on June 20, 2012 and became effective on August 20, 2012. Standards require annual audits of one-third of the facilities under the agency’s jurisdiction as well as Annual Governor Certification of Compliance in all facilities under the operational control of the state’s executive branch, and all private facilities operated on behalf of the executive branch to house incarcerated individuals. Failure to annually certify compliance with standards results in a 5-percent reduction in Department of Justice (DOJ) identified grant funds for the following federal fiscal year.

PROGRESS IN ADDRESSING SEXUAL ABUSE

During 2020, the Washington Department of Corrections (WADOC) has accomplished the following regarding PREA prevention, detection, and response strategies:

- Established a process and related documentation to ensure that information regarding contractors badged and managed out of agency headquarters, to include training completion, criminal background checks, and sexual misconduct disclosures, were shared with facilities in which services were provided.
- Significant progress in the transition of the agency from the paper audit system to the Department of Justice (DOJ) on-line audit system (OAS). While conversion required the development of all new procedural documentation and related job aids, along with hands on training for impacted staff, the work will enhance the safety and retention of audit-related documentation with easier access by DOJ auditors.
- Publication of a policy regarding the housing, assignment, and security procedures associated with transgender, intersex, and gender non-conforming individuals remanded to the agency's care.
- Continued progress in the implementation of a rolling audit system, auditing each quarter a select set of standards in each prison facility across the state that have historically proven to be challenging or historically have compliance issues. Related corrective action is developed and completed, enhancing sustainability of compliance continuously, regardless of formal audit schedules.
- Sustainability and institutionalization of PREA policies and procedures as evidenced by continued compliance during pandemic-related restrictions and modified operations. Thousands of incarcerated individuals were moved throughout the state and temporary housing units established to ensure social distancing and separation based on quarantine needs. This included the development of Regional Care Facilities in multiple institutions to care for those individuals who were displaying active symptoms and in need of total quarantine. Special processes were implemented to ensure risk assessments were completed, orientation provided, and investigations completed in compliance with standard and policy requirements. Investigations during the period were down, due in part to enhanced efforts to address needs and safety of individuals, lower density in housing areas, and enhanced staff presence. All staff took on additional duties to ensure these tasks were accomplished. This was all indicative of the cultural change through the agency related to PREA implementation.



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Airway Height Corrections Center	100% compliance achieved in 2015 and 2017 audits; 2020 audit delayed due to COVID restrictions
Ahtanum View Work/Training Release	100% compliance achieved in 2015 and 2018 audits
Bellingham Work/Training Release	100% compliance achieved in 2015 and 2018 audits
Bishop Lewis Work/Training Release	100% compliance achieved in 2014, 2017 and 2019 audits
Brownstone Work/Training Release	100% compliance achieved in 2015 and 2017 audits; 2020 audit delayed due to COVID restrictions
Cedar Creek Corrections Center	100% compliance achieved in 2014, 2017 and 2019 audits
Clallam Bay Corrections Center	100% compliance achieved in 2015 and 2017 audits; 2020 audit delayed due to COVID restrictions
Coyote Ridge Corrections Center	100% compliance achieved in 2015 and 2018 audits
Eleanor Chase Work/Training Release	100% compliance achieved in 2015 and 2017 audits; 2020 audit delayed due to COVID restrictions
Helen B. Ratcliff Work/Training Release	100% compliance achieved in 2014, 2017 and 2019 audits
Larch Corrections Center	100% compliance achieved in 2015 and 2018 audits
Longview Work Release	100% compliance achieved in 2016 and 2018 audits
Monroe Correctional Complex	100% compliance achieved in 2016 and 2018 audits
Madison Inn Work Release (Facility no longer in operation)	100% compliance achieved in 07/2014 audit
Mission Creek Corrections Center for Women	100% compliance achieved in 2014, 2017 and 2019 audits
Olympia Work/Training Release	100% compliance achieved in 2016 and 2018 audits
Olympic Corrections Center	100% compliance achieved in 2015 and 2017 audits; 2020 audit delayed due to COVID restrictions
Peninsula Work/Training Release	100% compliance achieved in 2015 and 2017 audits; 2020 audit delayed due to COVID restrictions
Progress House Work/Training Release	100% compliance achieved in 2015 and 2017 audits; 2020 audit delayed due to COVID restrictions
Rap House / Lincoln Park Work Release (Facility no longer in operation)	100% compliance achieved in 2015 and 2017 audits
Reynolds Work/Training Release	100% compliance achieved in 2014, 2017 and 2019 audits
Stafford Creek Corrections Center	100% compliance achieved in 2014, 2017 and 2019 audits
Tri-Cities Work/Training Release	100% compliance achieved in 2015 and 2018 audits
Washington Corrections Center	100% compliance achieved in 2015 and 2017 audits; 2020 audit delayed due to COVID restrictions
Washington Corrections Center for Women	100% compliance achieved in 2014, 2017 and 2019 audits
Washington State Penitentiary	100% compliance achieved in 2016 and 2018 audits

Green – year one of audit cycle
 Blue – year two of audit cycle
 White – year three of audit cycle

GOVERNOR CERTIFICATION

Each Governor is required to annually certify statewide PREA compliance for all applicable “...facilities in the State under the operational control of the State’s executive branch, including facilities operated by private entities on behalf of the State’s executive branch” (Standard 115.501). Three options are provided to Governors:

- Certification that the state and all applicable facilities are in full compliance with the National Standards to Prevent, Detect, and Respond to Prison Rape, 28 C.F.R. Part 115.
- Assurance that the state/jurisdiction will use not less than 5 percent of grant funds as identified by the Department of Justice to enable the state/jurisdiction to adopt and achieve full compliance with the National Standards to Prevent, Detect, and Respond to Prison Rape, 28 C.F.R. Part 115.
- Decisions on the part of the Governor not to certify compliance or provide an assurance that the state/jurisdiction is moving toward compliance.

In October 2020, Washington Governor Jay Inslee provided an assurance that the state of Washington was working toward compliance in all applicable facilities. The penalty grant funds will be reallocated toward a temporary Corrections Specialist position and the implementation of the rolling audit process for all prison facilities to ensure continuous and sustainable compliance and move the Agency toward use of the Department of Justice’s On-Line Audit System (OAS).

AGGREGATE DATA

NOTE: All investigation data included in this report is as of 02/22/2021.

The following key is applicable for all data presented in this report:

Inmate-On-Inmate	Staff-On-Inmate
ISA = Sexual Assault	SSH = Sexual Harassment
IASC = Sexual Abuse	SSM = Sexual Misconduct
ISH = Sexual Harassment	SOM = Other Related Misconduct
IOM = Other Related Misconduct, to include Retaliation	

The Washington DOC has established definitions of misconduct under PREA that are more comprehensive than those published by the Department of Justice (DOJ). These definitions were the result of litigation as well as issues encountered during standard implementation. During 2018, definitions were examined and narrowed, resulting in a shift of allegation information across reporting years. Definitions of misconduct used in data collection are attached to this report.

During calendar year 2020, the Washington DOC conducted investigations into 382 inmate-on-inmate allegations and 262 staff-on-inmate allegations, for a total of 644 formal investigations. With an incarcerated population of 14,882 in prison and work release facilities (12/31/2019), this results in a rate of 43.27 formal investigations per 1,000 individuals.

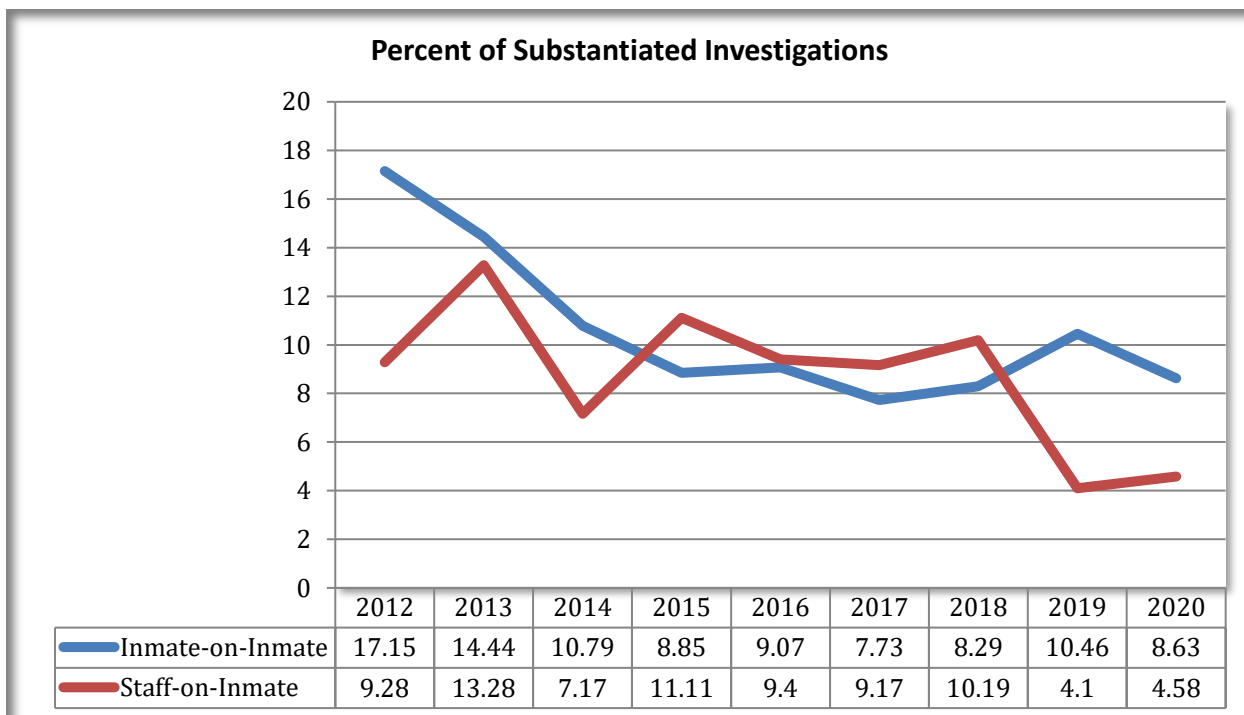
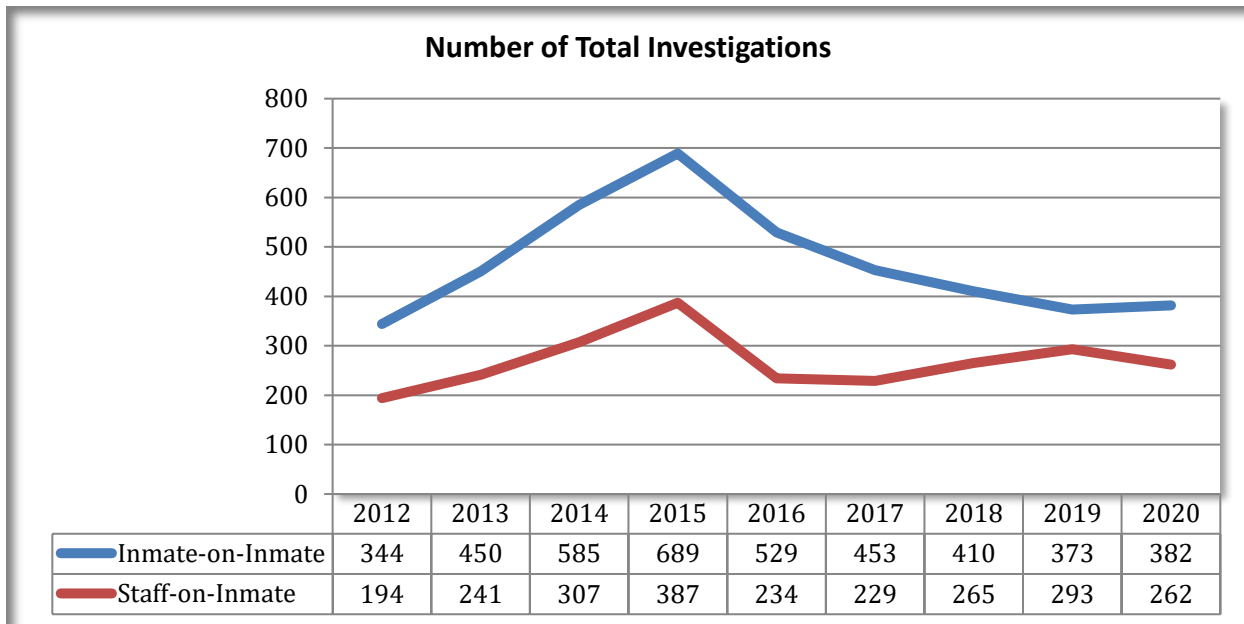
AGENCY SEXUAL ABUSE DATA

The following is the breakdown of allegations by type and finding for calendar year 2020:

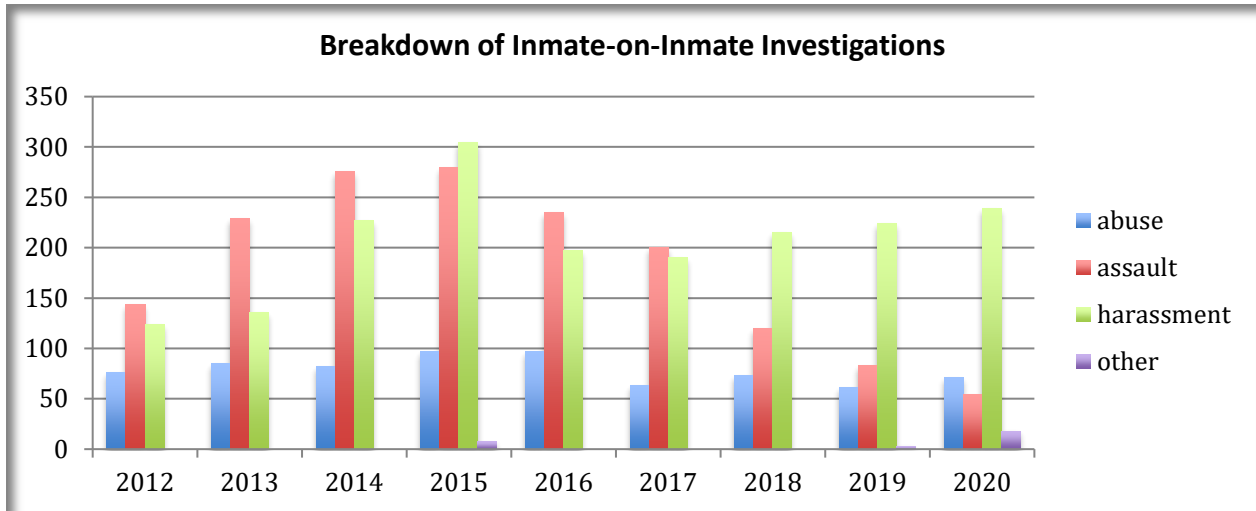
Inmate-on-Inmate Investigations	Substantiated	Unsubstantiated	Unfounded	Open	Total
IASC	6	33	9	23	71
ISA	0	25	10	19	54
ISH	25	130	39	45	239
IOM	2	14	2	0	18
TOTAL	33	202	60	87	382

Staff-on-Inmate Investigations	Substantiated	Unsubstantiated	Unfounded	Open	Total
SOM	2	7	15	11	35
SSH	0	23	26	37	86
SSM	10	23	52	56	141
TOTAL	12	53	93	104	262

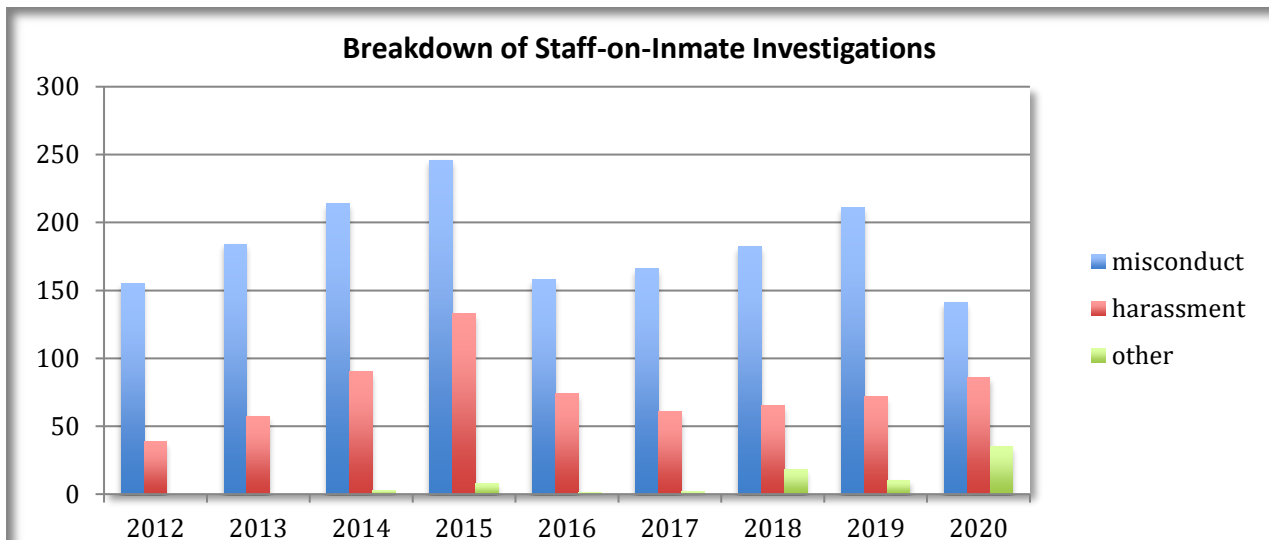
Year	Substantiated		Unsubstantiated		Unfounded		Open		TOTAL
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	
2012	59	18	178	60	107	116	0	0	538
2013	65	32	199	49	186	160	0	0	691
2014	63	22	156	40	366	245	0	0	892
2015	61	43	258	71	370	273	0	0	1076
2016	48	22	250	41	231	171	0	0	763
2017	35	21	280	67	137	140	1	1	682
2018	34	27	215	51	158	175	3	12	675
2019	39	12	175	28	104	169	55	84	666
2020	33	12	202	53	60	93	87	104	644



A breakdown of the 4,211 inmate-on-inmate investigations over the nine (9) years by type of allegations illustrates that 705 (17%) were abuse, 1,621 (38%) were assault, 1,856 (44%) were harassment, and 29 (1%) were other forms of related misconduct (e.g., retaliation).



A breakdown of the 2,418 staff-on-inmate investigations over the last nine (9) years by type of allegations illustrates that 1,655 (68%) were sexual misconduct, 682 (28%) were harassment, and 81 (3%) were other forms of related misconduct (e.g., failure to report, retaliation, breach of confidentiality, etc.).



HOW ALLEGATIONS WERE REPORTED

Incarcerated individuals are provided with multiple venues in which to report PREA allegations. The following is a breakdown of the ways in which allegations were received for the investigations conducted in 2020:

Method by which Allegations were received which Resulted in Administrative PREA Investigations	Number
Discovery	40
Email (public PREA mailbox, work/training release staff)	7
External report entity	34
Grievance	58
Hotline	85
Kiosk	12
Kite	27
Letter (to the PREA Coordinator)	7
Report to the Office of the Corrections Ombudsman via reporting mechanisms	5
Telephone call (to Indeterminate Sentence Review Board members, work/training release staff)	2
Tort claim	1
Verbal report to staff (detail following)	328
Written statement	38
TOTAL	644

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All staff members are mandated to accept and report allegations received, including those made verbally, in writing and by third parties. Verbal reports to staff account for 51% of the total number of allegations received that resulted in an internal administrative investigation. The following table illustrates the position of the classification of the staff member receiving these verbal reports:

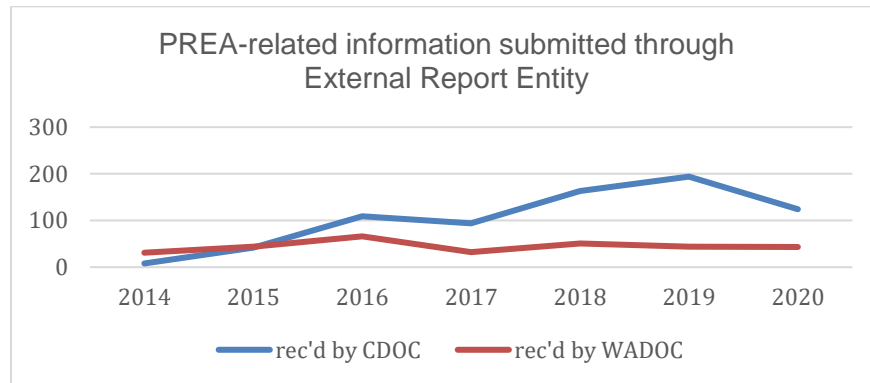
Internal Investigation Allegation Verbally Reported to	Number
Chemical Dependency Counselor	1
Classification Counselor	69
Community Corrections Officer	2
Community Corrections Supervisor	3
Contract Staff	1
Cook	1
Correctional Industries Staff	2
Correctional Officer	51
Correctional Program Manager	1
Correctional Unit Supervisor	30
Corrections Specialist	5
Hearings Officer	6
Investigator	3
Lieutenant	26
Maintenance Staff	1
Medical Staff	13
Mental Health Staff	38
Other agency or jurisdiction	1
Sergeant	66
Sex Offender Treatment Specialist	4
Work/Training Release	4
TOTAL	328

The largest number of verbal reports has consistently been made to classification counselors, correctional officers, and sergeants, which is generally based on the type of interactions supervised individuals have with these staff members.



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Standard 115.51 / 115.251 requires that inmates can submit PREA-related information to an entity external to and independent of the Washington DOC. The standard also requires that this information be received and immediately forwarded to a designated Washington DOC agency official for review and investigation as applicable. The Washington DOC has partnered with the Colorado Department of Corrections to serve as each other's unaffiliated entity. During 2020, DOC received and forwarded 43 letters from Colorado's incarcerated individuals, while Colorado forwarded 124 letters back to DOC.



Individuals also used available reporting methods to report allegations about jurisdictions outside of the Washington DOC:

Method by which Allegations were received regarding other Jurisdictions	Number
Discovery	5
Email (public PREA mailbox)	4
External Report Entity	1
Hotline	17
Kiosk	1
Kite	3
Letter or written statement (to the PREA Coordinator, Sex Offender Treatment Specialist)	3
Telephone call to Community Corrections Officer	1
Tort claim	1
Verbal report to Staff (Classification Counselor, Community Corrections Supervisor, county jail staff, Correctional Unit Supervisor, Hearings Officer, Lieutenant, Medical, Mental Health, and Sergeant)	74
TOTAL	110

DEMOGRAPHICS

The following is an overview of the incarcerated population within Washington State Department of Corrections.

Total Prison and Work/Training Release Population as of 12/31/2020	
14,882	
Gender	
Male	93.6%
Female	6.4%
Race	
American Indian / Alaska Native	6.0%
Asian / Pacific Islander	4.4%
Black	18.1%
White	69.1%
Other	1.4%
Unknown	0.9%
Average Age	
40.3 years	

The following is demographic information for substantiated inmate-on-inmate PREA investigations. Please note that a single investigation may involve more than one inmate victim or location.

Substantiated Inmate-on-Inmate Sexual Abuse, Assault and Harassment				
Total number of substantiated administrative investigations = 33				
Total Number of Victims = 39				
Total Number of Perpetrators = 33				
Gender	Victim		Perpetrator	
Male	20	51%	18	54%
Female	13	33%	10	30%
Transgender	6	15%	5	15%
Unknown / not documented	0	0%	0	0%
Race	Victim		Perpetrator	
American Indian / Alaska Native	2	5%	2	6%
Asian / Pacific Islander	1	3%	2	6%
Black	1	3%	4	12%
White	32	82%	23	70%
Other	3	8%	2	6%
Unknown / not documented	0	0%	0	0%

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Age	Victim		Perpetrator	
< 18	0	0%	0	0%
18 – 24	2	5%	3	9%
25 – 29	5	13%	4	12%
30 – 34	10	26%	4	12%
35 – 39	9	23%	6	18%
40 – 44	5	13%	5	15%
45 – 54	6	15%	8	24%
55 +	2	5%	3	9%
Unknown / not documented	0	0%	0	0%

Substantiated Inmate-on-Inmate Sexual Abuse, Assault and Harassment Location (NOTE: There may be more than one location per investigation)		
Cell	17	40%
Dayroom	9	21%
Dormitory room	2	5%
Public area (breezeway, foyer, rotunda area, tier, walkway)	6	14%
Recreation area (gym, yard)	3	7%
Restroom (inmate)	2	5%
Segregation	1	2%
Shower (inmate)	2	5%
Not documented / unknown	1	2%

Substantiated Inmate-on-Inmate Perpetrator Sanctions (NOTE: More than one sanction may have been applied to a perpetrator)	
Confinement to cell / room	5
Loss of good conduct time	5
Loss / restriction of privileges	10
Reprimand / warning	2
Segregation	5
None (infraction dismissed, inmate found not guilty, overturned on appeal)	4
No infraction issued (medical / mental health issues, mitigation, deficiency in facility process)	10

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PREA allegations involving staff, contractors and volunteers can involve individuals from any facet of agency operations. The following shows the breakdown of these individuals named as the accused in PREA investigations of staff sexual misconduct and staff sexual harassment during 2020:

Position	Substantiated SSM, SSH, SOM	Unsubstantiated SSM, SSH, SOM	Unfounded SSM, SSH, SOM	Open SSM, SSH, SOM	Total SSM, SSH, SOM
Chemical Dependency	1	2	2	1	6
Classification Counselor	1	2	5	3	11
Clerical	0	1	0	1	2
Community Corrections Officer	1	2	9	2	14
Contract Staff	4	4	3	0	11
Cook	0	3	0	2	5
Correctional Industries Staff	0	0	2	0	2
Correctional Officer	3	32	43	49	127
Correctional Program Manager	0	0	2	0	2
Correctional Unit Supervisor	0	0	5	3	8
Corrections Specialist	0	0	2	3	5
Indeterminate Sentence Review Board	0	0	2	0	2
LPN / Medical Assistant / Laboratory Technician	0	0	1	2	3
Maintenance	0	0	0	3	3
Mental Health Counselor	0	1	0	3	4
Nurse	1	1	0	9	11
Physician / Psychiatrist	0	0	0	2	2
Psychology Assoc. / Psychologist	0	1	0	7	8
Sergeant	0	3	11	5	19
Sex Offender Treatment Program Specialist	0	0	0	1	1
Unknown / not documented	0	1	4	7	12
Volunteer	1	0	1	1	3
Warehouse	0	0	1	0	1
TOTAL	12	53	93	104	262

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

The following is demographic information for substantiated staff-on-inmate PREA investigations. The Washington DOC policy defines “staff” as employees, contractors, and volunteers. Please note that a single investigation may involve more than one victim or location.

Substantiated Staff-on-Inmate Sexual Misconduct, Harassment, and Other Misconduct				
Total number of substantiated administrative investigations = 12				
Total Number of Victims = 14				
Total Number of Perpetrators = 12				
Gender	Victim		Perpetrator	
Male	12	86%	2	17%
Female	2	14%	10	83%
Transgender	0	0%	0	0%
Unknown / not documented	0	0%	0	0%
Race	Victim		Perpetrator	
American Indian / Alaska Native	0	0%	0	0%
Asian / Pacific Islander	1	7%	0	0%
Black	6	43%	2	17%
White	7	50%	6	50%
Other	0	0%	3	25%
Unknown / not documented	0	0%	1	8%
Age	Victim		Perpetrator	
24 and younger	0	0%	0	0%
25 – 29	3	21%	4	33%
30 – 34	5	36%	2	17%
35 – 39	6	43%	5	42%
40 – 44	0	0%	0	0%
45 – 54	0	0%	0	0%
55 +	0	0%	1	8%
Unknown / not documented	0	0%	0	0%

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Substantiated Staff-on-Inmate Sexual Misconduct, Harassment, and Other Misconduct Location (NOTE: There may be more than one location per investigation)		
Community setting	3	21%
Inmate Residence	1	7%
Program Activities Building	2	14%
Staff Office	2	14%
Shower	1	7%
Telephone Communication to include electronic messaging	2	14%
Visiting Room	2	14%
Unknown / not documented	1	7%

Substantiated Staff Perpetrator Years at Facility		
Less than 6 months	1	8%
6 months to 1 year	5	42%
1 to 5 years	5	42%
5 to 10 years	0	0%
10 years or more	1	8%
Unknown / not documented	0	0%

Substantiated Staff Perpetrator Job Classification		
Classification Counselor	1	8%
Contract Staff	5	42%
Community Corrections Officer	1	8%
Correctional Officer	3	25%
Nurse	1	8%
Volunteer	1	8%

Substantiated Staff Perpetrator Sanctions (NOTE: More than one sanction may have been applied to a perpetrator)		
Access to facility revoked	1	
Arrested / referred to law enforcement	2	
Contract not renewed	1	
Resignation prior to Completion of Investigation	9	
Training	1	

LAW ENFORCEMENT REFERRALS

PREA standards require that whenever an allegation appears to be criminal, a referral is made to the appropriate entity with the authority to conduct a criminal investigation. Within the state of Washington, this is dependent on the location of the facility. If the facility is within city limits, the first referral is made to the local police department. If the facility is not within city limits, the first referral is made to the county sheriff. Facilities may also make referrals to the Washington State Patrol if referrals have been refused or declined at lower identified levels.

During calendar year 2020, a total of 41 allegations / investigations were referred to law enforcement officials for possible criminal investigations. The results of those referrals are as follows:

Results of Referral	Number
Accepted by law enforcement for criminal investigation; further action pending	4
Accused criminally charged; final criminal disposition pending	2
Accepted by law enforcement officials for criminal investigation; prosecution declined or no prosecutorial decision documented	6
Criminal investigation determinations pending	19
Declined by law enforcement for criminal investigation	10

FORENSIC MEDICAL EXAMINATIONS

Agency policy requires that when an incarcerated individual alleges a sexual assault involving penetration or the exchange of body fluids to have occurred within the last 120 hours, the department must transport the incarcerated individual to a partnered community medical center for the completion of a forensic medical examination. These examinations are generally conducted by a specially trained Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). During 2020, thirteen (13) incarcerated individuals were transported for forensic medical examinations, resulting in the initiation of fourteen (14) investigations. The results of those examinations are as follows:

Exam conducted	Administrative investigation closed as substantiated	0
	Administrative investigation closed as unsubstantiated	5
	Administrative investigation closed as unfounded	0
	Administrative investigation open and ongoing	7
Exam not conducted (e.g., inmate recanted, inmate refused, exam not indicated per SAFE/SANE)		2

LOCAL REVIEW COMMITTEES

At a minimum, PREA standards require a review of all substantiated and unsubstantiated investigations of inmate-on-inmate abuse and assault and staff sexual misconduct. Appointing authorities responsible for investigations may also conduct this level of review on other investigations on a case-by-case basis. Incident reviews are conducted by a multi-disciplinary team comprised of facility administration with input from supervisors, investigators, and medical or mental health practitioners. The following are some of the factors that are reviewed during this process:

- Motivation for the incident
- Staffing
- Physical barriers and physical plant layouts
- Monitoring technology
- Indication of changes to agency policy and/or local procedures.

During 2020, a total of 99 local review committees were held across the agency. Of these, fifteen (15) resulted in some form of action plan. Elements in action plans include, but are not limited to:

- Provision of additional training for staff.
- Completion of updated PREA risk assessments based on investigation results.
- Implementation of a formal separation between identified incarcerated individuals.



CONTRACTED FACILITIES

PREA standard 115.12 / 115.212 requires that all contracts with other agencies or jurisdictions for the housing of inmates include the requirement to be compliant with PREA standards and a provision for the monitoring of that compliance by the agency. Additionally, PREA standards require the receipt and review of data from every private facility with which the agency contracts for the confinement of its incarcerated individuals.

Currently Washington DOC contracts with the following public agencies:

- The Iowa Department of Corrections and the Minnesota Department of Corrections – Interstate compact agreements have been in place, but both agreements were amended in 2015. An interstate compact agreement allows the Washington DOC to send individuals to or house individuals from the partnered agency on a day-for-day exchange basis. It is noted that the Washington DOC maintains compact agreements with numerous other state correctional agencies, but these have not been amended since the codification of PREA standards and therefore do not fall under the requirements of this provision.

The Washington DOC regularly monitors these organizations to ensure continued compliance with standards and works with the agency to resolve any identified issues or gaps.

The Washington DOC also contracts with American Behavior Health Systems (ABHS) as a private organization for the residential substance abuse treatment of individuals on community supervision. While in treatment, clients participate in multiple treatment-focused activities each day, consisting of didactic education, group and individual therapy, and recovery and living skills. ABHS operates three facilities, all of which have achieved 100% compliance with standards as demonstrated in certified audits. ABHS also provides the Washington DOC with its annual PREA reports and data relative to PREA allegations and investigations. The following is a summary of that data:

Calendar year 2017		Chehalis Facility	Cozza Facility	Mission Facility
Client-Client Sexual Abuse	Substantiated	0	0	1
	Unsubstantiated	0	0	0
	Unfounded	0	0	3
Staff – Client Sexual Abuse	Substantiated	1	2	5
	Unsubstantiated	0	0	0
	Unfounded	1	0	1

Calendar year 2018		Chehalis Facility	Cozza Facility	Mission Facility
Client-Client Sexual Abuse	Substantiated	0	2	1
	Unsubstantiated	0	2	1
	Unfounded	0	0	0
Staff – Client Sexual Abuse	Substantiated	1	3	4
	Unsubstantiated	1	2	1
	Unfounded	0	0	0

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Calendar year 2019		Chehalis Facility	Cozza Facility	Mission Facility
Client-Client Sexual Abuse	Substantiated	0	0	0
	Unsubstantiated	2	0	0
	Unfounded	1	0	1
Staff – Client Sexual Abuse	Substantiated	1	3	2
	Unsubstantiated	1	0	0
	Unfounded	1	1	0

Calendar year 2020		Chehalis Facility	Cozza Facility	Mission Facility
Client-Client Sexual Abuse	Substantiated	0	0	0
	Unsubstantiated	0	0	2
	Unfounded	0	1	0
	Open	0	0	0
Staff – Client Sexual Abuse	Substantiated	1	0	3
	Unsubstantiated	1	0	0
	Unfounded	0	0	1
	Open	0	0	0

VICTIM ADVOCACY SERVICES

Through collaboration with the Department of Commerce Office and Crime Victim’s Advocacy (OCVA) and the Washington Coalition of Sexual Assault Programs (WCSAP), the Washington DOC has successfully continued to provide support services for incarcerated sexual assault survivors.



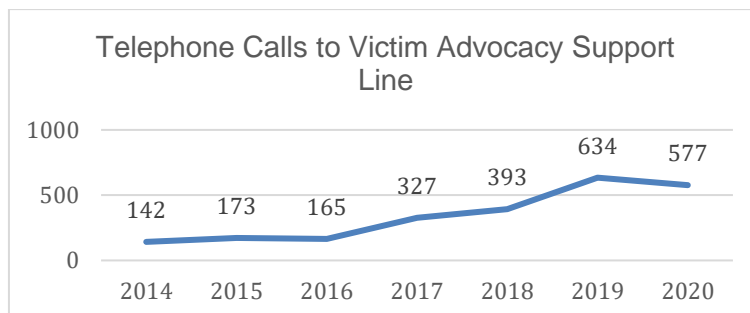
Established in 1990, OCVA serves the state by advocating on behalf of victims seeking services and resources, administering grant funds for community programs working with crime victims, assisting communities in planning and implementing services for crime victims, and advising state and local government agencies of practices, policies and priorities that impact crime victims.



WCSAP is a non-profit organization that strives to unite agencies in the elimination of sexual violence. WCSAP provides information, training, and expertise to program and individual members who support victims, family and friends, the general public, and anyone who has been affected by sexual assault. Its activities include public policy, resources and publications, technical assistance, and trainings.

During the reporting period, the Department of Corrections has continued to partner with the Office of Crime Victim’s Advocacy and the Washington Coalition of Sexual Assault Programs to ensure that sexual assault advocacy services are available for incarcerated persons statewide.

Washington has built a robust advocacy response system for incarcerated individuals who are seeking advocacy services. Community-based advocates offer confidential advocacy services through an unrecorded, toll-free telephone call or at scheduled in-person appointments. Advocate services are also available to any incarcerated individual transported to a hospital for a sexual assault forensic examination or those participating in an internal investigatory interview.



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There has been a steady rise in usage of advocacy services since the inception of noted services. It is anticipated the number of those requesting support services will continue to grow as incarcerated individuals further understand the support services available. In communication with advocates, incarcerated survivors of sexual assault have expressed how helpful and supportive these services have been as they attempt to find healing and develop coping skills to manage their experienced trauma.

Support service data for calendar year 2020 is as follows:

Month	Total calls to OCVA	PREA-Related	Not PREA Related	Connections to local Community Sexual Assault Program
January	52	51	1	10
February	58	55	3	16
March	43	40	3	12
April	23	20	3	3
May	30	27	3	2
June	48	42	6	10
July	64	58	6	11
August	77	69	8	10
September	56	53	3	6
October	62	55	7	4
November	34	32	2	2
December	30	27	3	0
TOTAL	577	529	48	86

Spotlight on the PREA and the pandemic in Washington

Airway Heights Corrections Center (AHCC)

During the pandemic, great care was taken to make sure that incarcerated individuals were screened and housed appropriately per federal guidelines. This was not an easy task as hundreds of housing assignments were being made daily. When the facility received an individual into the Regional Care Facility (RCF) from another institution, staff would don the appropriate Personal Protective Equipment and assess the individual. To ensure the PREA Risk Assessment was completed in a confidential manner, the individual would be given the paper form to write down their answers. The document would then be scanned to classification for input into the electronic Offender Management Network Information (OMNI) system. The original form was kept in the RCF for quarantine purposes.

When alternate housing areas were needed, such as the gymnasium, staff strategically placed individuals in areas so they were safe, and no policies were violated. Potential victims and potential predators were not placed together. No risk identified individuals were housed to act as a buffer between potential predators and potential victims. Transgender, intersex, and gender non-conforming individuals were given privacy screens so they would be allowed to dress and undress in a private setting. Showers were completed through cohorting schedules to maintaining social distancing. Approximately 1,600 incarcerated individuals tested COVID positive throughout the entire facility.

Coyote Ridge Corrections Center (CRCC)

CRCC was tasked with many obstacles along the way in response to the pandemic, including the creation of separate living quarters for those who showed potential symptoms or had tested positive for COVID. Staff always stayed on top of PREA risk assessment identifiers to ensure housing for all individuals was appropriate throughout. The visitation area at the Minimum-Security Unit (MSU) was temporarily named “willow unit” and was also utilized to cohort individuals during response. Alternative living areas were toured prior to placement to ensure there were no blind spots and any problem areas, which were address prior to placing individuals into the temporary housing areas.

Recently, B Unit was prioritized as an intake unit for all individuals arriving at CRCC, where individuals would spend the appropriate amount of time to ensure COVID-negative status prior to entry into the general population. Due to quarantine protocols, B Unit staff needed to adjust and streamline their processes to ensure all individuals received intake PREA risk assessments and orientation prior to mandated timelines. B Unit staff donned shields and PPE and utilized the pod conference room which prolonged the process. Through hard work, risk assessments continue to be completed in a timely fashion. Follow up risk assessments have been completed within DOJ standard specifications and policy mandated timelines due to the great communication between all classification staff at CRCC. Medical, mental health, and CRCC management/classification staff have worked hand in hand to ensure all transgender, intersex and gender non-conforming housing protocols are being completed during the pandemic. While it became difficult to schedule meetings with the appropriate staff, we utilized Microsoft Teams and Zoom to ensure all parties were able to discuss any potential issues with our current transgender, intersex, and gender non-conforming individuals. Medical and mental health have adjusted their schedules to meet with the population when required to ensure policy guidelines and DOJ mandated timelines are met throughout all processes (local review committee, transgender housing reviews, and risk assessment-related follow up meetings).

Mission Creek Corrections Center for Women (MCCCW)

No member of the MCCCW population has tested positive for COVID-19. Our facility has taken numerous steps to provide social distancing. In early 2020, a temporary dorm style area was set up to provide social distancing in Mission Unit, our Therapeutic Community. For approximately three (3) months, we converted our visit room into a dorm style setting for 20 people. A vulnerability assessment was completed on the dorm area. That area has separated bathroom stalls and shower stalls. Only individuals from Mission Unit were moved into the dorm; potential victims and potential predators were not housed together. No transgender, intersex, or gender nonconforming individuals were housed in the open dorm setting. In all units, we have now temporarily reduced our population by almost 50%, by housing two (2) individuals versus four (4) per room. Other preventive measures include providing masks, reducing seating in the dayrooms, and cohorting by program/unit. PREA risk assessments continued to be completed by our unit classification counselors and PREA housing compatibility checks continued to be completed by our sergeants, counselors, and unit supervisors.

Olympic Corrections Center (OCC)

OCC sustained the same emphasis on PREA and prevention through mitigation strategies when creating temporary housing to meet social distancing measures. We were able to utilize an old recreation complex that was converted into programming space to house incarcerated individuals. The temporary housing was erected in an “open bay” style setting, separating individual bunks with four-foot partitions to ensure visibility while providing a level of privacy. The programming area already had video cameras and mirrors installed from a prior vulnerability assessment and the area was given another comprehensive review before installing bunks. The unit is staffed with correctional officers and classification counselors who conduct daily/weekly visits and is managed by a connectional unit supervisor. PREA reporting information and advocacy brochures were posted. We have relocated the orientation room to larger setting for social distancing. Our orientation was placed on video to minimize the amount of unnecessary employee contacts while maintaining key staff to answer questions, complete assessments, and conduct routine casework. Unannounced rounds, PREA risk assessments and housing reviews are conducted as required. We have since changed the temporary unit into the facility’s intake separation area, where we offer the same level of contact with individuals, with staff wearing the appropriate PPE.

Washington Corrections Center (WCC)

During the pandemic, WCC ensured all incarcerated individuals were screened and housed per Prison Rape Elimination Act (PREA) federal guidelines. Challenges arose with the Regional Care Facility (RCF) at a reception center, such as training custody staff on completing the PREA risk assessments and forwarding the paper form to classification, who did not have access to the area due to protocols. There were two other areas converted to house incarcerated individuals who were COVID positive while being asymptomatic and those who were in recovery. WCC maintenance staff stepped up to the task at hand, converting the two gyms into housing units. WCC staff worked diligently to build an area that would allow stations for doffing and donning PPE to ensure the safety of staff and incarcerated individuals. WCC set up a process in these areas to ensure that potential victims, potential predators, and dual identified individuals were placed with no risk identified individuals separating them. WCC created a separation/intake unit for all that were coming from county jails to our facility. In the separation unit, the incarcerated individuals would stay for fourteen (14) days to ensure they were COVID negative and were then moved to general population. Classification counselors would don the appropriate PPE and work one on one with the individuals to get the risk assessments completed. WCC classification has gone from unit to unit and one on one to ensure orientation was completed with the individuals in the facility, providing all individuals with information about PREA and related reporting mechanisms.

Work / Training Release Facilities

WADOC operates twelve (12) work/training release facilities throughout the state. Prior to Washington State initiating phases for closures and re-openings as related to COVID-19, all facilities developed an individualized, location specific, COVID-19 plan.

COVID-19 plans addressed PREA and their own unique physical plant concerns in order to ensure residents would continue to be screened and safely housed per Federal, State and their own local county guidelines. Plans also included:

- Informing residents, staff, volunteers, and visitors about COVID-19. Developing information-sharing systems that were tailored to the needs of each facility.
- Promoting healthy behaviors to reduce spread, maintaining healthy environments and operations, and knowing what to do if someone became sick.
- Taking action to prevent or slow the spread of COVID-19.
- Identifying residents who have unique medical needs and behavioral health needs and encouraging them to develop a plan in conjunction with us for if they became ill.

For all in-coming staff and residents, on-site staff would don the appropriate personal protective equipment and assess the individual. This included all PREA assessments for newly received residents. Screenings remained consistent with recommendations from Washington State Department of Health (DOH) and the Centers for Disease Control and Prevention (CDC).

Dining, showers, day room access and recreation were completed through cohorting schedules and maintained social distancing, all while keeping PREA in mind.

Statewide, work training release facilities realized a decrease of incoming transfers by nearly 75% at the height of the pandemic in Washington State. This allowed for operationalizing quarantine and isolation rooms as needed. When alternate housing areas were needed, quarantined and isolated residents were screened and housed according to their PREA designation in conjunction with DOH health services guidance. No potential victims or potential predators were housed together. Transgender residents would have been offered private housing and showering facilities.

When two or more positive tests were received within a given work training release, the entire facility was placed on facility-wide quarantine. Again, PREA would be taken into consideration for quarantine and isolation housing on-site and for those residents who were transferred to Department of Health (DOH) community COVID-19 sites.

Staff and residents rose to the challenge, and continue to do so, of co-existing for 24 hours a day, for weeks at a time, in facilities that are designed to operate with 80% of their populations working in the community for the majority of the day. Staff has remained vigilant in:

- Protecting and supporting other frontline staff and our residents, including those working in the community,
- Screening, triaging, and monitoring residents for COVID-19 without on-site medical staff,
- Screening, triaging, and monitoring residents per PREA, and
- Understanding and operationalizing ever changing Federal, State, DOC and local regulations.

Washington State Penitentiary (WSP)

Throughout the pandemic, WSP continued to focus on meeting all PREA Standards and this became quite challenging at times.

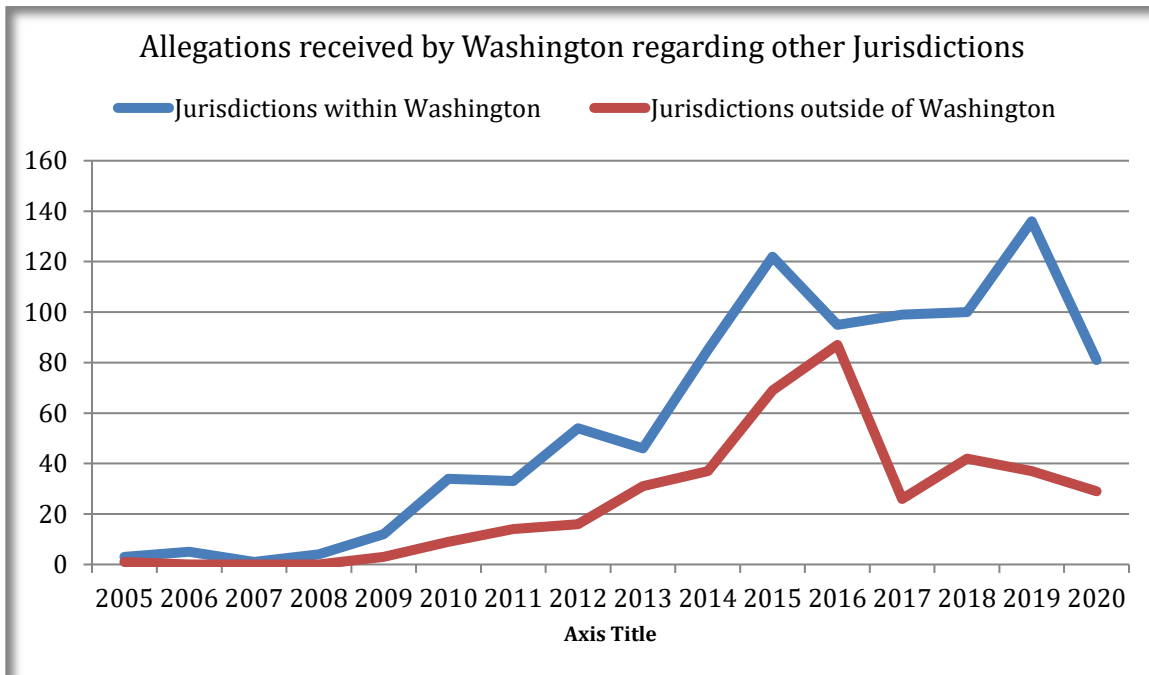
One example would be how in-person PREA risk assessments were managed. A process was developed where the classification counselor would interview the incarcerated individual over the control booth intercoms. This required staff in the booth to sign a PREA confidentiality agreement before the interview. In addition, emphasis was placed on the weekly risk assessment staff

meetings which was very important to keep processes on track. Facility percentages dipped, but overall staff did an excellent job considering the circumstances.

Flipping units from normal operations to quarantine and isolation put a tremendous amount of pressure on staff to manage large numbers of moves and associated paperwork at a moment's notice. Staff rose to this challenge with accuracy and extensive attention to detail without creating a bigger crisis.

SHARING ALLEGATION INFORMATION WITH OTHER JURISDICTIONS

Standards require that the agency immediately forward any allegations received regarding other applicable jurisdictions. This fosters continued collaboration between these agencies. During calendar year 2020, Washington DOC received and forwarded a total of 110 allegations about other jurisdictions, 81 of those regarding agencies within the State of Washington, including city, county, regional and tribal correctional entities. An additional 29 allegations were received regarding agencies outside Washington.



STRATEGIC PLANS / AGENCY ACTION PLANNING



During 2020, the following progress was made regarding the strategic plan documented in the 2019 annual report:

Specific information / direction regarding the management of transgender, intersex, and gender non-conforming individuals under the jurisdiction of the agency has been identified as a need by staff and external stakeholders.

- A policy specific to the housing, programming and security regarding transgender, intersex, and gender non-conforming individuals was published in February 2020, preceded by an informational aid provided to all agency staff. Focused training sessions have been provided by a community-based subject matter expert at the Washington Corrections Center for Women.

Sustainable, documentable PREA-related practices coupled with the ability to demonstrate audit readiness at all times / continued compliance between formal Department of Justice audits has been identified as an agency-wide concern.

- A rolling audit system, comprised of quarterly audits of identified key elements in all prison facilities, was launched in 2020. Corresponding quarterly PREA Compliance Manager (PCM) meetings were also launched, with participants working as a team to address issues, identify and/or develop best practices, and train newly identified PCM's. Meetings were shifted to a virtual format with the implementation of COVID-related restrictions.

The thoroughness and completeness of investigations has been identified as a deficiency in multiple audits during the 2019/2020 audit cycle.

- Applicable forms were updated to better document analysis prior to investigation findings. Refresher training for current investigators was placed on hold due to pandemic-related restrictions but will again be a topic for review once restrictions are lifted.

Based on a review of incident data and audits completed, the following strategic plan was developed for 2020 to address identified deficiencies and further incorporate PREA principles and standards into agency culture:

- Development of a centralized contractor / volunteer database.
- Development of a plan to launch transgender awareness training for all staff.
- Completion of transition from paper audit systems to the DOJ On-line Audit System.
- Managing delays in audit cycles / schedules due to COVID-related restrictions.
- Development of a plan of training and quality review to address deficiencies identified in investigation objectivity, thoroughness, and timeliness.



AIRWAY HEIGHTS CORRECTIONS CENTER

Airway Heights Corrections Center (AHCC) is a correctional facility that houses approximately 2100 male incarcerated individuals that are Medium and Minimum custody. It is located 10 miles west of Spokane and has been open since 1992 employing over 700 employees.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	10	0	21	2	7	8	0	0	38	10
2013	15	1	26	3	14	9	0	0	55	13
2014	12	0	27	2	30	17	0	0	69	19
2015	10	4	40	7	40	12	0	0	90	23
2016	1	1	39	4	10	4	0	0	50	9
2017	3	3	43	9	8	2	0	0	54	14
2018	2	0	37	4	8	8	0	0	47	12
2019	5	1	29	4	11	12	0	0	45	17
2020	0	0	15	2	6	3	17	10	38	15

Accomplishments for 2020 / Assessment of Facility Progress

- During AHCC’s pandemic outbreak, all staff were diligent in maintaining PREA screening and housing requirements.

Identified Gaps and Associated Action Plans:

- The transfer of transgender individuals between facilities: During the pandemic, facility transfers were put on hold unless they were emergent to the Regional Care Facility. Notification was lacking between facilities. Some were transferred without prior notice of transgender status.
- PREA investigations done in timely manner: Quarantine and Isolation status made it almost impossible to do interviews to complete investigations. Thus, causing some investigations to be placed on hold until the Incarcerated Individuals were moved to lower levels of Isolation/Quarantine where interviews could take place in a confidential manner.
- Receiving investigation packets from other Appointing Authorities: This process will be worked on now that movement and interviews are beginning to occur.

- Obtaining investigation information from Human Resources: Local processes have been established to ensure all adequate information is received and input into investigation files.

Critical Objectives for 2021:

- Complete the DOJ PREA Audit postponed from 2020 due to COVID-related restrictions.



CEDAR CREEK CORRECTIONS CENTER

Cedar Creek Corrections Center (CCCC) is a minimum custody prison, comprised of 480 adult male offenders who have four years or less to serve on their prison sentence. The facility employs approximately 139 fulltime staff. Cedar Creek provides an exceptional “work camp” environment that offers all offenders the opportunity to fulfill their required work responsibilities in preparation for community re-entry. Cedar Creek consist of two units, Cascade and Olympic. Cascade is a one story 238 bed living unit with 58 beds in A Tier, 124 beds in B tier, 56 beds in C Tier, and 8 beds in the Secured Housing Unit. It also consists of three dayrooms, one multipurpose room, one officer control/work area, and a recreation yard. Olympic is a two story 242-bed living unit that consists of 48 two-man rooms and four dorms containing 148 beds. It also has four dayrooms, two officer stations, and a recreation yard.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	2	0	0	0	2	0	0	0	4
2013	1	0	1	1	1	0	0	0	3	1
2014	1	0	1	0	2	1	0	0	4	1
2015	1	1	0	1	9	1	0	0	10	3
2016	0	0	0	1	4	0	0	0	4	1
2017	0	1	0	0	1	1	0	0	1	2
2018	0	1	1	3	8	8	0	3	9	15
2019	2	3	3	0	0	8	2	0	7	11
2020	0	0	1	1	0	1	1	0	2	2

Accomplishments for 2020 / Assessment of Facility Progress

One of CCCC’s largest accomplishments for 2020 was the successful completion of our DOJ PREA Audit. The corrective action period ended April 15, 2020, with CCCC meeting all federal PREA standards.

Another large accomplishment became apparent when Cedar Creek was dealing with the COVID-19 pandemic. Cedar Creek was tasked with creating two satellite living units to assist in social distancing. A vulnerability assessment was completed for all areas that were identified, necessary

adjustments were made, to include removing doors, adding mirrors, and adding showers and privacy curtains. One of the identified areas was for the implementation of transfer separation beds. Staff ensured that risk assessments were completed according to policy to ensure separation of potential victims from potential predators. Staff demonstrated that PREA had become integrated into the culture. Staff completed each task without reminder and accepted them as part of the project.

One of the critical objectives for 2020 was the continuation of staff training on PREA processes and policy, with a focus on new strategies to increase awareness. This is always an ongoing objective. Through the process of reporting PREA allegations, review of notifications, and decrease in numbers of PREA investigations, it became apparent that staff knowledge of PREA processes had increased and staff were applying their training in awareness, reporting, and screening.

Identified Gaps and Associated Action Plans:

Some of the challenges that were identified were retaliation monitoring, the timeliness of investigations, an excessive number of unfounded investigations, and a documented process for reviewing prior reports and complaints. Through this corrective action it was determined that a “Rationale for Finding” section was needed, and a revision to DOC form 02-378, *Investigative Finding Sheet*, including this section was adopted for agency use. Tracking systems regarding retaliation monitoring and investigation timelines were also implemented.

Critical Objectives for 2021:

- Ensure the audit folders are maintained and updated as required throughout the year to ensure sustainable processed going into future audits.
- Increase staff involvement in the preparation for upcoming audits and documentation gathering.
- Hire a PREA compliance specialist or identify another resource to assist with PREA documentation.



CLALLAM BAY CORRECTIONS CENTER

The mission of the Department of Corrections is to improve public safety by positively changing lives. Our commitment is to operate a safe and humane corrections system and partner with others to transform lives for a better Washington. The vision is to work together for safer communities. Specifically, Clallam Bay Corrections Center (CBCC) is a 900-bed facility located on the point of the Olympic Peninsula. CBCC is 50 miles west of Port Angeles and looks out over the Strait of Juan de Fuca to Vancouver Island. CBCC facility houses medium and close custody offenders. CBCC operates an Intensive Management Unit (IMU) and has developed a step-down program to better assist individuals with successfully returning to general population. Most recently, CBCC is working on the establishment of a limited privilege pod for the IMU.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	1	1	7	1	11	13	0	0	19	15
2013	5	0	9	3	9	13	0	0	23	16
2014	9	0	1	0	28	9	0	0	38	9
2015	5	2	34	0	27	25	0	0	66	27
2016	0	0	14	0	6	7	0	0	20	7
2017	1	0	11	4	4	5	0	1	16	10
2018	2	1	4	0	17	17	0	0	23	18
2019	0	0	4	1	9	2	0	0	13	3
2020	1	0	7	0	3	5	0	2	11	7

Accomplishments for 2020 / Assessment of Facility Progress

- Resiliency through the COVID pandemic with continued education for staff surrounding PREA standards.
- Implementation of weekly multi-disciplinary teams focusing on the concerns of transgender, intersex, and gender non-conforming individuals.
- The remediation of risk identified in vulnerable areas, such as the Health Services medical department.
- Installation of new cameras, which will soon expand recording and storage through new server technology.

Identified Gaps and Associated Action Plans:

CBCC identified the need for an investigation checklist for cases that were being referred to law enforcement to assist with evidence handling, the referral process, and findings. The retaliation monitoring process had some areas in which duties required clarification, which were quickly remedied through memos and directives. In response to a rise in PREA-related complaints, during 2020, CBCC proactively engaged staff and incarcerated individuals, resulting in reports of individuals feeling safe reporting issues and staff feeling more comfortable receiving and making related notifications.

Critical Objectives for 2021:

- Continue to identify areas of concern, take corrective action, and remain in compliance with standards.
- In 2021, our camera system will be significantly improved to assist the facility with continued compliance with standards.



COYOTE RIDGE CORRECTIONS CENTER

Coyote Ridge Corrections Center (CRCC) is in Connell, Washington. The original minimum-security units (MSU) were opened in 1992. In 2008, CRCC expanded and opened a 2000 bed medium security complex. CRCC now houses between 2,500 and 2,600 adult male individuals. Housing units include four (4) medium security units, four (4) long term minimum living units, and two (2) minimum custody living units. CRCC also has one (1) restricted housing unit with 100 beds, consisting of 70 short-term segregation beds and 30 Intensive Management Unit (IMU) beds. Additionally, CRCC-MSU Sage unit houses ambulatory individuals (assisted living/nursing). The facility employs over 700 staff with 450 contract staff and volunteers who support and mentor the facility’s population.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	2	0	24	6	3	1	0	0	29	7
2013	0	1	17	2	5	4	0	0	22	7
2014	0	0	25	0	30	19	0	0	55	19
2015	2	2	20	1	32	14	0	0	54	17
2016	1	0	12	0	40	15	0	0	53	15
2017	0	1	12	3	25	7	0	0	37	11
2018	4	3	18	0	19	8	0	0	41	11
2019	1	0	25	2	7	7	0	0	33	9
2020	0	1	16	3	6	7	0	1	22	12

Accomplishments for 2020 / Assessment of Facility Progress

- CRCC has established several processes to assist with sustainable practices and documentation review to include receiving the strip search logs from each area monthly via the monthly reports, tracking new hires and background checks, and monitoring facility transfers to ensure PREA housing has been completed.
- Considering managing a full scale COVID response throughout 2020, CRCC was able to adjust workloads to ensure that PREA continued to be a priority.

- During this time, it was evident that PREA is a part of CRCC's culture as this was often a topic of discussion during the opening of alternative housing, to include disabling cameras as needed to ensure privacy, transitioning orientation to one-on-one to accommodate social distancing efforts.
- Established a process to track actions taken after a report of retaliation and following a triage decision that an allegation was determined not to fall within established definitions of prohibited behavior.
- PREA risk assessments (PRA) have been completed at a rate of 96% and above during this last year.

Identified Gaps and Associated Action Plans:

- Continuation of staff training to ensure all staff have completed the required PREA training. CRCC is working to get access to run reports of those that have completed or needs to complete the PREA training.
- Some gaps were identified with the completion of housing chrono's with the constant movement of inmates for isolation and quarantine purposes and transfer of those who had that temporarily moved to a Regional Care Facility for COVID recovery. CRCC has initiated continuous monitoring of all transfers and internal movement.

Critical Objectives for 2021 include:

- Transition back to group settings for orientation.
- Continuation of staff training regarding PREA processes and policies.
- Continue work on establishing sustainable practices for documentation and audit purposes.



LARCH CORRECTIONS CENTER

Larch Corrections Center was opened in 1956 as an honor camp. Originally, the facility housed 108 individuals received from the Washington State Penitentiary with the primary mission of forestry-related work. Over the years, Larch Corrections Center continued to grow and by 1997 the facility’s population had reached its current level of 480 offenders. Forestry is still the facility’s primary assignment, however, as the culture has changed, so has the facility and its staff. Programs have expanded to include education, sustainability initiatives and evidence based rehabilitative programming opportunities. Offenders from Larch Corrections Center play a major role in the local community. Daily crews are sent to clean parks, plant trees and respond to fires. Working hand and hand with the Department of Natural Resources (DNR), this workforce saves the taxpayers of Washington State millions of dollars each year and teaches positive work habits to incarcerated individuals.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	7	2	1	1	0	0	8	3
2013	0	0	2	0	1	4	0	0	3	4
2014	0	1	4	1	1	2	0	0	5	4
2015	1	1	0	0	3	5	0	0	4	6
2016	0	3	0	0	3	3	0	0	3	6
2017	0	2	7	1	4	3	0	0	11	6
2018	0	0	2	2	5	6	0	0	7	8
2019	0	0	5	1	1	3	0	0	6	4
2020	0	0	0	0	1	0	0	1	1	1

Accomplishments for 2020 / Assessment of Facility Progress

During the pandemic, great care was taken to make sure that incarcerated individuals were screened and housed appropriately per the federal guidelines. This was not an easy task many housing assignments were being made daily. Incoming transports in 2020 were limited, however when they did arrive, the process of PREA risk assessments did not change until late December when LCC had our first individual test positive for COVID. Once the first positive test occurred, all incoming transports were halted. This also paused the incoming PRA’s while continuing the

follow-up PRA's until they all were complete with no change to the process. LCC was placed into "Outbreak Status" due to 281 out of 304 residents testing positive for COVID-19. The number positives allowed for LCC to utilize an entire unit (Silver Star) for positive individuals. With the positive Silver Star Unit, the process of the PREA Risk Assessment did not change. LCC did have to open the Visitation Building for individuals who had symptoms but had yet to test positive. This building was closely monitored by two officers 24 hours per day with a window that always viewed the room. LCC did not have any potential victims or potential predators that became symptomatic at that time. However, if there were any, they would have been separated by being placed on opposite sides of the visit room. Each bunk was separated by a makeshift plywood cubical-type wall. LCC did construct an area for back up housing in the Gymnasium, however this area was never used. In our isolation unit (Silver Star), individuals remained on the tiers and showered in the tier restroom without having to exit the tier. Showers in the visitation unit were completed in the visitation incarcerated individual restroom in a shower constructed by LCC maintenance staff.

Identified Gaps and Associated Action Plans:

- LCC did not identify any significant gaps during this time. Any minor gaps were mitigated immediately.

Critical Objectives for 2021:

- Policies are constantly changing and LCC will continue to ensure staff are aware of the changes.
- Continue to ensure that staff know the process if an Incarcerated Individual reports a PREA allegation.
- Continue to discuss support provided by the Office of Crime Victim Advocacy with incarcerated individuals to ensure they are aware of the processes for initiating contact and confidentiality parameters.



MISSION CREEK CORRECTIONS CENTER for WOMEN

Mission Creek Corrections Center for Women (MCCCW) is in a remote area south of Bremerton, Washington, four miles outside of Belfair city limits, and has been open since 2005. MCCCW is a minimum-security reentry facility and houses women who are classified as minimum custody. During normal operations, MCCCW maintains an average daily population of 242. MCCCW employs approximately 135 state employees and contractors and has approximately 168 active volunteers. Some of the numbers have decreased due to COVID-19 and social distancing to an average daily population of 164 and no volunteers currently entering the facility.

Incarcerated individuals have access to academic programming, and when applicable, chemical dependency treatment. Most individuals are assigned jobs after arriving, including community service crews and Trades Related Apprenticeship Coaching (TRAC). MCCCW is dedicated to easing the transition for women from higher custody settings to either a Work Release program or direct release to the community.

MCCCW continues to have effective practices and training per department policies by:

- Training staff about reporting procedures and Shift Commanders about writing proper IRMS.
- Renewing partnerships with outside stakeholders such as the Kitsap Assault Center.
- Developing an MOU with the Mason County Sheriff's office.
- Ensuring the PREA Compliance Manager and Specialist stay updated with policy to keep the facility in compliance.
- Completing timely investigations with more detailed findings.
- Identifying isolated areas with processed implemented regarding report / radio information when staff enter these areas.
- Implementing a more detailed retaliation monitoring to ensure effective checks and balances.

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Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	2	1	4	1	1	1	0	0	7	3
2013	3	0	3	0	1	4	0	0	7	4
2014	2	1	0	2	5	7	0	0	7	10
2015	3	2	8	2	2	7	0	0	13	11
2016	2	1	4	2	4	3	0	0	10	6
2017	3	0	2	0	1	7	0	0	6	7
2018	2	0	6	0	2	0	0	0	10	0
2019	3	1	6	0	1	6	0	0	10	7
2020	1	0	3	0	0	2	0	1	4	3

Accomplishments for 2020 / Assessment of Facility Progress

The items listed below were identified as critical objectives for 2020 and the response to them:

- Strengthened process in place for housing gender non-conforming and transgender population.
- Work on vulnerability assessment items with ongoing progress to make ensure compliance.
- Continued education for all staff on PREA, concentrating on education of new staff and providing refresher training for all staff. Also, providing ongoing training on PREA reporting and documentation.
- Continued work on sustainability regarding PREA document processes.
- There were no impacts or changes needed to existing processes due to COVID response.
- Due to social distancing measures, temporary dormitory style housing was established in the visit room. A vulnerability assessment was conducted with no concerns noted. This temporary housing area is now closed.

Identified Gaps and Associated Action Plans:

Some of the identified gaps and plans are:

- Outdated camera system: Replacing the system will take place in 2021.
- PREA risk assessment completion not meeting timeframe requirements: With the virus, layoffs, and furloughs, new procedures are being implemented. Staff have identified thorough coverage, so timelines are not missed.
- Organizing PREA documentation folders on the facility shared drive, working to ensure that only the appropriate staff have access to each folder and organizing folders to make it easy to find documents.
- Ongoing training for staff on PREA reporting processes: With new staff, this will be a continuing process each year.

Critical Objectives for 2021:

- To ensure all PRAs are completed on time
- To train staff and ensure they are completing all processes when reporting PREA allegations
- To ensure all staff complete all required PREA training



MONROE CORRECTIONAL COMPLEX

The Monroe Correctional Complex (MCC) is comprised of five facilities, with a population of nearly 2,500 incarcerated individuals and approximately 1,200 staff. The complex provides three major services for Washington’s correctional system: housing and treatment for acutely mentally ill incarcerated individuals; housing and treatment for sex offenders; and primary referral and treatment center for complex health-related issues.

Services provided at MCC include custody and security, classification, education, incarcerated individual work programs, health care (both inpatient and outpatient), mental health care, sex offender treatment and assessment, food service, maintenance, personnel, recreation, volunteer services, religious services, library services, inmate records, visiting and extended family visiting. The number of our volunteers fluctuate around 700. However, due to COVID-19, volunteer and visiting services have been canceled until further notice.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	13	3	58	9	16	16	0	0	87	28
2013	17	11	72	1	37	31	0	0	126	43
2014	15	1	32	5	89	41	0	0	136	47
2015	14	7	63	6	81	56	0	0	158	69
2016	17	1	78	3	34	25	0	0	129	29
2017	9	2	75	2	29	20	0	0	113	24
2018	9	1	43	1	39	32	0	0	91	34
2019	9	0	35	6	37	60	2	17	82	68
2020	5	1	23	7	21	20	23	30	72	58

Accomplishments for 2020 / Assessment of Facility Progress

At MCC, progress has been made in the upgrade and expansion of the existing camera system facility wide in areas identified as vulnerable by the PREA vulnerability assessment. MCC-MSU is still under construction with some minimal maintenance work remaining to ensure the rest are lined up correctly; however, all are new cameras have been installed and noted replacements completed throughout MCC. Existing analog cameras have been attached

to an encoder that allows the footage to be stored digitally on the server. Existing cameras that did not have the acuity or range needed for the coverage area have been replaced with a new digital camera. The project has installed additional cameras in all areas of the facility in order of priority.

Identified Gaps and Associated Action Plans:

- Policy 490.700 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision, which allows incarcerated individuals (I/I) to use their preference of a pronoun that fits their gender. Since publication, it appears that this has raised the number of staff to incarcerated individuals PREA investigations. MCC is ensuring that staff review this policy and use proper pronoun or just the individual's last name. This could eliminate PREA cases regarding pronoun use.
- Since doorbells have been installed in all units at MCC, there have been issues with individuals removing batteries. Maintenance staff are placing boxes over the doorbells, so batteries cannot be removed easily. The doorbells are also being moved higher, so they are out of easy reach.

Critical Objectives for 2021:

- MCC is ensuring Policy 490.700, *Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision*, is reviewed by all staff who may have contact with LGBTI individuals to ensure procedures are followed appropriately.
- MCC will strive to remain 100% compliant on all PREA standards for our upcoming DOJ audit, currently scheduled for November 2021. Our goal is to provide PREA knowledge throughout MCC ensuring the culture elements of PREA is everyone's responsibility. Doing this will maintain a safe and healthy work environment for staff and incarcerated individuals.
- MCC will continue to make PREA standards and procedures a priority by continuation of self-audits to improve compliance with PREA risk assessment requirements with a goal of 100% for all intake and follow-ups assessments. Staff awareness appears to have improved due to these self-audits.



OLYMPIC CORRECTIONS CENTER

Established in 1968, the Olympic Corrections Center (OCC) is a minimum-custody facility located in the Hoh Rain Forest, supporting the reentry needs of its population. Each of OCC's three separate living units provides a pathway to reentry through areas of specialized focuses. The Hoh Unit is the transition unit for the population, providing a beginning point for orientation. Individuals assigned to Hoh Unit typically have in-camp programs that support facility needs and education. The Clearwater Unit primarily supports the Department of Natural Resources, where the population helps with silviculture programs, planting trees and protecting communities through wildland firefighting. The Ozette Unit addresses chemical dependency needs and is the Therapeutic Community unit, along with a 28-bed Secured Housing unit. The facility's mantra is "Full Productive Day" and each individual is expected to work, go to school if needed and program in areas that will provide better chances of success addressing their vocational, education and chemical dependency needs.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	2	3	1	0	0	0	3	3
2013	1	1	5	1	0	4	0	0	6	6
2014	3	1	2	2	10	3	0	0	15	6
2015	2	1	2	0	9	8	0	0	13	9
2016	1	0	2	0	2	3	0	0	5	3
2017	0	1	1	0	0	1	0	0	1	2
2018	2	1	1	1	2	2	0	0	5	4
2019	0	3	0	0	2	0	0	0	2	3
2020	0	0	3	0	0	2	0	0	3	2

Accomplishments for 2020 / Assessment of Facility Progress

- 2020 was impacted by the COVID-19 pandemic. OCC expanded temporary housing to increase social distancing. In doing so the facility reviewed housing areas to ensure the safety of the population was considered.

- OCC continues to successfully maintain a comprehensive tracking mechanism to ensure timeliness of 72-hour and follow-up PREA risk assessments.
- In 2020, OCC leadership met with the staff of Forks Abuse to strengthen communications related to victim advocacy Services. Due to the pandemic, access to advocates was limited to telephone interactions.
- OCC conducted drills to ensure readiness and responsiveness in the event of a sexual assault. Functional exercises as well as tabletop drills were presented to staff for practice.
- OCC prepared folders and documents in preparation for the 2020 DOJ PREA Audit, providing supporting documentation to the designated DOJ PREA auditor.

Identified Gaps and Associated Action Plans:

2020 data reflects that OCC had no substantiated cases of staff / inmate sexual abuse. There were five (5) total investigations, two staff investigations that were determined to be unfounded, and three investigations that involved incarcerated individuals that were determined to be unsubstantiated.

Critical Objectives for 2021:

- Develop tracking for increased retaliation monitoring.
- Complete a successful DOJ PREA Audit.
- Maintain/increase compliance rates for PREA risk assessments.
- Continue to seek staffing for PREA Compliance Specialist.



STAFFORD CREEK CORRECTIONS CENTER

Stafford Creek Corrections Center (SCCC) is an all-male adult medium-custody facility located on 210 acres in Aberdeen. It has been continuously operated since 2000. The current operating capacity is 1,936 incarcerated individuals, including 72 maximum-custody beds in the Intensive Management Unit (IMU) with 72 beds. The facility has had a total average daily population of 1,962 individuals.

Most of the inmate-on-inmate cases occurred in the individual's cell which are not viewable by video. Due to this and/or a lack of evidence/corroborated information, most are unsubstantiated. There have been three (3) substantiated staff or volunteer cases in 2020.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	4	1	11	1	12	6	0	0	27	8
2013	4	0	10	1	23	13	0	0	37	14
2014	3	3	1	0	41	32	0	0	45	35
2015	2	4	4	2	38	17	0	0	44	23
2016	3	2	12	2	32	20	0	0	47	24
2017	6	1	39	8	16	9	1	0	62	18
2018	1	3	36	6	11	7	0	0	48	16
2019	9	1	27	7	6	19	0	0	42	27
2020	3	3	31	11	5	5	10	7	49	26

Accomplishments for 2020 / Assessment of Facility Progress

- Ensured all components of PREA-related responsibilities were completed during the COVID-19 response
- Continuation of redefining the investigation process to ensure investigators are capturing all required information.
- Updated PREA signage throughout facility quarterly as needed

- Managed all required PREA standards during the pandemic with constantly changing requirements and ensuring all PREA policies were enforced as required.
- Continued informational meetings and trainings for each department conducted by the PREA Compliance Manager and PREA Compliance Specialist. Electronic folders are being updated to ensure ongoing sustainability of documentation between audits.
- Providing updates on how compliance with standards, documentation collection and retention, and to ensure the executive team is aware of all ongoing projects to improve the PREA department through PREA Compliance Specialist attendance at daily facility management meetings.
- Meeting PREA standard requirements during COVID response, identifying areas needed change or modification to ensure PREA compliance while complying with pandemic-related procedures.

Identified Gaps and Associated Action Plans:

- Ensuring that PREA risk assessments are done on time both initials and follow-ups.
- Continuing staff training regarding PREA processes and policy with the intent of informing new strategies to increase awareness.
- Being able to be flexible to ensure PREA compliance is followed as well as the standards for managing the pandemic at the facility.

Critical Objectives for 2021:

- SCCC is working on ensuring audit folders are updated as required throughout the year to maintain sustainability going forward. This will set up a sustainable process going into future audits.
- Continue staff training regarding PREA processes and policy with the intent of informing new strategies to increase awareness.
- Continue to keep staff apprised of any changes that occur to standards and processes, and answer questions to give staff the tools to be effective in the process.



WASHINGTON CORRECTIONS CENTER

The Washington Corrections Center (WCC) is comprised of the Reception and Diagnostic Center (RDC), the General Population (GP) and the Intensive Management Unit (IMU). The Reception and Diagnostic Center is the receiving unit for all male felons sentenced to prison in Washington State, except for those sentenced to the death penalty. The RDC is comprised of six living units and currently houses 1506 incarcerated individuals. It is a close custody facility with the primary responsibility to process, test, and classify all adult male felons.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	7	0	14	3	14	15	0	0	35	18
2013	0	0	5	0	27	15	0	0	32	15
2014	2	1	1	1	50	27	0	0	53	29
2015	7	0	9	0	69	24	0	0	85	24
2016	3	1	12	0	56	17	0	0	71	18
2017	1	2	21	4	26	18	0	0	48	24
2018	3	2	13	2	28	21	0	0	44	25
2019	1	2	17	3	13	20	1	0	32	25
2020	5	0	26	5	2	5	19	8	52	18

Accomplishments for 2020 / Assessment of Facility Progress

- WCC continued to have a strong working relationship with our SafePlace Victim Advocate partners. These individuals provide services to those incarcerated individuals who have been a victim of sexual assault. With COVID 19, in person advocacy was not allowed and all advocates spoke with individuals via telephone, ensuring victims had access and support. There were staff changes within SafePlace, but communication has been key in keeping our processes running smoothly.
- WCC is the initial starting point for all incarcerated individuals entering the state system including transgender/intersex/gender non-conforming individuals. A different process was

implemented in 2020. All classification counselors are responsible for completing housing protocols for transgender/intersex/gender non-conforming incarcerated individual in their specific units. This latest process ensured that all counselors have ready knowledge and experience for ensuring the sexual safety of all incarcerated individuals. The counselors also became facilitators on educating both staff and incarcerated individuals about effective communication for all individuals in the facility.

- With the onset of COVID-19 in 2020, WCC had to incorporate adjustments to multiple areas via an Incident Command Post (ICP) to address pandemic needs. Included were changes in how the facility functioned, units that were adjusted to handle specific incoming incarcerated individuals, and reorganization of the facility leadership. Through the pandemic, WCC was able to ensure PREA processes did not fail, with a few modifications to ensure safety of incarcerated individual and staff via CDC requirements of social distancing. Orientation went from 25-30 individuals daily to 15 and then stopped for a month during a large outbreak. It has since resumed via one on one orientations and with cohorts on a tier. Orientation has been completed for all new incoming incarcerated individuals.
- A Regional Care Facility (RCF) opened which required appraisal of the area to ensure the sexual safety of the incarcerated population. A COVID-19 positive area for those asymptomatic and an area for those in recovery were also implemented and reviewed to ensure sexual safety. 2020 was an unusual year and many adjustments were made to slow the spread of COVID-19. WCC took this challenge and ensured PREA requirements and reporting mechanisms were in place and effective under unforeseen conditions.

Identified Gaps and Associated Action Plans:

- WCC had a 100% compliant rate for mental health referral's being completed within the 14-day timeframe requirement, but in 2019 started experiencing issues with the incarcerated individual being seen within 14 days. This reduced compliance to 80% or less. A sustainable solution was found and implemented with a compliance rate of 96%. Mid 2020 in response to COVID 19, individuals who are in quarantine or isolation, were seen after their time frame to allow for social distancing and following of CDC requirements and ensure confidentiality in their meetings with mental health.

Critical Objectives for 2021:

- Pass current DOJ PREA Audit – started in 2020 – on site process tentatively scheduled for September 2021.
- Continue to ensure PREA is managed within COVID-19 protocols and limitations for the duration of the pandemic.
- Pursue an Interim Corrections Specialist 3 PREA Compliance for coverage of the temporarily vacant position.



WASHINGTON CORRECTIONS CENTER for WOMEN

The Washington Corrections Center for Women (WCCW) is Washington’s only multi-custody correctional facility for adult women and has a fundamental responsibility to protect the public by separating individuals from the community and positively changing lives. We enhance public safety by providing individuals with programs that are proven to reduce the likelihood of committing new crimes and promote self-efficacy after release from confinement. Such programs include education, job skills training, and chemical dependency as well as mental health treatment. Providing these programs is important in the overall effort to reduce crime because only about three percent of incarcerated individuals will never be released to the community.

Cases involving staff-on-inmate sexual misconduct that were substantiated decreased to zero in 2020. In 2019, the single substantiated case of staff-on-inmate sexual misconduct involved a contracted staff member who has been terminated. No corrective action was taken with staff-on-inmate unsubstantiated cases.

Cases involving inmate-on-inmate sexual assault/abuse generally occurred in incarcerated individuals cell areas, not viewed by cameras. These cases happened while staff were completing their regular cell checks and daily duties.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	9	1	8	1	25	18	0	0	42	20
2013	12	2	8	3	45	16	0	0	65	21
2014	5	3	12	2	44	22	0	0	61	27
2015	2	3	9	7	25	38	0	0	36	48
2016	3	2	22	3	10	13	0	0	35	18
2017	0	0	12	1	12	10	0	0	24	11
2018	3	4	19	8	4	10	0	0	26	22
2019	4	1	29	10	19	18	0	5	52	29
2020	10	0	50	12	10	19	2	2	72	33

Accomplishments for 2020 / Assessment of Facility Progress

- The WCCW facility performance coordinator (FPC) implemented a section for all PREA training/information during new employee and contractor orientation. For every new employee and contractor this training is mandatory to attend before officially working on premises.
- The WCCW community partnership program coordinator (CPPC) implemented a process to ensure that all new volunteers receive new volunteer training that includes PREA training to be followed up with annual PREA trainings.
- WCCW streamlined the PREA orientation process for all incoming incarcerated individuals. It has been assigned to our Reception Diagnostic Center (RDC) counselors, who will complete orientation for all RDC residents. The Administration Segregation corrections specialist is assigned to complete all violators and anyone who is placed in segregation. The Treatment & Evaluation Center (TEC) counselor is assigned to complete all who are housed in TEC residential and TEC Acute, Close Observation Area (COA) and In-Patient Unit (IPU). If the assigned counselor is not available, the counselors will work together to ensure PREA orientation is complete.
- It has been established that the PREA compliance specialist will send out a monthly retaliation monitoring list to all Correctional Unit Supervisors (CUS). If an incarcerated individual who is currently on retaliation monitoring then reports retaliation during a check in, the correctional unit supervisor will complete DOC form 03-503 PREA Monthly Retaliation Monitoring Report and incident report and turn into the shift commander. The shift commander will contact the superintendent and report the retaliation. The superintendent will take appropriate action regarding the retaliation report. The action taken is documented on DOC form 03-503, *PREA Monthly Retaliation Monitoring Report* and signed by the superintendent.
- The Intelligence and Investigation Unit (IIU) established a process to ensure that all investigations that are assigned out are completed in a timely manner. The investigation is first assigned to an investigator. Two weeks after assignment, IIU reaches out and requests for an update. The investigator may ask for an extension with justification. WCCW is currently in the transition to move all investigations to the PREA compliance specialist.
- WCCW established a process with the Shift Commander and IIU to ensure that we are referring cases to law enforcement. IIU has been working with bridging our differences with law enforcement and establishing a process to ensure we are following DOC policy and DOJ standards.
- WCCW established a process with the classification and mental health departments with PREA risk assessment (PRA) mental health referrals. When an incarcerated individual wishes to see mental health during a PRA, the classification counselor will send DOC form 13-509, *PREA Mental Health Notification*, to specified email addresses. This will notify mental health and the PREA compliance specialist to add the information to the tracker. Then the mental health appointment scheduler will schedule the appointment and send the dates to a designated email.
- The WCCW maintenance department was creative and installed privacy dividers in all medium custody unit (MSU) shower stalls. This provided privacy and the ability to maintain safety and security.
- WCCW did not receive any funds to upgrade/repair cameras throughout the facility. WCCW increased security checks in all the areas identified as needing upgrade/repair.
- WCCW's senior managers worked with all departments, incarcerated individuals, and staff to get the facility audit ready on any given day.
- WCCW's senior managers worked with the extended leadership team to ensure that they share with their staff the importance of PREA being a facility wide job.

- WCCW worked with all leadership to establish functional and sustainable processes in their assigned areas. By all areas taking responsibility, WCCW will be able to maintain compliance with DOC PREA policy and DOJ standards.

Identified Gaps and Associated Action Plans:

- WCCW implemented PREA policies, protocols, and practices in a meticulous manner. This will give us the opportunity to create long-lasting impacts and continuous improvements to the safety and security of every person. Educating staff and incarcerated individuals has made progress towards compliance with PREA policies and standards. WCCW is still overcoming significant hurdles and will continue to face obstacles to achieve permanent sustainability.

Critical Objectives for 2021:

WCCW has identified a few critical objectives for 2021. Our first goal is to create a long-term, sustainable, and workable process to assist and ensure all staff understand their role within PREA. Correct documentation collection and tracking is at the forefront of the objectives for WCCW in 2021 due to the need for new local procedures and practices. Primarily, we will be working to have a strong continuation of staff and incarcerated individual PREA training; to increase knowledge regarding PREA policies and processes with the intent of implementing new strategies to increase awareness. To work towards this goal, the PREA department will be working on identifying new resources to assist with PREA documentation.

Conclusively, WCCW will be working continuously towards the development of a tracking and distribution process for PREA documentation, to ensure we are always audit ready. By ensuring that all departments and staff understand their role in PREA, and work to contribute to documentation requests, we will create a safer and more secure facility, and overall department.



WASHINGTON STATE PENITENTIARY

The Washington State Penitentiary (WSP) is located on 540 acres of farmland near the city of Walla Walla and has been in continuous operation since 1886. Four (4) separate facilities exist within the institution – each which houses a different custody level: East Complex – Minimum Custody – Units 6, 8 and 10; South Complex – Medium Custody – Adams, Victor and Williams Units; Baker and Rainier Units (BAR Units); West Complex – Close Custody – Delta, Echo, Fox and Golf Units; and IMU North and South – Maximum Custody. The facility employs approximately 1,100 staff and houses an average of 2,500 male individuals.

There was a small decrease in inmate-on-inmate PREA cases during 2019 (42) compared to 2018 (55). The number of sexual harassment cases increased due to the physical plant layout of the Health Services Building (offenders talk cell to cell), specifically the Mental Health Tier. The number of sexual abuse and sexual assault cases dropped by 10 (2019 – 15 vs 2018 – 25). Typically, some type of separation between inmates is put in place for substantiated and unsubstantiated cases and the perpetrator is infracted when a case is substantiated (unless mitigating circumstances exist).

Staff-on-inmate PREA cases decreased significantly by 30 during 2019 (21) compared to 2018 (51). Most cases were staff-on-offender sexual misconduct and ten (10) of those cases were determined to be unfounded. Currently two (2) cases remain open. The correctional officer in the substantiated case of staff-on-inmate sexual misconduct had previously separated from the department. This resulted in corrective action being assigned to the correctional unit supervisor to prevent any future incidents.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	7	2	16	10	14	11	0	0	37	23
2013	5	0	37	8	14	13	0	0	56	21
2014	6	4	36	9	27	31	0	0	69	44
2015	8	4	61	19	25	36	0	0	94	59
2016	13	2	51	9	27	26	0	0	91	37
2017	9	1	55	14	9	26	0	0	73	41
2018	5	2	36	12	12	33	2	4	55	51

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2019	7	1	24	6	9	16	1	0	41	23
2020	8	1	27	3	6	5	13	13	54	22

Accomplishments for 2020 / Assessment of Facility Progress

- PREA staff continue to participate in weekly collaboration meetings with unit managers, correctional program managers and other staff to review completion of intake and follow-up risk assessments to identify trends and address concerns.
- The enhancement of staff awareness and understanding of issues related to the LGBTI population was primarily accomplished through the publication and distribution of DOC Policy 490.700 Transgender, Intersex and/or Gender Non-Conforming Housing and Supervision. In addition, information was shared with custody staff about the search of transgender, intersex and gender-conforming individuals.
- Several staff have been identified to complete administrative investigations training. However, this type of in-person training has been suspended due to COVID.
- Refresher training focusing on completing a comprehensive report was provided to PREA investigators was suspended due to COVID-related restrictions and there are no immediate plans to reschedule this training.
- Facility processes were audited, to include strip searches, risk assessments, orientation, mental health referrals, housing and program assignments, chronos, monitoring plans, physical plant modifications, volunteer program, and training to ensure compliance with policy and PREA standards. PREA Unit staff continually audit these processes and notify appropriate individuals when action is needed.

The following corrective action items were completed in the South Complex Program Building:

Note: On 4/23/20, use of the South Complex Program Building was discontinued due to COVID.

- Mirrors installed in the State Library (room 144) and staff conference area (room 154)
- Out of Bounds signs added to the Janitor closet (room 137), electrical closet (room 105) and staff conference area
- Deadbolts removed from staff restrooms
- Privacy partitions installed on inmate urinals

Identified Gaps and Associated Action Plans:

There are currently no gaps identified.

Critical Objectives for 2021:

- Complete the facility's third DOJ PREA audit using the on-line audit system.
- Continue management reviews of PREA risk assessments to identify trends and correct issues in a timely manner.
- Provide additional training to staff on LGBTI issues.
- Train additional staff to become PREA Investigators.



AHTANUM VIEW WORK/TRAINING RELEASE

Ahtanum View Work/Training Release (AVWTR) facility is co-ed and has a capacity for up to 101 minimum custody incarcerated individuals. Residents may be in the program for up to twelve (12) months. All participants work in the Yakima area and pay room and board, restitution, legal fees, and family support when applicable. We offer a comprehensive program that focuses on managing the transition of incarcerated individuals from prison to the community. AVWTR is an all-state DOC staffed facility whose team works together in the Department’s Mission of “Improving public safety by positively changing lives”. We provide resident accountability, a safe and secure environment and quality programming to support and encourage positive change.

There were no cases involving inmate on inmate sexual abuse, assault, or harassment. There were no cases involving staff ‘other’ misconduct. There was one (1) case of staff on inmate sexual harassment that was unsubstantiated. There were no cases of staff on inmate sexual misconduct.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	1	0	0	0	0	0	1
2013	0	0	0	1	0	1	0	0	0	2
2014	0	0	0	2	0	0	0	0	0	2
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	1	0	0	0	1
2017	0	1	0	2	0	0	0	0	0	3
2018	0	1	0	1	0	0	0	0	0	2
2019	0	1	0	0	0	0	0	0	0	1
2020	0	0	0	1	0	0	0	0	0	1

Accomplishments for 2020 / Assessment of Facility Progress

Staff are aware of how to utilize the language line for assistance in communicating with residents. The “rule of three” is the on-going expectation in kitchen storage blind spots. The 2019 staffing

plan review was completed as required. Staff are aware of how to privately report any PREA information to the appointing authority or duty officer.

AVWTR had several items requiring correction from our Audit in 2018. All issues noted were addressed and corrective action completed as required. These were:

- Ensure that staff are aware of the requirement to utilize the language line for communication with residents.
- The “rule of three” was implemented in the kitchen storage area to address blind spots; this will require two staff with one resident or two residents with one staff. Signage to be posted and the directive/requirements signed off by all staff.
- Utilize the DOC staffing pattern template specific to work/training release for the 2019 staffing plan review.
- Ensure that staff are aware of how to privately report PREA information to the appointing authority or duty officer.

Identified Gaps and Associated Action Plans:

- Complete annual PREA training for staff as required when training sessions resume.

Critical Objectives for 2021:

- Continue to use the PREA risk assessment tracker to ensure compliance with time frames for completion.
- Continue to reinforce expectations about PREA awareness and culture with staff, residents, and the community.
- Complete the 2021 staffing plan review as required.



BELLINGHAM WORK/TRAINING RELEASE

Bellingham Work/Training Release (BWTR) is a 50-bed co-ed facility operating in two side-by-side buildings in a downtown college area of Bellingham. BWTR is a partnership with the Department of Corrections (DOC) and Community Work Training Association (CWTA). BWTR has operated since 1976 and has been in its current location since 1981. The resident population consists of eight women, 41 men and one ADA (American with Disabilities Act) resident of either gender. Residents at BWTR attend work, training, and treatment in the community. Our 1127 building is a 115-year-old Victorian home with a basement and three stories consisting of four offices, kitchen, dining and living room, weight/laundry room, and dormitory style rooms. BWTR's 1125 building is a five-year old facility with a basement and three floors consisting of an administrative wing with three offices, an ADA room and three floors of dormitory-style rooms. Each resident floor has a living area and some recreational equipment. Our buildings are equipped with numerous digital cameras strategically placed to increase vigilance of resident activity while on facility grounds.

BWTR had one staff on inmate allegation in 2020, which remains open. Given there have been so few substantiated allegations in BWTR's history, one substantiated allegation since 2012, a trend has not been noted. However, to prevent future PREA allegations, both facilities had a significant number of digital cameras installed within the past six years. During the 2018 remodel of our 1127 building, five cameras were added. These provided camera coverage in all three stairwells, expanded coverage in the living room and provided a view of the sidewalks between the two buildings. An assessment for additional cameras to expand some exterior views and the payphone area in our 1127 building was done in the fall of 2019. A bid was obtained for additional cameras for expanded coverage in a few of the exterior areas, but due to the current budget deficit, a purchase is not anticipated at this time. Lighting in the rear parking lot was also improved in 2019 to enhance visibility after dusk.

In addition to monitoring, PREA education for staff remains a priority. BWTR is committed to ensure that staff model appropriate behavior and ensure the same of residents toward each other and with staff. Prevention has been key. Staff are encouraged to report any inappropriate, suspicious, or questionable behavior through the approved reporting channels. BWTR's

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November 2018 DOJ audit also reinforced the need to be vigilant in our facility processes and procedures. This provided an opportunity to learn what worked well and where improvements could be made. During the audit process, three convex mirrors were installed in areas of vulnerability as identified by the DOJ audit team.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	0	0	0	0	0
2013	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	1	0	1	0	0	0	2
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	1	0	0	0	0	0	1
2017	1	0	0	0	0	0	0	0	1	0
2018	0	0	0	0	0	0	0	0	0	0
2019	0	0	0	0	0	0	0	0	0	0
2020	0	0	0	0	0	0	0	1	0	1

Accomplishments for 2020 / Assessment of Facility Progress

BWTR has not received a formal corrective action plan. However, as noted above and to mitigate blind spots, three convex mirrors were installed in November 2018, two in the kitchen area and one in the community corrections officer's office.

BWTR's 2018 vulnerability assessment for buildings 1125 and 1127 did not contain corrective or continuing action. We have an excellent digital camera system, with several cameras added in over the past six years. DOC's IT division has a new monitoring system that is currently under consideration.

Identified Gaps and Associated Action Plans:

The only PREA allegation in 2020 involving a staff and inmate remains open.

BWTR's second DOJ PREA audit took place in November 2018. Thirty-nine standards were met and two were assessed as exceeding requirements. The audit team noted that the facility appeared very well maintained and that posters and audit notifications were prominently displayed in high traffic areas. Last year, we purchased locking PREA boards so that residents could no longer damage or remove PREA materials while using facility payphones. During the DOJ audit, three blind spots were corrected with the installation of convex mirrors prior to the issuing of the audit report.

Although currently there are not any areas formally identified for improvement, BWTR remains vigilant in adhering to PREA standards, continuing to educate staff, and using new tools to increase PREA compliance. Statewide, all work releases are submitting data quarterly to ensure compliance with risk assessment expectations and deadlines. Locally, some of the tools used to increase PREA compliance include the quarterly PREA risk assessment tracking sheet, PREA training roster, PREA checklists, and case audits.

In 2019, DOC upgraded our primary database, the Offender Management Network Information (OMNI) system, so that community corrections officers receive notification when a PREA follow-

up risk assessment is due. Although BWTR community corrections officers did very well with their individual tracking systems prior to this update, this computer-generated follow-up notification produced 100% compliance in 2019.

2020 was a challenging year for all correctional facilities due to the pandemic. Although BWTR increased its population from 25 to 50 in 2018, due to COVID and the need to socially distance, BWTR's population will remain at 22 residents until COVID transmission has been drastically reduced. One of the benefits of this population reduction, which occurred in the fall of 2020, was that every resident has their own room. Single cells should reduce the risks and opportunities to engage in PREA-related behaviors.

One of the challenges the pandemic created last year was an interruption in training. There have been less opportunities to attend the Work Release Academy or the Community Corrections Officer Academy as the agency's training unit worked to find new ways to deliver training in a manner that mitigates the transmission of COVID.

Additionally, due to staff illness and being screened out due to COVID, BWTR experienced significant staff shortages in 2020. This impacted our ability to ensure that there is always both male and female and an academy-trained staff on all three shifts. Due to staff shortages, we remained in regular communications with the work release operations administrator to mitigate risks that could have presented themselves with staff shortages.

Critical Objectives for 2021:

BWTR's primary goal in 2021 is to ensure that all full-time contract staff attend the Work Release Academy and the new community corrections officer we are in process of hiring attends the Community Corrections Officer Academy. It is noted that in 2019, BWTR successfully obtained approval for a BFOQ male community corrections officer position, which ensures that we always have both male and female community corrections officers on staff. This is particularly important given about 75% of our population are men. We also plan to increase communication at monthly agency staff meetings and quarterly all-staff facility meetings regarding staffing and other facility issues. Another goal is to increase trauma-informed education for our staff, as well as provide coaching and mentoring to ensure that we maintain a trauma-informed work release setting.



BISHOP LEWIS HOUSE WORK/TRAINING RELEASE

Bishop Lewis House Work/Training Release (BLHWTR) is located at 703 8th Ave, Seattle, WA 98104. This facility is operated by the Department of Corrections and contract staff; however, the building is owned by Pioneer Human Services (PHS). BLHWTR is in the heart of downtown Seattle, houses 69 adult male residents, made up of 47 state residents and 22 county boarders. This facility was built in 1910 and became a work release in 1968. BLHWTR is a three-story facility along with a full basement that includes a laundry/weight room for the resident population. In addition to the regular visiting and social program, we offer family-friendly events during specific times of year in support of family unity. Reentry programming offered in work release programs are crucial in assisting individuals in their transition back to society, particularly regarding employment, housing, treatment programming, reunification with family and loved ones, and assisting these individuals in gaining a level of stability as they return to society.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	1	0	0	0	1
2013	0	0	0	3	0	1	0	0	0	4
2014	0	0	0	1	1	2	0	0	1	3
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	1	0	0	0	0	0	1	0
2017	0	0	0	1	1	2	0	0	1	3
2018	0	2	0	1	0	0	0	0	0	3
2019	0	0	0	0	0	0	0	0	0	0
2020	0	1	0	1	0	0	0	0	0	2

Accomplishments for 2020 / Assessment of Facility Progress

BLHWTR contract staff continue to conduct count five times per shift. This allows for regular visuals and contact with the resident population, unannounced walk rounds, and monitoring the video surveillance system. Additionally, due to COVID, the resident population has been

temporarily reduced for social distancing requirements and currently we house only one person per identified bedroom. Currently, BLHWTR receives only a maximum of three new residents per week, who are placed on “transfer separation” status immediately upon arrival. This requires staff be even more attentive to accommodate the needs of these new arrivals, (e.g., meals served in resident rooms, regular daily contact with staff via assigned facility cell phone or contact at door front; to accommodate laundry needs, etc.), which provides opportunities for additional communication and contact.

BLHWTR has designated cohorted mealtimes in the facility which require residents not designated as transfer separation cases to come to the dining area at designated times, pick up meals and return to assigned rooms to eat. This type of cohort meal service allows for easier viewing of the facility population by staff and has been in place since the fall of 2020 due to COVID-related impacts.

Identified Gaps and Associated Action Plans:

BLHWTR has identified issues related to insufficient surveillance cameras, numerous blind spots, and flaws in the current monitoring system. These were also noted in prior PREA vulnerability assessment reports; however, due to a lack of funding, the identified issues continue. Mirrors have been installed in some blind spots, improving viewing capabilities until additional surveillance cameras can be installed.

Previously we have experienced problems with the current surveillance system and downed cameras; however, repairs and replacements have been taken care of, flaws addressed, and some cameras replaced. An additional camera was also set up outside the front of the building to allow viewing of individuals coming to the front door.

Current reports for substantiated and unsubstantiated cases for BLHWTR identified two cases of staff on inmate PREA allegations reported during this calendar year. Investigations resulted in the provision of applicable training

Critical Objectives for 2021:

BLHWTR continues to strive to make improvements in the camera system as funds are available. The project is pending Pioneer Human Services (PHS) approval as the building owners. This project will allow for several additional cameras to be installed, which will address monitoring capabilities in a majority of the current blind spots.

We have and continue to mitigate risk throughout the facility by the regularly scheduled walk throughs, counts, and unannounced rounds. This is enhanced by the ability to monitor camera system footage.

Additionally, the community corrections supervisor is collaborating with other staff for the inclusion of new contract staff in academies as classes are made available.



BROWNSTONE WORK/TRAINING RELEASE

Brownstone Work Training Release (BSWTR) is a partial-confinement reentry facility housing up to 84 adult males serving the last six to twelve months of their prison sentence. The facility is a three-story building which was built in 1910, located in downtown Spokane next to interstate 90. Brownstone’s second and third floors are resident housing units, while the main floor is designated for offices, a kitchen, dining area, resident resource room and visiting room. The basement area consists of recreation and television rooms, the laundry facility, and maintenance office. Security cameras are located throughout the inside and outside of the facility, strategically placed to assist in monitoring resident activities. Brownstone is operated by seven staff employed by the Department of Corrections and twelve contract staff employed by Transition House Incorporated (TTH). TTH staff perform safety and security duties, and food service and maintenance operations. Community corrections officers oversee case management of each resident, to include classification action, orientation, PREA risk assessments, and release and transition planning. Community corrections officers also refer residents to Work Source employment classes, employers, and treatment and counseling services.

While at work, release residents are expected to secure employment or attend training/educational programs to enhance success in transitioning into the community. Residents are encouraged to establish positive support networks with family, friends, and the community. Upon arrival at BSWTR, each resident is assigned to a community corrections officer who assists them with the transition from prison to the community. Our goals are to decrease risk factors, increase protective factors, and encourage residents to positively contribute and be productive members of our communities.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	0	0	0	0	0
2013	0	0	0	0	0	1	0	0	0	1
2014	0	0	0	0	0	0	0	0	0	0

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Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2015	0	0	0	1	0	0	0	0	0	1
2016	0	2	0	0	0	0	0	0	0	2
2017	0	0	0	0	0	0	0	0	0	0
2018	0	1	0	0	0	0	0	0	0	1
2019	0	0	1	0	0	0	0	0	1	0
2020	0	0	0	0	0	0	0	0	0	0

Accomplishments for 2020 / Assessment of Facility Progress

- BSWTR community corrections supervisor and contract director developed a checklist for new hires to ensure training requirements are completed within timeframes.
- The community corrections supervisor completed weekly audits of PREA checklist forms to ensure all residents are properly screened.
- BSWTR had no substantiated sexual abuse allegations in 2020.
- BSWTR staff reviewed and discussed PREA requirements, including zero tolerance for sexual misconduct and related retaliation.
- BSWTR ensured hourly checks on residents, not relying on technology alone to enhance safety protocols.
- BSWTR community corrections supervisor completed PREA investigator training.
- Staff continued education regarding the needs to LGBTI residents and our responsibility to address allegations respectfully and professionally.
- The contract director created some fun educational crosswords, fill in the blank and word search tasks for staff to enhance training experiences and measure learning.
- All staff continued to work on applying the guiding principles of reentry to ensure that they are approachable, so residents feel safe and supported during their reentry/transition.

Identified Gaps and Associated Action Plans:

Some resident rooms have solid closet doors. Although the closets cannot be locked, a decision was made that doors should be removed prior to double occupancy of these rooms.

Critical Objectives for 2021:

The 2020 PREA onsite audit has been postponed due to COVID-related restrictions. The community corrections supervisor will continue to ensure training is conducted in a timely manner for new hires and existing staff. The community corrections supervisor will ensure bulletin boards are up to date, and incoming residents are trained in reporting process and resources available to them



ELEANOR CHASE HOUSE WORK/TRAINING RELEASE

Eleanor Chase House Work Training Release (ECHWTR) is a 55-bed female facility operated by staff employed by the Department of Corrections and contract staff employed by The Transition House Incorporated. Residents can spend the last six to twelve months of their prison sentence at work release prior to release to the Graduated Reentry Program or release from confinement. During their stay at work release, residents can secure employment, and engage in education and/or training programs while establishing positive support networks with family, friends, and the community. Residents who are employed have a mandatory savings account established which places a percentage of their earnings on hold until release to ensure they release with a savings. Each resident is assigned a community corrections officer who assists them through an individual case plan for the transition from prison to the community. Eleanor Chase has established relationships with community partners that provide medical, mental health, dental, chemical dependency treatment, and education programming.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	2	0	0	0	1	0	0	0	3	0
2013	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	1	0	1	0	0	0	2
2017	1	0	0	1	0	0	0	0	1	1
2018	0	0	0	1	0	0	0	0	0	1
2019	0	0	0	1	0	0	0	0	0	1
2020	0	1	0	1	0	0	0	0	0	2

Accomplishments for 2020 / Assessment of Facility Progress

- All PREA audit documents were submitted to the designated DOJ auditor in preparation for the upcoming audit. The onsite portion of the audit was postponed to September of 2021 due to COVID-related restrictions.
- Housing plans were completed to ensure that both PREA and COVID housing assignments are safe for residents.
- Cohort movement plans were created to ensure that both PREA and COVID safety needs were met.
- Residents in COVID restrictions were provided with cell phones to ensure that they could contact staff, community resources, family and the PREA hotline at any time.
- Several exterior doors were replaced to enhance security.
- Despite COVID restrictions, residents were able to participate in modified counseling and treatment services, and employment.
- All new LED interior lighting was installed throughout the facility, providing better visibility, and enhancing safety and security. Emergency lighting was replaced in identified locations.

Identified Gaps and Associated Action Plans:

- In November 2020, an updated vulnerability assessment was completed, which identified additional areas where windows needed to be installed in doors to enhance safety. Window blinds were removed from the resident property room, supporting more visibility in the room. The janitorial closet on the main floor remains locked at all times when not in use; however, a light in the closet was changed to be on continuously for additional safety measures.
- There were two PREA investigations during the calendar year:
 - One case was closed without substantiating PREA-related behavior. However, other misconduct was substantiated, and the individual is no longer employed at ECHWTR.
 - The second case was also unsubstantiated; the staff member had already resigned when the allegation was reported.

Critical Objectives for 2021:

- Provide training to staff on professionalism and maintaining boundaries.
- Continue to build a PREA educated and zero tolerance culture with staff and residents.
 - Ensure that PREA training is ongoing.
 - Ensure staff continue to stay abreast of new and/or revised policies.
 - Ensure staff complete annual PREA training.
- Continue to work with the facility team and residents to adapt to changes and provide a safe environment for residents and staff during COVID-19.
- Install new exterior window blinds in all resident rooms.
- Install a new generator that will support facility operating during emergent power outages.
- Complete the DOJ PREA audit on-site review during September 2021.



LONGVIEW WORK/TRAINING RELEASE

Longview Work Training Release (LWTR) is a partial-confinement facility housing up to 55 adult male and 7 adult female offenders serving the last six to twelve months of their sentence. The facility is entirely on one floor with separate wings for male and female residents, with separate recreation rooms for male and female residents. We are a regional facility that serve residents from Cowlitz, Clark, Lewis, Pacific, and Wahkiakum counties. We work with several agencies that can employ our residents throughout Southwest Washington. We offer a comprehensive program that focuses on managing transition from prison to the community. Our goal is to effectively intervene in the risk an offender may pose to the community while assisting the offender to become a more positive and productive members in the community. Our outlook is to focus on positive re-entry and transitioning into the community by providing positive role modeling while the residents stay here, showing them how achieve a positive release and become productive in the community while reducing recidivism. On November 1st, 2016, the facility was revised from a joint contractor / agency operation to total oversight by DOC. The facility employs one supervisor, two clerical staff, two sergeants, fourteen correctional officers, two community corrections officers, one maintenance staff, and four food service staff. We have increased our family-friendly activities and encourage residents to stay in positive connection with their families and children.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	2	0	0	1	0	0	2	1
2013	1	1	0	0	0	0	0	0	1	1
2014	0	0	1	0	1	0	0	0	2	0
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	1	1	0	1	0	0	1	2
2017	0	0	0	1	0	0	0	0	0	1
2018	0	0	0	0	0	0	0	0	0	0
2019	0	0	0	0	0	1	0	0	0	1
2020	0	0	0	0	0	0	0	0	0	0

Accomplishments for 2020 / Assessment of Facility Progress

- As of July 2020, LWTR had a 100% PREA follow up risk assessment completion rate.
- All staff completed mandatory PREA training
- September 2020, PREA training was conducted at a mandatory staff meeting.
- November 2020, residents identified cohort representatives to bring any issues to facility management.

Identified Gaps and Associated Action Plans:

- Longview found that community corrections officers are still only meeting about 70% of the offender contacts as set as a critical objective for 2019. As of January 2020, LWTR has three community corrections officers and an anticipated increase in population from 62 to 90 offenders. Until the contact requirements are established in DOC policy, Longview will continue to target one field, one office and one collateral contact per resident per month. However, due to COVID-related restrictions, community corrections officers are currently not conducting field contacts.
- Longview staff gained an increase in Behavior Observation Entries for the first half of 2019. Due to a change in agency policy, Longview decided to not focus in the entries at this time.
- A change in supervisor at Longview put a hold on quarterly custody staff meetings. LGBTQI was a topic of discussion at the meeting held in 2019.
- Due to COVID 19 precautions, the work release population has been limited to 30 residents.

Critical Objectives for 2021:

Longview has the following goals for 2021:

- Community corrections officers will complete a minimum of one field, one office and one collateral contact for each resident each month. Longview will target a 95% achievement rate.
- Bi-annual custody staff meetings will include information and education on LGBTQI.
- Custody staff will practice tabletop drills quarterly which include a PREA allegation report and incident response.



OLYMPIA WORK/TRAINING RELEASE

The Olympia Work/Training Releasing (OWTR) is a minimum-security facility, which opened in 1979 under the Department of Social and Health Services (DSHS) and became a part of the Department of Corrections (DOC) in 1981. The facility works in conjunction with A Beginning Alliance (ABA), which is a non-profit organization governed by the policies and procedures of DOC as well the laws of the State of Washington. Residents are able to work, attend college courses, complete training programs, participate in substance abuse treatment, attend parenting classes, and other self-improvement programs or offense-specific programs to assist in successful transition to the community.

OWTR is a co-ed facility serving a maximum resident population of 26; 19 males and 7 females. The facility serves incarcerated individuals sentenced from Thurston, Mason County, Grays Harbor, Lewis, and Pacific Counties. In addition, there are exceptions when the facility may accept residents from outside from these counties due to unique circumstances. The facility has an outside recreation/fitness area, inside laundry facilities, large industrial kitchen, and a large dining area. The facility has separate male and female living quarters and is handicap accessible including an ADA bedroom for any resident that may require such service. There is an outside smoking area, well landscaped grounds, and a basketball playing area.

The facility is committed to assist residents successfully transition to the community. Transition begins on the day of arrival and continues until release. Each resident receives a thorough orientation and meets with their assigned community corrections officer (CCO) within 24 hours of arrival. These processes include reviewing facility rules and expectations, visitor/sponsor information, reviewing their Judgement & Sentence and conditions of supervision, identifying attainable goals, discussing treatment and programming needs/expectations, and participating in a PREA risk assessment. Residents meet with their CCO and are also monitored via the weekly classification team process for compliance with programming expectations, employment work hours and several other areas of responsibility.

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Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	1	0	1	0	1	1	0	0	3	1
2013	0	0	0	0	0	1	0	0	0	1
2014	0	0	1	0	0	1	0	0	1	1
2015	3	0	0	0	0	0	0	0	3	0
2016	4	0	0	1	0	0	0	0	4	1
2017	0	0	0	1	0	0	0	0	0	1
2018	0	0	0	0	0	0	0	0	0	0
2019	0	0	1	0	0	0	0	0	1	0
2020	0	0	0	0	0	0	0	0	0	0

Accomplishments for 2020 / Assessment of Facility Progress

- The community corrections supervisor completed PREA/Workplace Investigation Training.
- 100% compliant with all mandatory resident PREA-related intakes, interviews, orientations, and risk assessments/updates on or before the expected due date.
- 100% compliant with all mandatory staff PREA-related training.
- There were no known PREA-related allegations, concerns, complaints, grievances or assigned investigations.
- The facility continues to provide numerous avenues for incarcerated residents to report any PREA-related concerns to include but not limited to verbal, telephonic, and written.

Identified Gaps and Associated Action Plans:

- There are several blind spots on the outside of the facility and especially towards the back of the building. A request has been submitted to agency Headquarters requesting increased security and video enhancements for the area.
- Due to the population of the facility and current/past staffing plan(s), there is only one staff on duty during all graveyard shifts. This continues to be a significant gap, not only as it relates to potential PREA-related concerns/allegations, but also for the safety and well-being of staff and residents.

Critical Objectives for 2021:

- Continue to strive to improve and enhance any PREA-related protocols and safety measures.
- Improve video enhancements with additional security cameras.
- Continue to remind/train staff to be aware of their whereabouts in relations to residents, camera locations and any potential blind spots.
- Maintain 100% compliance with all mandated PREA-related requirements including, but not limited to mandatory PREA risk assessments and staff training.



PENINSULA WORK/TRAINING RELEASE

Peninsula Work/Training Release (PWTR) is a 63-bed facility that houses 55 male and 8 female minimum custody residents in Port Orchard. PWTR is operated as a partnership between DOC and Progress House Association (PHA). The facility transitions residents from prison to the community. Peninsula is a regional facility that serves residents from Kitsap, Mason, Jefferson Clallam, and Pierce County on the west side of the Narrows Bridge. While at Peninsula, residents can participate in re-entry programming which includes work/employment, college classes, training programs, substance abuse treatment, parenting classes, and other offense-specific or self-help classes. Peninsula’s goal is to reduce criminogenic risk factors through individualized case plans and interventions. Facility staff focus on positive reentry and transitioning back to the community by providing positive role modeling to the residents.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	1	0	0	0	0	0	0	0	1
2013	0	1	1	1	0	0	0	0	1	2
2014	0	0	0	2	0	0	0	0	0	2
2015	0	0	0	2	0	0	0	0	0	2
2016	0	1	0	0	0	0	0	0	0	1
2017	0	0	0	0	0	0	0	0	0	0
2018	0	0	0	1	0	0	0	0	0	1
2019	0	0	0	1	0	0	0	0	0	1
2020	0	1	0	0	0	0	0	0	0	1

Accomplishments for 2020 / Assessment of Facility Progress

- Peninsula successfully prepared for a DOJH PREA audit; however, this has been postponed until June 2021 due to COVID-related restrictions. Peninsula has remained in audit mode in preparation for the rescheduled audit.
- The installation of five (5) additional new cameras was cancelled in June 2020 due to budget constraints caused by the COVID pandemic. In March 2021, the camera installation was reapproved and cameras are scheduled to be installed by June 2021.
- 100% completion rate for initial and refresher PREA training for all facility staff.

Identified Gaps and Associated Action Plans:

- Peninsula's DOJ PREA audit scheduled for August 2020 was postponed to June 2021 due to the COVID pandemic. Peninsula remains prepared for the upcoming audit and provides the auditor with monthly documentation reviews and any other documentation requested.
- Peninsula is currently not under any corrective action plans.
- Upon review of the 2020 substantiated staff-on-inmate PREA investigation, no action plan was developed after consideration of the investigation data. The incident occurred off site at the resident's place of employment. The staff involved was prosecuted and sentenced for the behavior.
- Due to the COVID pandemic, Peninsula experienced a budget cut in 2020 that eliminated a new public announcement (PA) system and five (5) additional cameras. In March 2021, the PA system and cameras were reapproved and scheduled for installation before June 2021.
- There have been no major issues/activities associated with the annual staffing plan. In April 2021, Peninsula will undergo a building envelope upgrade, consisting of new siding, a new roof, bathroom renovations and a new duty staff station.

Critical Objectives for 2021:

- Complete the DOJ PREA audit in June 2021.
- Ensure the additional cameras are installed to minimize facility blind spots.
- Ensure 100% compliance in all PREA related training.
- Review and revise the current staffing plan for 2021.



PROGRESS HOUSE WORK/TRAINING RELEASE

Progress House Work/Training Release (PHWTR) is located in the northern area of Tacoma, surrounded by well-established local businesses and a nearby residential community. PHWTR has served the community since 1976 and previously earned accreditation from the American Correctional Association. DOC staff and contractors of the Progress House Association work together to supervise this co-ed, 90 bed facility for adult residents. The facility houses up to 76 males and 14 females, ranging in age from 18-65. The goal is to improve public safety by providing the residents with the knowledge and skills necessary for successful reentry into the community.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	1	0	0	0	1
2013	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	1	0	0	0	0	0	1
2016	0	0	0	1	0	0	0	0	0	1
2017	0	1	0	0	0	0	0	0	0	1
2018	0	1	0	1	0	0	0	0	0	2
2019	1	1	0	2	0	0	0	0	1	3
2020	0	0	0	0	0	2	0	0	0	2

Accomplishments for 2020 / Assessment of Facility Progress

PHWTR continues to use the bar code scanning system. The bar codes are generated by PHWTR and affixed to all areas around the facility where residents and staff have access. Staff are required to scan the bar code in each area at least four times per shift, in addition to conducting count four times on each shift to ensure an hourly walk-through of the facility is being completed. The use of the bar code scanning system and the number of counts has continued to reduce the probability of sexual abuse.

PHWTR has created a movement schedule which allows residents to move in cohorts (by room) due to COVID-19. Movement by cohort has proven to be even more effective in monitoring residents throughout the facility. As such, PHWTR has eliminated the titles of a “male” dayroom and “female” dayroom. Dayroom use is now a part of the movement schedule and will be utilized based on the assigned time for each cohort.

Identified Gaps and Associated Action Plans:

PHWTR had previously identified a blind spot just outside of the control booth heading down the hallway to the community corrections officer, administrative and the community corrections’ supervisor offices. A request was made to have a convex mirror placed in this area so staff can see down the hallway. Instead of a mirror, an additional camera was placed in this spot which allows staff to view the area on the monitor in the control office.

All facility cameras are functional; however, some of the cameras on the second floor need to be readjusted, so when viewing via monitor, the camera is not pointed toward the floor which makes some areas hard to see. To address this issue, a shim will be placed in each camera base to raise the camera height for a broader camera view.

Critical Objectives for 2021:

PHWTR will continue to monitor current camera placement, safety and security, and training. Convex mirrors will be added as risk areas are identified. The community corrections officers and supervisor will continue to coach/mentor and work with contract staff on pat/room and area searches as COVID-related procedures become less restrictive.



HELEN B. RATCLIFF WORK/TRAINING RELEASE

Helen B. Ratcliff Work/Training Release (HBRWTR) is located at 1531 13th Ave South in Seattle’s Beacon Hill neighborhood. The facility is on the main bus line and within walking distance to downtown Seattle. The facility, a 20-bedroom house, holds up to 53 residents. It includes a large dining room, living room, computer lab, laundry room and several administrative offices.

HBRWTR provides security staff, food service operations, a wide range of program opportunities, and videoconferencing and computer lab access for job and resource researching. HBRWTR supports resident reintegration with family and loved ones. The facility has child visits, both day and overnight visits. When residents arrive, they are required to complete a comprehensive orientation and intake process which includes PREA risk assessment screening and provision of reporting information. Residents are expected to program a minimum of 32 hours a week. This may include employment, schooling, or job retraining. The facility has many community partner employers and educators willing to assist with resident reentry. Residents earn privileges through a Three-Step Advancement system based on good behavior, programming, and general compliance with rules.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	0	0	0	0	0
2013	0	0	0	0	0	0	0	0	0	0
2014	0	1	0	0	0	0	0	0	0	1
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	0	0	0	0	0	0	0
2018	0	0	0	0	0	0	0	0	0	0
2019	0	0	0	0	0	0	0	0	0	0
2020	0	0	0	0	0	0	1	0	1	0

Accomplishments for 2020 / Assessment of Facility Progress

HBRWTR has over the past year continued to focus on ensuring all new staff are trained and regular staff complete their annual PREA trainings. Despite the COVID19 pandemic, staff have continued to remain alert to possible PREA concerns with both the facility structure and staff/residents. Staff report regularly using the convex mirrors placed in key areas and they regularly view the security cameras, many of which were added in 2019. The vulnerability assessment for the facility continues to be completed annually and reviewed on a bi-annual schedule or as needed.

Identified Gaps and Associated Action Plans:

A recent vulnerability assessment identified several areas of improvement needed to keep residents and staff safe. Identified gaps and ways we can continue to improve are.

- Various blind spots around the facility will be addressed by installing convex mirrors and removing two doors
- A camera will be requested for the conference room, which currently has none.
- Signs need to be posted outside of bathrooms to serve as max occupancy reminders to residents.
- Signs need to be posted outside the child visit area notifying residents or entry prohibitions.

Critical Objectives for 2021:

At HBRWTR, critical objectives will continue to be met in 2021. Staff will continue to utilize the camera security system to monitor what goes on within the facility. Contract and agency staff will practice PREA drills quarterly, PREA updates will be provided to staff in a timely manner, and staff will continue to use radios when moving about the facility. A meeting with law enforcement and the local hospital will occur to ensure fluid communications of expectations in the event of a PREA incident. The vulnerability assessment will be updated as needed and staff will continue to stay up to date on PREA training as required.



REYNOLDS WORK/TRAINING RELEASE

Reynolds Work Training Release (RWTR) is a 92 bed all-male facility that houses minimum custody residents as well as some identified as Graduated Reentry (GRE) cases. Reynolds is located at 410 4th Avenue in downtown Seattle. The facility is operated entirely by the Department of Corrections and is a six-story brick building that was constructed in the early 1900's as a hotel. It was converted to a work release in 1978. The facility has a full basement that is used for storage. The first floor contains a library, weight room, pool table area, visiting area, and the kitchen/dining room. The second floor is comprised of administrative offices. Floors three through six are living areas, housing up to 23 residents in a combination of single and double-person rooms. Reynolds is also designated as an ADA facility and floors three and four have ADA rooms/bathrooms. Reynolds serves residents from King and Snohomish counties. While at Reynolds, residents can participate in reentry programming. This includes work/employment, college/vocational classes, substance abuse treatment, parenting classes, and other programming that assists residents with their reentry plans. Reynolds seeks to meet individual needs and assists residents with barriers to reentry, using the “whole person” approach with an emphasis on trauma based/centered care.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	2	0	0	0	0	0	2
2013	0	1	0	2	1	0	0	0	1	3
2014	0	0	2	0	0	1	0	0	2	1
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	0	0	0	0	0	0	0
2018	0	0	0	0	0	1	0	0	0	1
2019	0	0	0	0	0	1	0	0	0	1
2020	0	0	0	0	0	0	0	1	0	1

Accomplishments for 2020 / Assessment of Facility Progress

- Reynolds was able to enhance the video monitoring systems by installing larger viewing cameras for staff to access which are viewable both at the primary duty station desk as well as staff in the rear duty office. This ensures additional ongoing monitoring of the facility safety and security.
- 100 percent completion rate for initial and refresher PREA training for all facility staff.
- Ability to adapt to and ensure completion of all initial/follow up PREA risk assessment within existing COVID cohort protocols.

Identified Gaps and Associated Action Plans:

- There have been no major issues with the annual staffing plan.
- The only locations in the facility without camera viewing are the resident TV lounges on each floor. A request was made for four additional cameras and the associated electrical work. It should be noted that there is viewing of all hallways so movement activity can be seen.

Critical Objectives for 2021:

- Continue 100 percent completion rate for initial and refresher PREA training for all facility staff.
- Complete installation of cameras in resident lounges.
- Review and revise as needed the current staffing plan for 2021.
- Continue to ensure proper documentation and completion of all initial and follow up PREA risk assessments.



TRI-CITIES WORK/TRAINING RELEASE

Tri-Cities Work/Training Releasing (TCWTR) is a minimum-security facility, which opened in June of 1999. It is the one of three state-operated work releases in Washington that are solely staffed by the agency employees. It is a single level, 12,500 square foot building on 1.37 acres, located one block south of the Columbia River in east downtown Kennewick. Currently, this work release population is comprised of up to thirty-four male and six female residents for a total of forty residents. Each wing accommodates handicap accessible living quarters. The facility includes a recreation room, laundry room, separate male and female television rooms, fitness center, large industrial kitchen and dining room, and a visitation room for family and friends. In the back of facility, we have a large, landscaped yard with a half-court allowing residents to play basketball, volleyball, and bocce games, and have barbeques for residents, family and friends during our family-friendly events held year-round.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	1	0	0	0	0	0	1
2013	0	0	0	0	0	1	0	0	0	1
2014	0	0	1	0	0	0	0	0	1	0
2015	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	1	0	0	0	0	0	1
2018	1	0	0	0	0	0	0	0	1	0
2019	1	0	0	0	0	0	0	0	1	0
2020	0	0	0	0	0	0	0	0	0	0

Accomplishments for 2020 / Assessment of Facility Progress

- 100% compliance with the completion of PREA risk assessments by due date per policy.
- 100% compliance by community corrections officers establishing monitoring plans for residents who were classified as high risk for sexual victimization.
- 100% compliance with the provision of PREA information during orientation to new arrivals.
- 100% compliance for staff completion of annual PREA training by the end of training year.
- There were no known PREA-related allegations, concerns, complaints, grievances or assigned investigations.
- The facility continues to provide numerous avenues for residents to report any PREA-related concerns to include but not limited to verbal, telephonic, and written.

Identified Gaps and Associated Action Plans:

- Placement of video monitoring systems in the dining room and conference room could assist staff in monitoring and minimizing the risk for PREA incidents.
- In the past year, the agency approved approve funding for the replacement of the current camera system with the new Genetec system.

Critical Objectives for 2021:

- Increase the effectiveness in using the video monitoring system by replacing the current video monitoring system monitored by our local security company with the DOC approved video monitoring system, Genetec.
- Enhance the video monitoring system by adding two additional video cameras.
- Continually remind/train staff to be aware of their whereabouts in relation to residents, camera locations and any potential blind spots. Staff should never place themselves in situation where they are alone with residents out of view of a camera or other staff/residents present unless there are extenuating circumstances.
- Continually communicate with the residents about the ways to safely report any PREA allegations. Continually monitor the tone of the facility.
- Ensure all staff complete mandatory annual PREA training requirements.

COMMUNITY CORRECTIONS DIVISION

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	5	0	10	0	0	0	15
2013	0	1	0	7	0	14	0	0	0	22
2014	0	0	1	3	0	8	0	0	1	11
2015	0	1	0	3	0	14	0	0	0	18
2016	0	0	0	1	0	15	0	0	0	16
2017	0	0	0	0	0	9	0	0	0	9
2018	0	0	0	0	0	11	0	0	0	11
2019	1	0	0	0	0	11	0	0	0	12
2020	0	1	0	1	0	9	0	1	0	12

Accomplishments for 2020 / Assessment of Facility Progress

The Community Corrections Division (CCD) supervises individuals who have either been confined in a county jail, placed in prison (for felony convictions of more than one year) and were sentenced to direct supervision in the community. CCD supervises an active caseload of approximately 20,000 individuals in communities across Washington. CCD employees promote reintegration and public safety by providing guidance, support and program opportunities for all individuals returning to the community. CCD employees hold individuals accountable to their conditions of supervision as they resume life within the community. CCD employees collaborate with and support community stakeholders and parties with a vested interest in the successful transition of individuals into the community. The goal of CCD is to increase successful reentry of individuals to communities utilizing a variety of supervision tools, services, strategies, evidence based programs and meaningful incentives and sanctions to hold individuals accountable and maintain public safety.

Identified Gaps and Associated Action Plans:

- Continuing to ensure staff are compliant with annual in-service PREA training requirements.
- Contributing to PREA policy development by staff providing input to the policy author.
- Maintaining a designated PREA compliance manager for each region within the division.
- Continuing to encourage community corrections staff to hold individuals under DOC jurisdiction accountable for false reporting through the violation/hearing process.

Critical Objectives for 2021:

Current data reveals that there have been twelve PREA allegations made in CCD during this reporting period. Of the twelve, nine were unfounded, one was substantiated, one was unsubstantiated, and one is presently under review, which is consistent with the last three reporting periods. Mechanisms to hold individuals on supervision accountable for making false allegations against staff have been instituted. The conditions, requirements and instructions form, which is reviewed and signed at intake, contains specific language that informs individuals on supervision that submitting a PREA allegation that provides false or misleading information during

the course of a PREA investigation may result in sanctions through the violation process. Present challenges remain with PREA policies, associated forms, and processes as they are primarily designed for prison and/or work release facilities. It remains the recommendation of Community Corrections that the PREA unit/coordinator develop a policy and specific tools that are designed and applicable for CCD.

CORRECTIONAL INDUSTRIES

Correctional Industries (CI), is aligned under the Department of Corrections, Reentry Division. CI is a voluntary training and workforce development program. CI employs approximately 400 staff supervising over 1,600 incarcerated individuals at twelve facilities statewide. CI work programs are modeled after private sector operations and provide opportunities for individuals to develop technical and social skills. By linking basic skills, vocational skills, and on-the-job training, individuals are better prepared for employment upon their release.

The total number of staff-on-inmate allegations decreased from ten (10) in 2019 to four (4) in 2020. There were no substantiated allegations in 2020, a decrease of two (2) from 2020. The number of unsubstantiated allegations decreased from two (2) in 2019 to zero (0) in 2020. The number of unfounded allegations decreased from six (6) in 2019 to three (3) in 2020. As of 2/1/2021, there was one (1) open allegation.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	1	0	0	0	1
2013	0	3	0	0	0	1	0	0	0	4
2014	0	0	0	3	0	0	0	0	0	3
2015	0	2	0	5	0	0	0	0	0	7
2016	0	1	0	6	0	4	0	0	0	11
2017	0	2	0	7	0	1	0	0	0	10
2018	0	0	0	6	0	2	0	0	0	8
2019	0	2	0	2	0	6	0	0	0	10
2020	0	0	0	0	0	3	0	1	0	4

Accomplishments for 2020 / Assessment of Facility Progress

The goal for 2020 was zero (0) substantiated PREA allegations. This goal was achieved during a challenging year when many CI operations had an increase in workload due to production of COVID-19 PPE, with many employees working extra hours and performing duties outside their normal work in response to COVID-19 restrictions.

Identified Gaps and Associated Action Plans:

In 2020, there were three (3) unfounded allegations involving CI staff members. Following the completion of the PREA investigations, we followed proper procedure to notify the accused of the closure and worked with the facilities PREA coordinator to make proper notification to the victim.

Critical Objectives for 2021:

Based on the successful reduction of unsubstantiated allegations in 2019 and with meeting our goal of zero substantiated allegations in 2020, the objective for 2021 is to continue providing supplemental PREA training to CI staff on the specific risks, signs of compromise, and best practices related to CI operations.

HEALTH SERVICES DIVISION

The Health Services Division is comprised of over 100 healthcare professionals, to include, doctors, nurses, psychologists, psychiatrists, substance abuse counselors, sex offender counselors, dentists, re-entry specialists and a host of experienced support staff.

As a team of committed professionals, we share the following values:

- We are each responsible for contributing to the delivery of quality health care.
- All individuals deserve to be treated with compassion and respect.
- Patient education is a path to good health.
- Evidence-based practices are the essentials of quality care.
- Successful re-entry includes linking patients with health care providers.
- Our customers include both internal and external partners.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	3	0	11	0	8	0	0	0	22
2013	1	9	3	11	0	14	0	0	4	34
2014	4	6	3	3	0	20	0	0	7	29
2015	0	3	0	10	0	10	0	0	0	23
2016	0	1	0	3	0	6	0	0	0	10
2017	0	3	0	3	0	17	0	0	0	23
2018	0	5	0	1	0	15	0	0	0	21
2019	0	1	0	6	0	15	0	12	0	34
2020	0	2	0	4	0	3	0	25	0	34

Accomplishments for 2020 / Assessment of Facility Progress

- Identified current list of certified health services PREA trainers.
- Developed new Mission and Vision Statement and Guiding Principles for Health Services
 Mission Statement:
 Our mission is to provide medically necessary health care that promotes wellness
 Vision Statement:
 We are a team of committed professionals supporting successful offender re-entry through a patient-focused integrated system of care.
- Trained staff in addressing transgender population by utilizing correct pronouns to avoid mis-gendering.
- Due to COVID and the cancellation of training classes and some on-line training, some facilities moved the PREA training PowerPoint to facility website to use for onboarding to ensure new staff received the appropriate PREA training before working in the facility

Identified Gaps and Associated Action Plans:

- PREA investigations were often not completed or took an inordinate amount of time to complete.

- Resignation of long-time investigator had a direct impact on the timeliness and completion of PREA investigations.
- Lack of health services staff certified as PREA investigators at each facility had a negative impact on completion of investigations.

Critical Objectives for 2021:

- Ensure that all incarcerated individuals involved in an alleged PREA incident have immediate access to Medical and Mental Health care per current policy and Patient Centered Care Model.
- Initiate the Dyad Model to improve performance, effectiveness, and patient centered care.
- Implement and follow the guiding principles of the unit mission and vision statement.

RE-ENTRY DIVISION

The Reentry Division within the DOC encompasses twelve work/training release facilities, Correctional Industries, Education, Reentry Services, Cognitive Behavioral Intervention Unit, Classification Unit and Case Management, Housing Voucher Services, and Strength in Families programming. The staff who comprise the division work throughout the work/training release, prison and field offices. Each of these dedicated individuals is responsible for providing pathways for successful transition to the community.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	0	0	0	0	0	0	0	0	0	0
2013	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	1	0	0	0	1
2015	1	3	4	3	4	3	0	0	9	9
2016	0	3	0	1	0	6	0	0	0	10
2017	0	0	0	2	0	2	0	0	0	4
2018	0	0	0	0	0	0	0	0	0	0
2019	0	0	0	1	0	2	0	0	0	3
2020	0	0	0	0	0	0	0	0	0	0

Accomplishments for 2020 / Assessment of Facility Progress

During the calendar year 2020, the Reentry Division underwent a transformation due to COVID-19. Many staff began teleworking and did not have direct in person contact with incarcerated individuals. However, services were still provided, and the DOC is still utilizing remote work locations along with computer processes to engage the population. During 2020, no cases were reported or opened for investigation. The work/training release facilities report out individually, as does Correctional Industries.

In order to ensure proper reporting, investigations, and follow through to closure a SharePoint site was created to capture each case as it moves through the process. This allows the Appointing Authority to review cases and ensure timely resolution as well as closure. There are two benefits to this site, one is the documents are attached to each case so they can be shared even when cases are across the state; the other benefit is the site is restricted to maintain confidentiality of all parties involved.

Identified Gaps and Associated Action Plans / Critical Objectives for 2021:

COVID-19 has impacted in-person training and onboarding new hires. The DOC has shifted training to Virtual Instructor Led Training (VILT), which has ensured staff receive proper and timely initial PREA and annual in-service training. The Appointing Authority continues to support a zero-tolerance culture and the healthy, safe incarceration of individuals under the jurisdiction of Reentry. This is spotlighted by the focus on timely investigations, proper tracking and reducing closure times by developing an electronic system to maintain information on each reported allegation.

OTHER FACILITIES / OPERATIONAL AREAS

This section details data from facilities no longer in operation, which includes the McNeil Island Corrections Center, Madison Inn Work Release, Pine Lodge Corrections Center for Women, Rap House / Lincoln Park Work Release, and Tacoma Pre-Release. Also included are investigations related to an out-of-state facility, the Indeterminate Sentence Review Board, and staff assigned to agency Headquarters. Current accomplishments and corrective action plans are not associated with these areas.

Year	Substantiated		Unsubstantiated		Unfounded		Open		Total	
	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate	Inmate On Inmate	Staff On Inmate
2012	1	3	3	1	0	1	0	0	4	5
2013	0	0	0	1	8	0	0	0	8	1
2014	1	0	5	1	7	0	0	0	13	1
2015	0	3	4	1	6	3	0	0	10	7
2016	0	1	2	0	3	0	0	0	5	1
2017	1	0	2	2	1	0	0	0	4	2
2018	0	0	0	0	1	0	0	0	1	0
2019	0	0	2	3	0	1	0	0	2	4
2020	0	0	0	1	0	2	1	0	1	3

DEFINITIONS as updated 12/2019

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

Staff include department employees, contract staff, volunteers, and any other person providing services in department facilities or offices.

Consensual, non-coerced sexual activity between incarcerated individuals is prohibited by department rule, but is not defined as a violation of PREA policies.

The following definitions are applicable to department policies relating to sexual misconduct:

- A. **Aggravated Sexual Assault** includes sexual acts perpetrated by either staff or an inmate that occurred within the previous 120 hours and involve penetration or exchange of body fluids.
- B. **Inmate-on-Inmate Sexual Assault** is an incident in which one or more of the following acts occurs between two or more inmates if the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse:
 1. Contact between genitalia (i.e., penis, vulva, vagina) or between genitalia and the anus involving penetration, however slight. This does not include kicking, grabbing, or punching genitals when the intent is to harm or debilitate rather than sexually exploit.
 2. Contact between the mouth and the penis, vagina, vulva, or anus.
 3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, or other instrument.
 4. Coerced sexual activity in response to pressuring, offer of protection, payment of debt, etc.
- C. **Inmate-on-Inmate Sexual Abuse** includes sexual contact between two or more inmates if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 1. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttock of another person excluding contact incidental to a physical altercation.
 2. Excluding kicking, grabbing or punching when the intent is to harm or debilitate rather than sexually exploit.
- D. **Staff Sexual Misconduct** includes the following acts when performed by staff:
 1. Engaging in sexual intercourse with an inmate.
 - a. Sexual intercourse includes vaginal, anal, and oral intercourse, as well as the penetration of an incarcerated individual's anal or genital opening, however slight, by a hand, finger, object, or other instrument. Penetration with an object is not considered sexual intercourse when it is done for the purpose of a legitimate medical procedure.
 2. Allowing an incarcerated individual to engage in sexual intercourse as defined above with another staff.

3. Intentional contact either directly or through clothing, of or with the genitalia, anus, groin, breast, inner thigh, or buttock of an incarcerated individual that is unrelated to official duties or where the staff has the intent to abuse, arouse, or gratify sexual desire.
4. Compelling or allowing an inmate to touch the genitalia, anus, groin, thigh, breast, or buttock of any staff or another incarcerated individual, either directly or through clothing, that is unrelated to official duties or where the staff has the intent to abuse, arouse, or gratify sexual desire.
5. Kissing an inmate or allowing oneself to be kissed by an inmate.
6. Any display by a staff of his/her uncovered genitalia, breast, or buttock in the presence of an inmate.
7. Voyeurism - An invasion of privacy of an inmate by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in their cell to perform bodily functions, requiring an incarcerated individual to expose their buttocks, genitals, or breasts, or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.
8. Engaging in any of the following acts for the purpose of gratifying the sexual desire(s) of any person or getting an inmate to engage in staff sexual misconduct, or when the act has sexual undertones (i.e., can reasonably be inferred to be sexual in nature, judged according to a reasonable person's reaction to a similar act under similar circumstances):
 - a. Writing letters, showing pictures or offering gifts or special privileges to an incarcerated individual.
 - b. Engaging in a personal relationship with an individual known to be under Department jurisdiction, without legitimate penological purpose unless expressly authorized by the Secretary/designee.
 - c. Pat or strip searches conducted in violation of DOC 420.310 Searches of Offenders, DOC 420.325 Searches and Contraband for Work Release, DOC 420.390 Arrest and Search, and/or operational memorandums.
9. Threatening, bribing, or coercing an incarcerated individual to engage in staff sexual misconduct.
10. Any attempt or request to engage in sexual misconduct.
11. Purposefully helping another person engage in staff sexual misconduct.
12. Discouraging or preventing inmates and/or staff from making good faith reports of staff sexual misconduct in a timely manner.

E. **Sexual Harassment** includes:

1. Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one incarcerated individual directed toward another, or
2. Deliberate and repeated verbal comments or gestures of a sexual nature to an incarcerated individual by staff, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures, to include:
 - a. Comments made by staff about an inmate's body intended to abuse, humiliate, harass, degrade, or arouse any person.
 - b. Demeaning or sexually oriented statements/gestures made by staff in the presence of an inmate.

Department of Justice PREA Resource Center, (FAQ 06/02/2015) states, "Repeated, in the context of this provision, means more than one incident. Please note that the seriousness of the conduct should be taken into account in determining the appropriate

commensurate response by the agency or facility. Serious misconduct along these lines, even if committed once, should still be addressed by the agency or facility.”