



Washington State
Department of
Corrections Annual
PREA Report
Calendar Year 2022



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.

This report is intended to provide information for calendar year 2022.



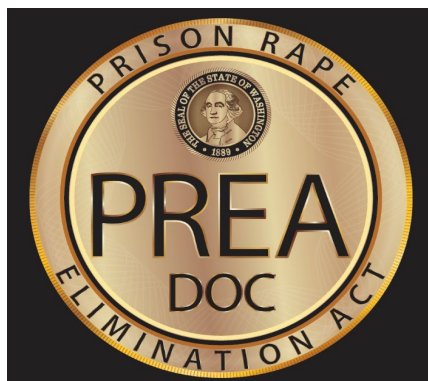
Cheryl Strange
Secretary

BACKGROUND

The Prison Rape Elimination Act of 2003 (PREA) Public Law 108-79 was signed into federal law in September 2003 following the 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 has 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 five-percent reduction in Department of Justice (DOJ) identified grant funds for the following federal fiscal year.



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 five 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 2022, 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 to assist with the development and implementation of a sustainable investigation process, ensuring compliance with the Department of Justice standards.



AGGREGATE DATA

NOTE: All investigation data included in this report is as of 03/13/2023.

The Washington Department of Corrections (WADOC) has established definitions of misconduct under PREA that are more comprehensive than those published by the 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 the calendar year of 2022, the WADOC conducted investigations into 443 inmate-on-inmate allegations and 340 staff-on-inmate allegations, for a total of 783 formal investigations. With an incarcerated population of 13,467 in prison and reentry center facilities (12/31/2022), this results in a rate of 58.14 formal investigations per 1,000 individuals.

AGENCY SEXUAL ABUSE DATA

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

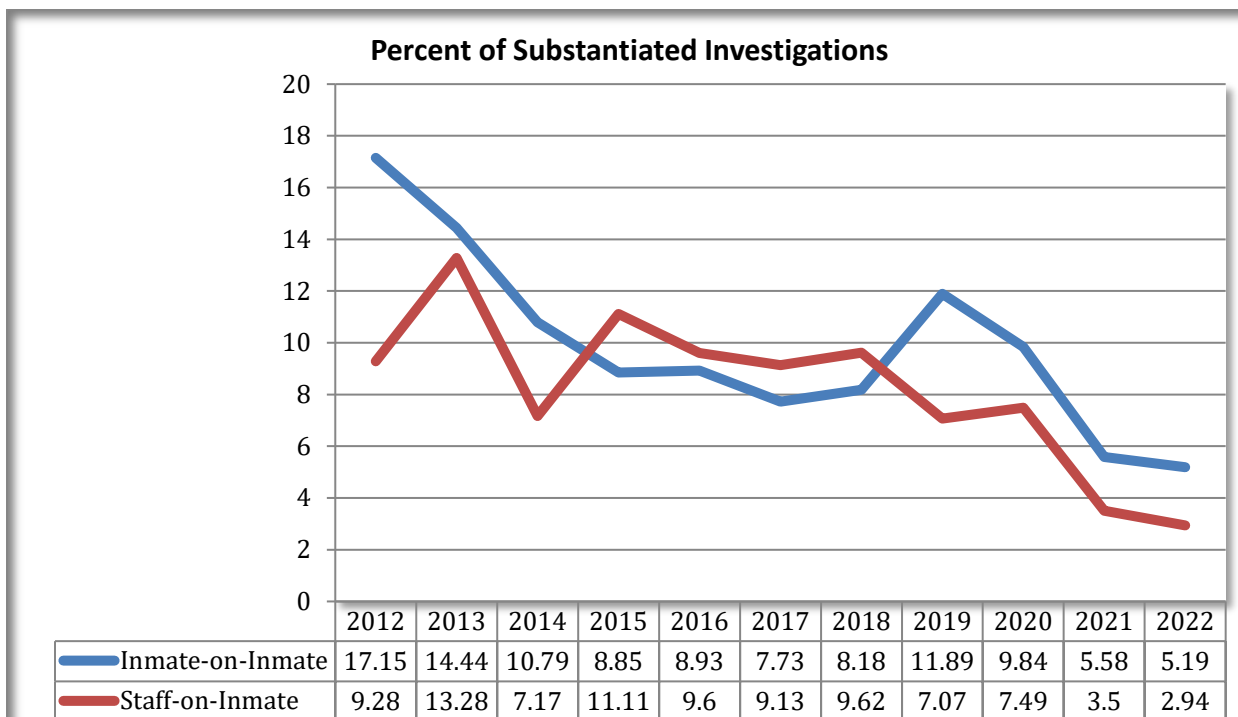
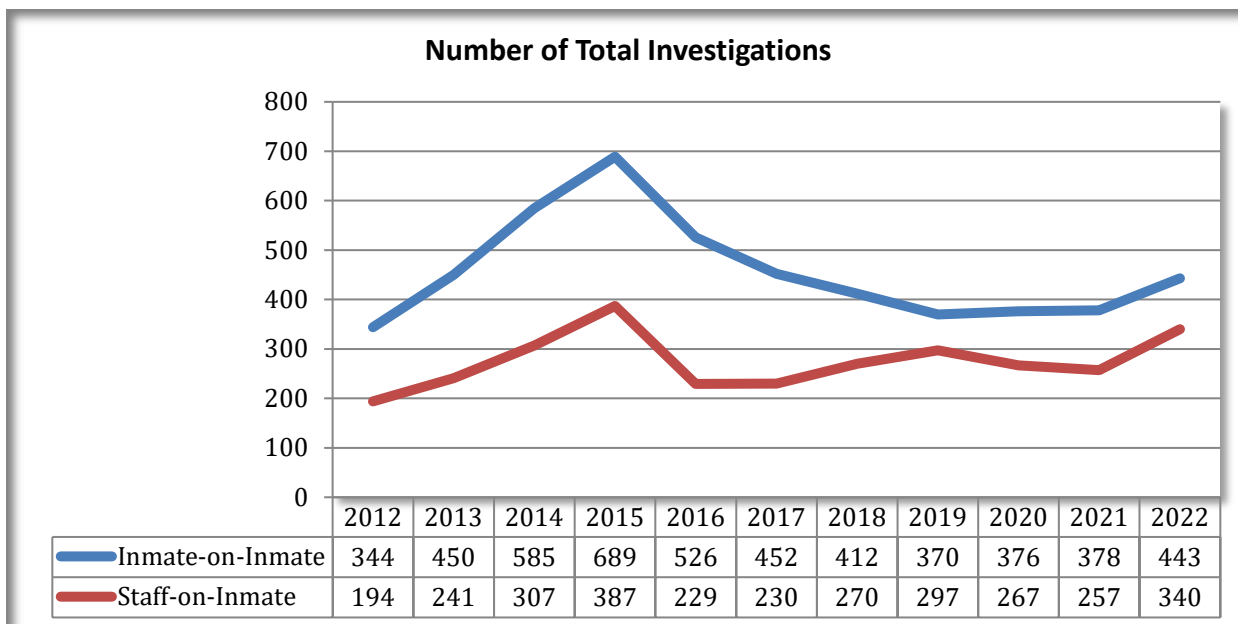
| | |
|--|--------------------------------|
| Inmate-On-Inmate | Staff-On-Inmate |
| ISA = Sexual Assault | SSH = Sexual Harassment |
| IASC = Sexual Abuse | SSM = Sexual Misconduct |
| ISH = Sexual Harassment | SOM = Other Related Misconduct |
| IOM = Other Related Misconduct, to include Retaliation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

The following is the breakdown of allegations by type and finding for calendar year 2022:

| Inmate-on-Inmate Investigations | Substantiated | Unsubstantiated | Unfounded | Open | Total |
|---------------------------------|---------------|-----------------|-----------|------|-------|
| IASC | 4 | 26 | 9 | 24 | 63 |
| ISA | 1 | 25 | 18 | 41 | 85 |
| ISH | 18 | 119 | 39 | 116 | 292 |
| IOM | 0 | 1 | 0 | 2 | 3 |
| TOTAL | 23 | 171 | 66 | 183 | 443 |

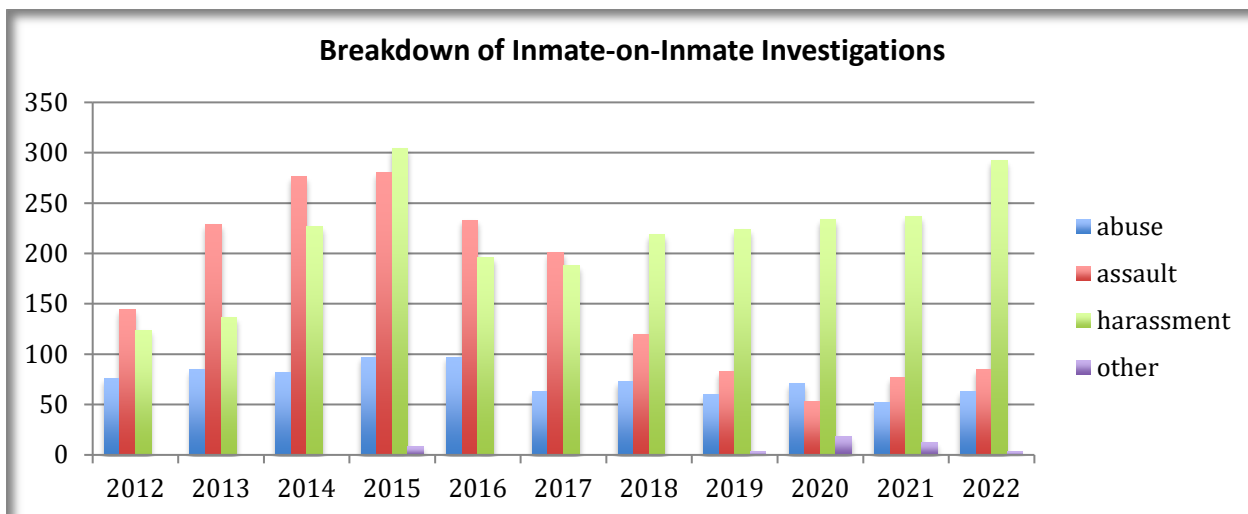
| Staff-on-Inmate Investigations | Substantiated | Unsubstantiated | Unfounded | Open | Total |
|--------------------------------|---------------|-----------------|-----------|------|-------|
| SOM | 0 | 10 | 19 | 26 | 55 |
| SSH | 1 | 21 | 42 | 43 | 107 |
| SSM | 9 | 29 | 63 | 77 | 178 |
| TOTAL | 10 | 60 | 124 | 146 | 340 |

| 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 | 47 | 22 | 248 | 41 | 231 | 166 | 0 | 0 | 755 |
| 2017 | 37 | 21 | 278 | 69 | 137 | 139 | 0 | 1 | 682 |
| 2018 | 35 | 26 | 219 | 52 | 156 | 191 | 0 | 0 | 681 |
| 2019 | 44 | 23 | 214 | 58 | 112 | 216 | 0 | 0 | 667 |
| 2020 | 37 | 21 | 259 | 98 | 74 | 144 | 6 | 4 | 643 |
| 2021 | 26 | 18 | 220 | 71 | 70 | 108 | 62 | 60 | 635 |
| 2022 | 23 | 10 | 171 | 60 | 66 | 124 | 183 | 146 | 783 |

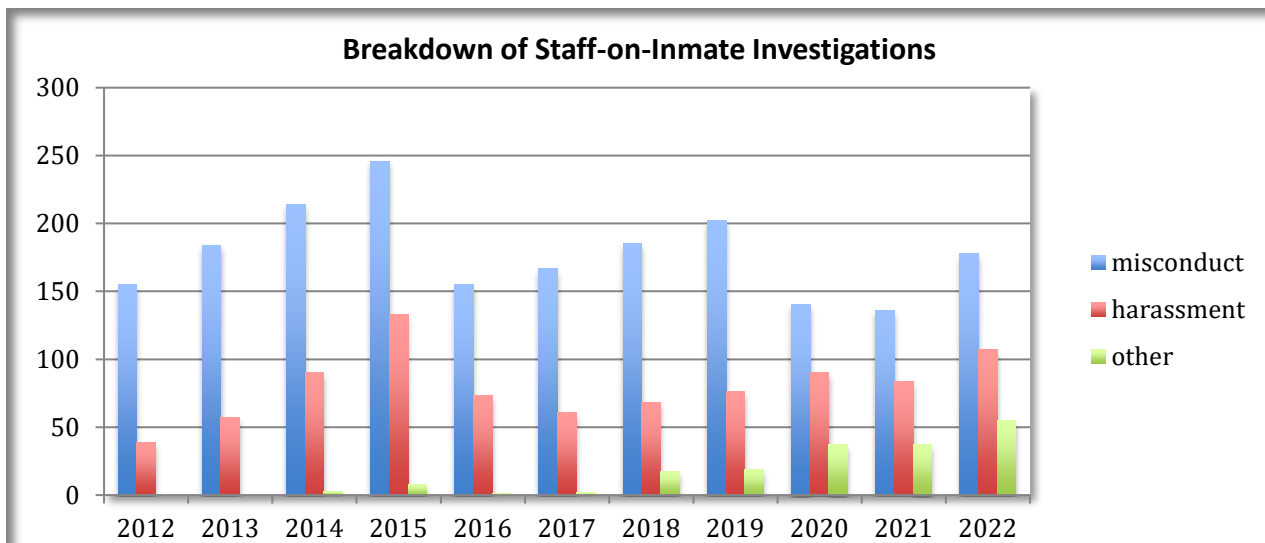


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A breakdown of the 5,025 inmate-on-inmate investigations over the ten (10) years by type of allegations illustrates that 819 (16%) were abuse, 1,781 (35%) were assaults, 2,381 (47%) were harassment, and 44 (1%) were other forms of related misconduct (e.g., retaliation).



A breakdown of the 3,019 staff-on-inmate investigations over the last ten (10) years by type of allegations illustrates that 1,962 (65%) were sexual misconduct, 878 (29%) were harassment, and 179 (6%) 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 2022:

| Method by which Allegations were received which Resulted in Administrative PREA Investigations | Number |
|--|------------|
| Discovery | 46 |
| Email (public PREA mailbox, Ombudsman) | 21 |
| External report entity | 21 |
| Resolution | 76 |
| Hotline | 136 |
| Kiosk | 16 |
| Kite | 33 |
| Letter (to the PREA Coordinator) | 5 |
| Telephone call | 2 |
| Tort claim | 0 |
| Verbal report to staff (detail following) | 342 |
| Written statement | 85 |
| TOTAL | 783 |

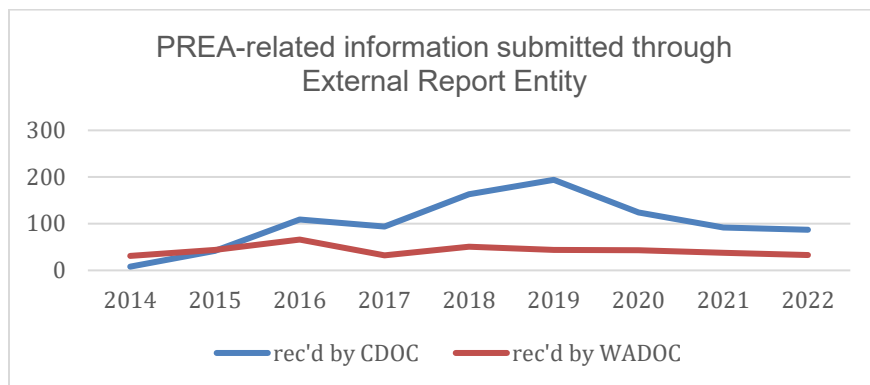
All staff members are mandated to accept and report allegations received, including those made verbally, in writing and by third parties. Verbal reports to staff account for 54% of the total number of allegations received that resulted in an internal administrative investigation. The following table illustrates the position of the classification of the staff member receiving these verbal reports:

| Internal Investigation Allegation Verbally Reported to | Number |
|--|------------|
| Associate Superintendent | 2 |
| Captain | 1 |
| Substance Use Disorder Professional | 2 |
| Clerical | 1 |
| Classification Counselor | 69 |
| Community Corrections Officer | 6 |
| Correctional Industries Staff | 5 |
| Correctional Officer | 50 |
| Correctional Program Manager | 1 |
| Correctional Unit Supervisor | 33 |
| Corrections Specialist | 12 |
| Hearings Officer | 6 |
| Investigator | 8 |
| Lieutenant | 33 |
| Medical Staff | 7 |
| Mental Health Staff | 33 |
| Sergeant | 70 |
| Sex Offender Treatment Specialist | 3 |
| TOTAL | 342 |

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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.

Standard 115.51 / 115.251 requires that inmates be given the option to submit allegations of sexual abuse and sexual harassment to an entity external to and independent of the WADOC. The standard also requires that this information be received and immediately forwarded to a designated WADOC agency official for review and investigation as applicable. The WADOC has partnered with the Colorado Department of Corrections to serve as each other's unaffiliated entity. During 2022, WADOC received and forwarded 33 letters from Colorado's incarcerated individuals, while Colorado forwarded 87 letters back to WADOC.



Incarcerated individuals also used available reporting methods to report allegations about jurisdictions outside of the WADOC:

| Method by which Allegations were received regarding other Jurisdictions | Number |
|---|-----------|
| Discovery | 3 |
| Email (PREA Coordinator, public PREA mailbox) | 10 |
| External Report Entity | 1 |
| Hotline | 11 |
| Kiosk | 0 |
| Kite | 0 |
| Letter (to the PREA Coordinator) | 3 |
| Resolution | 1 |
| Verbal report to Staff (Classification Counselor, Community Corrections Officer, Correctional Officer, Correctional Unit Supervisor, Investigator, Lieutenant, Medical, Mental Health, Sergeant, and Sex Offender Treatment Specialist) | 39 |
| Written Statement | 1 |
| TOTAL | 69 |

DEMOGRAPHICS

The following is an overview of the incarcerated population within WADOC:

| | |
|--|-------|
| Total Prison and Work/Training Release Population as of 12/31/2022 | |
| 13,467 | |
| Gender | |
| Male | 94.3% |
| Female | 5.7% |
| Race: Non-Hispanic | |
| American Indian / Alaska Native | 5.5% |
| Asian / Pacific Islander | 4.4% |
| Black | 17.3% |
| White | 55.3% |
| Other | 0.4% |
| Unknown | 0.6% |
| Hispanic: All Races | 16.5% |
| Average Age | |
| 41.0 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 = 20 | | | | |
| Total Number of Victims = 26 | | | | |
| Total Number of Perpetrators = 20 | | | | |
| Gender | Victim | | Perpetrator | |
| Male | 13 | 50% | 17 | 85% |
| Female | 3 | 11.5% | 2 | 10% |
| Non-binary | 0 | 0% | 0 | 0% |
| Transgender | 10 | 38.5% | 1 | 5% |
| Unknown / not documented | 0 | 0% | 0 | 0% |
| Race: Non-Hispanic | Victim | | Perpetrator | |
| American Indian / Alaska Native | 4 | 15.4% | 1 | 5% |
| Asian / Pacific Islander | 0 | 0% | 2 | 10% |
| Black | 3 | 11.5% | 0 | 0% |
| White | 16 | 61.5% | 14 | 70% |
| Other | 0 | 0% | 0 | 0% |
| Unknown / not documented | 0 | 0% | 0 | 0% |
| Hispanic: All Races | 2 | 7.7% | 3 | 15% |

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| Age | Victim | | Perpetrator | |
|--------------------------|--------|-------|-------------|-----|
| < 18 | 0 | 0% | 0 | 0% |
| 18 – 24 | 2 | 7.7% | 0 | 10% |
| 25 – 29 | 4 | 15.4% | 1 | 5% |
| 30 – 34 | 2 | 7.7% | 8 | 40% |
| 35 – 39 | 7 | 26.9% | 3 | 15% |
| 40 – 44 | 3 | 11.5% | 1 | 5% |
| 45 – 54 | 3 | 11.5% | 1 | 5% |
| 55 + | 5 | 19.2% | 6 | 30% |
| 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 | 9 | 45% |
| Close observation cell | 1 | 5% |
| Dayroom | 8 | 40% |
| Dormitory room | 0 | 0% |
| Kitchen | 0 | 0% |
| Public area (breezeway, foyer, rotunda area, tier, walkway) | 0 | 0% |
| Recreation area (gym, yard) | 0 | 0% |
| Residence | 1 | 5% |
| Restroom (inmate) | 0 | 0% |
| Segregation | 0 | 0% |
| Shower (inmate) | 2 | 10% |
| Tier | 2 | 10% |
| Transport vehicle | 0 | 0% |
| Not documented / unknown | 0 | 0% |

| Substantiated Inmate-on-Inmate Perpetrator Sanctions (NOTE: More than one sanction may have been applied to a perpetrator) | |
|---|---|
| Confinement to cell / room | 8 |
| Extra work duty | 0 |
| Loss of good conduct time | 9 |
| Loss / restriction of privileges | 6 |
| Reprimand / warning | 0 |
| Segregation | 0 |
| Separation | 5 |
| None (infraction dismissed, inmate found not guilty, overturned on appeal) | 1 |
| No infraction issued (medical / mental health issues, mitigation, timeline issue, deficiency in facility process) | 3 |

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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 2022:

| Position | Substantiated SSM, SSH, SOM | Unsubstantiated SSM, SSH, SOM | Unfounded SSM, SSH, SOM | Open SSM, SSH, SOM | Total SSM, SSH, SOM |
|--|-----------------------------------|----------------------------------|-------------------------------|--------------------------|------------------------------|
| Advanced Care Practitioner | 0 | 0 | 1 | 0 | 1 |
| Captain | 0 | 0 | 0 | 1 | 1 |
| Classification Counselor | 0 | 2 | 2 | 4 | 8 |
| Clerical | 0 | 0 | 1 | 1 | 2 |
| Community Corrections Officer | 0 | 0 | 7 | 3 | 10 |
| Contract Staff | 1 | 1 | 1 | 8 | 11 |
| Cook | 2 | 0 | 3 | 2 | 7 |
| Correctional Industries Staff | 0 | 2 | 1 | 0 | 3 |
| Correctional Industries Supervisor | 0 | 1 | 0 | 0 | 1 |
| Correctional Officer | 3 | 37 | 52 | 60 | 152 |
| Correctional Unit Supervisor | 0 | 1 | 6 | 3 | 10 |
| Corrections Specialist | 0 | 1 | 1 | 5 | 7 |
| Dental Assistant | 0 | 0 | 1 | 0 | 1 |
| Health Services Manager | 0 | 0 | 0 | 1 | 1 |
| Investigator | 0 | 0 | 1 | 1 | 2 |
| Lieutenant | 0 | 1 | 0 | 1 | 2 |
| Nurse | 3 | 3 | 11 | 4 | 21 |
| Physician / Psychiatrist | 1 | 0 | 0 | 0 | 1 |
| Psychology Assoc. / Psychologist | 0 | 2 | 10 | 1 | 14 |
| Recreation Assistant | 0 | 0 | 1 | 0 | 1 |
| Sergeant | 0 | 3 | 8 | 16 | 27 |
| Substance Abuse Disorder Professional | 0 | 0 | 1 | 1 | 2 |
| Religious Coordinator | 0 | 0 | 0 | 1 | 1 |
| Unknown / not documented | 0 | 6 | 14 | 32 | 52 |
| Volunteer | 0 | 0 | 0 | 1 | 1 |
| Warehouse Operator | 0 | 0 | 1 | 0 | 1 |
| TOTAL | 10 | 60 | 124 | 146 | 340 |

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The following is demographic information for substantiated staff-on-inmate PREA investigations. The WADOC 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 = 10 | | | | |
| Total Number of Victims = 11 | | | | |
| Total Number of Perpetrators = 10 | | | | |
| Gender | Victim | | Perpetrator | |
| Male | 10 | 91% | 1 | 10% |
| Female | 0 | 0% | 9 | 90% |
| Transgender | 1 | 9% | 0 | 0% |
| Unknown / not documented | 0 | 0% | 0 | 0% |
| Race | Victim | | Perpetrator | |
| American Indian / Alaska Native | 1 | 9% | 1 | 10% |
| Asian / Pacific Islander | 2 | 18% | 0 | 0% |
| Black | 4 | 36% | 1 | 10% |
| White | 4 | 36% | 6 | 60% |
| Hispanic | 0 | 0% | 2 | 20% |
| Other | 0 | 0% | 0 | 0% |
| Unknown / not documented | 0 | 0% | 0 | 0% |
| Age | Victim | | Perpetrator | |
| 24 and younger | 0 | 0% | 0 | 0% |
| 25 – 29 | 1 | 9% | 1 | 10% |
| 30 – 34 | 3 | 27% | 0 | 0% |
| 35 – 39 | 5 | 45% | 2 | 20% |
| 40 – 44 | 0 | 0% | 1 | 10% |
| 45 – 54 | 1 | 9% | 2 | 20% |
| 55 + | 1 | 9% | 3 | 30% |
| Unknown / not documented | 0 | 0% | 1 | 10% |

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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) | | |
|---|---|-----|
| Cell | 0 | 0% |
| Community setting | 1 | 9% |
| Dayroom | 1 | 9% |
| Kitchen | 2 | 18% |
| Library | 1 | 9% |
| Medical area | 2 | 18% |
| Shower | 1 | 9% |
| Telephone Communication to include electronic messaging/JPay | 2 | 18% |
| Unknown / not documented | 1 | 9% |

| Substantiated Staff Perpetrator Years at Facility | | |
|---|---|-----|
| Less than 6 months | 0 | 0% |
| 6 months to 1 year | 5 | 45% |
| 1 to 5 years | 4 | 36% |
| 5 to 10 years | 0 | 0% |
| 10 years or more | 2 | 18% |
| Unknown / not documented | 0 | 0% |

| Substantiated Staff Perpetrator Job Classification | | |
|--|---|-----|
| Cook | 2 | 20% |
| Correctional Officer | 3 | 30% |
| Librarian | 1 | 10% |
| Nurse | 3 | 30% |
| Psychologist | 1 | 10% |

| Substantiated Staff Perpetrator Sanctions (NOTE: More than one sanction may have been applied to a perpetrator) | | |
|--|---|--|
| None – addressed as a unit issue | 0 | |
| Letter of concern | 1 | |
| Resignation prior to Completion of Investigation | 5 | |
| Terminated | 3 | |
| Verbal reprimand/supervisory conference | 1 | |

LAW ENFORCEMENT REFERRALS

DOJ 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 the calendar year of 2022, a total of seventy-two (72) 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 | 2 |
| Accused criminally charged; final criminal disposition pending | 0 |
| Accepted by law enforcement officials for criminal investigation; prosecution declined or no prosecutorial decision documented | 5 |
| Criminal and administrative investigations will occur concurrently | 2 |
| Criminal investigation determinations pending | 19 |
| Declined by law enforcement for criminal investigation | 25 |
| Law enforcement will review at conclusion of administrative investigation | 19 |

FORENSIC MEDICAL EXAMINATIONS

Agency policy requires that when an incarcerated individual alleges a sexual assault involving penetration or the exchange of bodily 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 2022, 14 incarcerated individuals were transported for forensic medical examinations, resulting in the initiation of 12 investigations. The results of those examinations are as follows:

| | | |
|--|---|---|
| Exam conducted | Administrative investigation closed as substantiated | 0 |
| | Administrative investigation closed as unsubstantiated | 3 |
| | Administrative investigation closed as unfounded | 2 |
| | Administrative investigation open and ongoing | 7 |
| | Formal administrative investigation not initiated due to results of fact-finding review | 0 |
| Exam not conducted (e.g., inmate recanted, inmate refused, exam not indicated per SAFE/SANE) | | 4 |
| Transported to hospital but no case initiated (violators, other agency) | | 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 that are 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 2022, a total of 87 local review committees were held across the agency. Of these, 11 resulted in some form of an action plan. Elements in action plans include, but are not limited to:

- Staff PREA education refresher training
- Prohibited contact/ Implementation of a formal separation between identified incarcerated individuals
- Reminder to staff regarding tier checks and supervisor staff rounds
- Spot check staff conducting pat searches
- Address camera coverage in area



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 the standards and a provision for the monitoring of that compliance by the agency. Additionally, the 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 WADOC contracts with the following public agencies:

- The Iowa Department of Corrections and the Minnesota Department of Corrections – Interstate compact agreements have been set in place, but both agreements were amended in 2015. An interstate compact agreement allows the WADOC to send individuals to or house individuals from the partnered agency on a day-for-day exchange basis. It is noted that the WADOC 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 WADOC regularly monitors these organizations to ensure continued compliance with the standards and works with the agency to resolve any identified issues or gaps.

The WADOC 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 WADOC with its annual PREA reports and data relative to PREA allegations and investigations. The following is a summary of that data:

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | TOTAL |
|------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|-------|
| | Client On Client | Staff On Client | Client On Client | Staff On Client | Client On Client | Staff On Client | Client On Client | Staff On Client | |
| 2017 | 1 | 8 | 0 | 0 | 3 | 2 | 0 | 0 | 14 |
| 2018 | 3 | 7 | 3 | 4 | 0 | 0 | 0 | 0 | 17 |
| 2019 | 0 | 6 | 2 | 1 | 2 | 2 | 0 | 0 | 13 |
| 2020 | 0 | 3 | 2 | 1 | 1 | 2 | 0 | 0 | 9 |
| 2021 | 0 | 1 | 3 | 3 | 2 | 3 | 0 | 0 | 12 |
| 2022 | 0 | 3 | 2 | 2 | 0 | 1 | 1 | 0 | 9 |

VICTIM ADVOCACY SERVICES

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



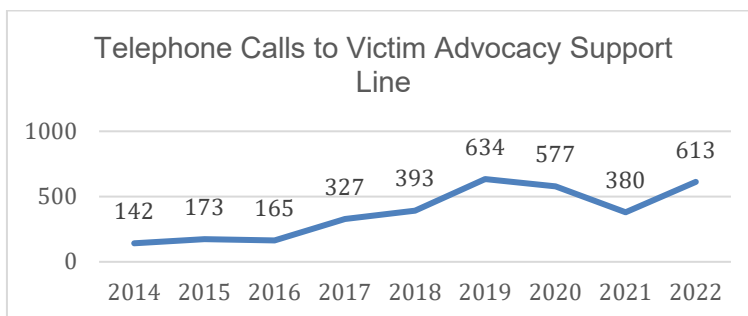
Established in 1990, OCVA serves the state by advocating on behalf of victims seeking services and resources, administering grant funds for community programs working with crime victims, assisting communities in planning, and implementing services for crime victims, and advising state and local government 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 programs 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 WADOC 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 medical examination or those participating in an internal investigatory interview.



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

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these services have been as they attempt to find healing and develop coping skills to manage their experienced trauma.

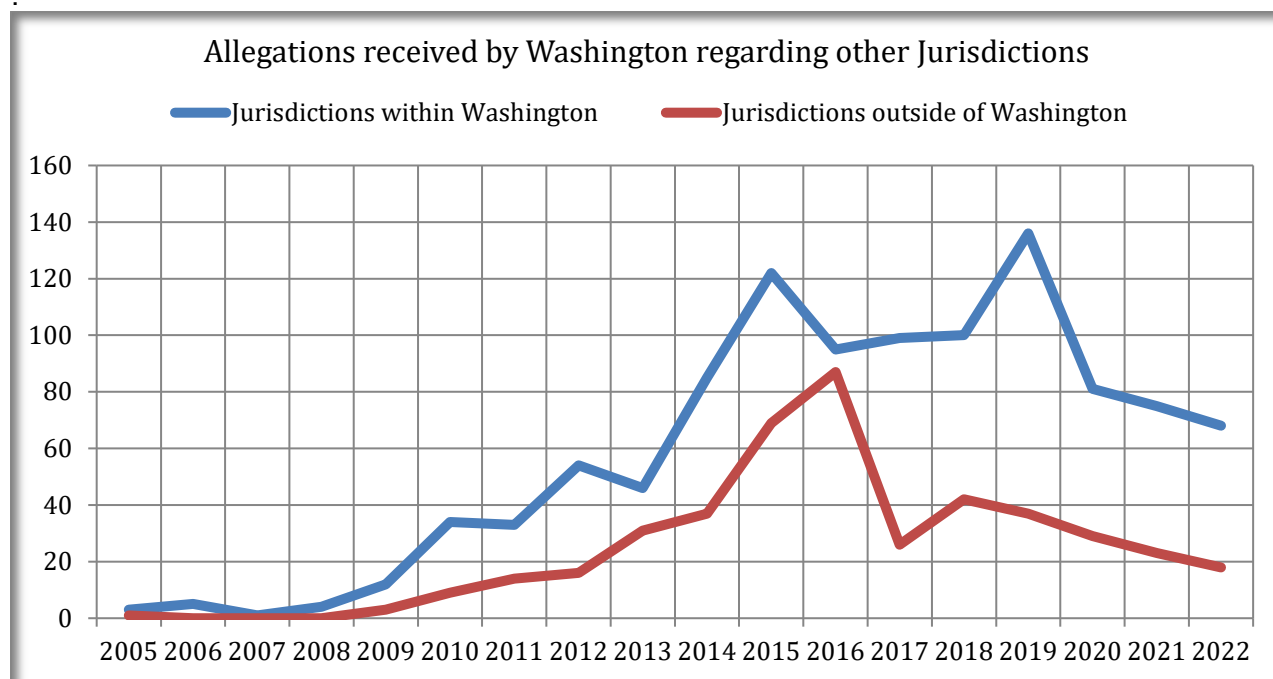
Support service data for the calendar year of 2022 is as follows:

| Month | Total calls to OCVA | PREA-Related | Not PREA Related | Connections to local Community Sexual Assault Program |
|--------------|---------------------|--------------|------------------|---|
| January | 39 | 36 | 3 | 0 |
| February | 32 | 31 | 1 | 1 |
| March | 25 | 24 | 1 | 0 |
| April | 41 | 38 | 3 | 0 |
| May | 46 | 42 | 4 | 2 |
| June | 42 | 40 | 2 | 2 |
| July | 55 | 48 | 7 | 2 |
| August | 62 | 52 | 10 | 1 |
| September | 68 | 62 | 6 | 0 |
| October | 54 | 47 | 7 | 0 |
| November | 78 | 60 | 18 | 1 |
| December | 71 | 67 | 4 | 0 |
| TOTAL | 613 | 547 | 66 | 9 |



SHARING ALLEGATION INFORMATION WITH OTHER JURISDICTIONS

Standards require that the agency immediately forward any allegations received regarding other applicable jurisdictions. This encourages continued collaboration between these agencies. During the calendar year of 2022, WADOC received and forwarded a total of 68 allegations about other jurisdictions, 50 of those were regarding agencies within the State of Washington, including city, county, regional and tribal correctional entities. An additional 18 allegations were received regarding agencies outside Washington.



2022 STRATEGIC PLANS/AGENCY ACTION PLANNING

During 2022, the WADOC accomplished the following regarding the prevention, detection, and response to sexual abuse and sexual harassment.

- The agency continued with the rolling audit process assessing sustainable compliance, reevaluating the process and related reports at the end of the year with modifications to meet the needs of each facility and be responsive to recent audit findings.
- The agency was awarded the *Bureau of Justice Assistance (BJA) FY 2022* grant. This grant will assist WADOC towards meeting the needs of transgender, intersex, and non-binary individuals, ensuring they have the support and resources needed.
- The agency continued work on the *Department of Justice (DOJ) FY2021* grant. The accomplishments of the work done on this grant in 2022 includes:
 - Identification and development of a centralized contractor / volunteer database.
 - Partnered with the Transgender Center of New Mexico to provide Transgender Awareness Training to staff. Training was provided in four in-person sessions to 571 staff members at the identified facilities and multiple Microsoft Teams trainings to an additional 1,295 staff members.
 - Partnered with The MOSS Group (TMG) to complete an analysis into the WADOC investigation process.
- The agency completed eight national PREA audits:
 - Bishop Lewis Reentry Center – 100% compliance achieved
 - Cedar Creek Corrections Center – 100% compliance achieved
 - Helen B. Ratcliff Reentry Center – 100% compliance achieved
 - Mission Creek Corrections Center for Women – 100% compliance achieved
 - Monroe Correctional Complex – Compliance was not achieved on six DOJ standards
 - Ratcliff Reentry Center – 100% compliance achieved
 - Reynolds Reentry Center – 100% compliance achieved
 - Stafford Creek Corrections Center – Interim report received, corrective action in progress.
 - Washington Corrections Center – 100% compliance achieved
 - Washington Corrections Center for Women – 100% compliance achieved
- The agency was effective in the use of Microsoft Teams in venues such as meetings, on-site audits, housing reviews, incident review committees, investigator training, etc. to ensure staff safety, allowing for the effective management of PREA-related activities during COVID-19 restrictions.
- The agency partnered with the Office of Crime Victims Advocacy to resume in-person advocate access at all facilities.
- The agency restructured the PREA unit, hired a new Director of PREA Services and realigned the DOC PREA Triage Unit to report directly to the Director of PREA Services. Additionally, the agency secured funding for one permanent PREA Corrections Specialist 4 position and one non-permanent PREA Corrections Specialist 4 position. These changes were made to

support the agency's commitment to the prevention, detection, and response of sexual abuse and sexual harassment, creating safer facilities for all incarcerated individuals.

- Four PREA Compliance Specialists and two PREA Corrections Specialist 4's completed a 15-week PREA 101 training provided by the National PREA Resource Center (PRC), in partnership with the PREA Management Office (PMO). This training is designed to further enhance participant's understanding and implementation of the PREA Standards, to help PREA professionals prepare their facilities for the PREA audit and carry out the long-term implementation of PREA Standards.

2023 STRATEGIC PLANS/AGENCY ACTION PLANNING

Upon review of the incident data and the DOC PREA audits completed during 2022, the following Strategic Action Plan was developed for 2023 to address identified deficiencies and further incorporate PREA principles and standards into agency culture.

| Initiative | Key Actions | Accountability | Target Completion Date |
|--|---|--|---|
| Development of a plan for training and quality review to address deficiencies identified in investigation objectivity, thoroughness, and timeliness. These areas also include law enforcement referrals, required notifications, retaliation monitoring, investigation reports, and local review committees. | Department of Justice grant funds were awarded, to include the development of an agencywide system to address this issue. | Michelle Duncan, Director of PREA Services | February 16, 2023 - Completed |
| | Hire a Corrections Specialist 4 project position to aid compliance efforts in the development and implementation of a sustainable investigation process. | | February 16, 2023 - Completed |
| | Hire three Corrections Specialist 4 project positions to assist facilities in the completion of the backlog of investigations that resulted from the COVID-19 pandemic. | | March 1, 2023 - Completed |
| | Review and implement recommendations from The MOSS Group after completion of the investigative analysis. | | Will be implemented in stages with targeted completion date in fiscal year of 2025. |
| | Develop refresher training for Appointing Authorities and Investigators in collaboration with The MOSS Group. | | June 30, 2025 |
| Identify opportunities for a streamlined investigation process for Inmate-on-Inmate Sexual Abuse and Sexual Harassment investigations continuing with high quality investigations but more efficient and sustainable for investigators. | June 30, 2024 | | |

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

| Initiative | Key Actions | Accountability | Target Completion Date |
|---|--|--|-----------------------------------|
| <p>The agency identified the need to update the general PREA training provided to all staff and the specialty training provided to the Appointing Authority. Revisions will be made to these training venues to address the identified need.</p> | <p>Collaborate with the Training and Development Unit on recommended updates for all staff PREA Training.</p> | <p>Michelle Duncan, Director of PREA Services</p> | <p>July 1, 2023</p> |
| | <p>Evaluate current training for Appointing Authorities and identify key areas of focus including preponderance of evidence and credibility assessments and make recommended changes.</p> | <p>Dianne Lee, Program Specialist 5</p> | <p>September 1, 2023</p> |
| <p>The agency will review and update all WADOC PREA Policies, and the corresponding definitions associated with sexual abuse and sexual harassment to ensure alignment with the DOJ PREA Standards.</p> | <p>Collaborate with the Attorney General’s office on PREA definitions to align with DOJ standard definitions.</p> | <p>Michelle Duncan, Director of PREA Services</p> | <p>April 28, 2023 - Completed</p> |
| | <p>Collaborate with the Policy Office on updates to the DOC PREA Policies.</p> | <p>Racheal Gallagher, Administrative Regulations Analyst 3</p> | <p>June 1, 2023 – Completed</p> |
| | <p>Establish a task force of identified stakeholders to review current DOJ PREA standards, WADOC Polices and applicable definitions and provide recommendations for suggested updates.</p> | | <p>July 1, 2023</p> |
| | <p>Complete policy revisions.</p> | | <p>December 31, 2023</p> |
| <p>The agency identified gaps in the ability to pull reports from the centralized OMNI PREA database due to a need to enhance information contained therein and the lack of formalized reports to pull information for specific agency needs.</p> | <p>The agency will be working on enhancements to the system to create one data source and ability to pull reports, particular for tracking and audit documentation purposes.</p> | <p>Michelle Duncan, Director of PREA Services</p> <p>Teresa Lorkowski, IT Business Analyst</p> | <p>June 30, 2024</p> |

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

| Initiative | Key Actions | Accountability | Target Completion Date |
|--|---|---|----------------------------------|
| <p>The agency identified the need to develop an efficient way to track case data associated with sexual abuse and sexual harassment allegations.</p> | <p>Collaborate with Information Technology to develop a Business Plan and identify programming options.</p> <p>Collaborate with Grant Managers on funding sources for this project.</p> | <p>Michelle Duncan, Director of PREA Services</p> | <p>June 30, 2024</p> |
| <p>Establishment of an internal training program for new PREA Compliance Managers and PREA Compliance Specialists to support the facilities with the implementation of the PREA Standards.</p> | <p>Develop a training desk manual.</p> <p>Establish quarterly training sessions for PREA Compliance Managers and Specialists.</p> | <p>Michelle Duncan, Director of PREA Services</p> <p>Barb Kopecky, Corrections Specialist 4</p> <p>Gabe Gonzalez, Corrections Specialist 4</p> | <p>July 30, 2023</p> |
| <p>The agency was awarding a BJA FY 2022 grant to address meeting the needs of transgender, intersex, and non-binary individuals.</p> | <p>Hire a Transgender Housing and Program Manager to support and provide expertise to all facets of the management of transgender, intersex, and non-binary individuals remanded to WADOC. This position will focus on four major components:</p> <ul style="list-style-type: none"> ○ Gender responsive housing review ○ Navigation Services ○ Review and development of policy and process improvements ○ Training and development of quality support | <p>Jo Wofford, Deputy Assistant Secretary, Women’s Division</p> <p>Michelle Duncan, Director of PREA Services</p> <p>Brooke Hayes, Management Analyst 5</p> | <p>April 3, 2023 - Completed</p> |

WASHINGTON STATE DEPARTMENT OF CORRECTIONS ANNUAL PREA REPORT

| Initiative | Key Actions | Accountability | Target Completion Date |
|---|---|---|---|
| <p>The agency has continued work on the BJA FY 2021 grant. The following actions will continue into 2023:</p> | <p>Establish a centralized contractor and volunteer database.</p> <p>Collaborate with the MOSS group on strengthening the investigative process when responding to allegations of sexual abuse and sexual harassment. This work will include meeting with superintendents to debrief and train on the outcome of the mapping session work that was completed in 2022.</p> <p>Continue development of transgender cultural fluency training.</p> | <p>Michelle Duncan, Director of PREA Services</p> <p>Dawn Taylor, Family and Volunteer Services Manager</p> <p>Brooke Hayes, Management Analyst 5</p> <p>Jo Wofford, Deputy Assistant Secretary</p> | <p>March 30, 2024</p> |
| <p>The agency has identified the need for continued support and resources to facilities to maintain compliance with DOJ standards during non-audit periods.</p> | <p>Reevaluate and revise the rolling audit process to focus on targeted areas for each facility from prior PREA Audits as well as common areas of non-compliance.</p> <p>Increased onsite visits at each facility. Visits at each facility will take place quarterly as part of the rolling audit process to assess compliance during non-audit years.</p> | <p>Michelle Duncan, Director of PREA Services</p> <p>Barb Kopecky, Corrections Specialist 4</p> <p>Gabe Gonzalez, Corrections Specialist 4</p> | <p>April 1, 2023 – Completed</p> <p>April 1, 2023 – Completed</p> |



AIRWAY HEIGHTS CORRECTIONS CENTER

Airway Heights Corrections Center (AHCC) is a medium and minimum-security adult male facility located six miles west of Spokane, WA. The facility broke ground in 1991 and was completed for occupancy in October of 1992. AHCC has approximately 550 employees, consisting of Department of Corrections Staff and Contractors.

AHCC has the capacity to house 2,178 incarcerated individuals, 1,578 housed in the Main facility and 600 housed in the minimum-security unit (MSU) facility. The main facility is comprised of three medium security housing units that house approximately 262 incarcerated individuals in each unit, three minimum security 3 (MI3) units that house approximately 264 incarcerated individuals in each unit. The MSU has two living units that can house 300 offenders in each unit. Additionally, AHCC has one secured housing unit that houses 64 incarcerated individuals, and an infirmary that can house up to 21 incarcerated individuals. AHCC's average daily population for 2022 was 1,841.

Throughout the past 25 years, AHCC has set the statewide standard for excellence in education, work, and treatment programs with the goal of ushering in an area of positive community transition, and reduced recidivism. AHCC offers several educational and work opportunities for incarcerated individuals to include Correctional Industries, Thinking for a Change, Sex Offender Treatment, Substance Abuse Treatment and Therapeutic Community. Educational opportunities include Adult Basic Education, Dog Training & Adoption Program, English as a Second Language, and Gender Education Development. For the year 2022, there were 3,793 incarcerated individuals that participated in educational and work programming while housed at AHCC.

| 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 | 38 | 4 | 10 | 4 | 0 | 0 | 49 | 9 |
| 2017 | 3 | 3 | 43 | 10 | 8 | 2 | 0 | 0 | 54 | 15 |
| 2018 | 2 | 0 | 37 | 4 | 8 | 8 | 0 | 0 | 47 | 12 |
| 2019 | 5 | 1 | 29 | 4 | 11 | 12 | 0 | 0 | 45 | 17 |
| 2020 | 1 | 0 | 26 | 10 | 9 | 5 | 3 | 0 | 39 | 15 |
| 2021 | 1 | 0 | 34 | 1 | 11 | 4 | 9 | 8 | 56 | 13 |
| 2022 | 0 | 0 | 26 | 15 | 1 | 2 | 28 | 15 | 55 | 32 |

Accomplishments for 2022 / Assessment of Facility Progress:

- During AHCC's 3rd pandemic outbreak, all staff were diligent in maintaining PREA screening and housing requirements.
- AHCC met all the corrective action items from the 2021 PREA audit before the due date.
- Had a heightened effectiveness from shift Lieutenants during PREA responses.
- AHCC improved the percentages of timely completion with PREA initial and follow-up risk assessments.
- Increased the number of staff who completed administrative investigative training.
- With the increase in the transgender population, collaboration with Mental Health, Medical, Custody and Unit staff has been a smooth transition to a gender affirming facility.

Identified Gaps and Associated Action Plans:

- AHCC has seen a decrease in investigators due to CBA (Collective Bargaining Agreement) that sergeants cannot be required to complete PREA investigations.
 - Working towards getting more staff through administrative investigative training.
- Unfilled positions in the PREA department resulting in slower response to investigations.
 - Filled Corrections Specialist Assistant position.
 - Created non-perm Investigator 1 position.
- Issues with gender announcement bells not working consistently throughout the facility.
 - Work with AHCC electronics technician to update the gender announcement in each unit.

Critical Objectives for 2023:

- Regain PREA culture that existed prior to COVID-19 pandemic outbreak.
 - Give PREA refreshers to current staff that have fallen into complacency.
 - Train new staff on PREA polices and how they are utilized daily to keep in compliance with DOJ PREA standards.
- Continue preparations for the 2023 PREA audit.
- Return of the victim advocates onsite training and familiarization with the facility.



CEDAR CREEK CORRECTIONS CENTER

Cedar Creek Corrections Center (CCCC) is a minimum-security adult male facility located in the Capitol State Forest. The facility was opened in 1954. CCCC has 147 employees including Department of Corrections Staff and Contractors.

CCCC has the capacity to house 480 incarcerated individuals, all individuals are housed between the two minimum units. Each unit can hold approximately 240 incarcerated individuals. CCCC’s average daily population for 2022 was 301.

Cedar Creek Corrections Center has a strong relationship with community partners (local schools, businesses, and churches) whom they collaborate on several community projects each year. CCCC offers several educational and work opportunities for incarcerated individuals to include Construction, Horticulture, Building Maintenance, Turtle Technicians and Aquaponics. Employment opportunities include, Grounds Keeper, Dog Service Handler, Beekeeping, Forestry 1 and 2, and Community Work Crews. For the year 2022, there were 1,360 incarcerated individuals that participated in educational and work programming while housed at CCCC.

| 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 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 |
| 2018 | 0 | 1 | 1 | 3 | 8 | 10 | 0 | 0 | 9 | 14 |
| 2019 | 2 | 3 | 5 | 0 | 0 | 8 | 0 | 0 | 7 | 11 |
| 2020 | 0 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 2 | 2 |
| 2021 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 3 |
| 2022 | 0 | 0 | 4 | 2 | 1 | 2 | 0 | 0 | 5 | 5 |

Accomplishments for 2022 / Assessment of Facility Progress:

- Cedar Creek Corrections Center (CCCC) hired a Corrections Specialist 3 PREA Compliance Specialist. This will allow for a single dedicated staff to manage PREA performance standards for year-round compliance.
- Cedar Creek had their DOJ PREA Audit and was found to be 100% in compliance with all DOJ standards.
- During this year there was the necessity to continuously move Incarcerated Individuals from one area to another due to quarantines that resulted from the COVID-19 outbreak. During that time, PREA screenings, housing assignments, and physical plant modifications were made in accordance with PREA standards. Staff continued to apply their training in awareness, reporting, and screening.

Identified Gaps and Associated Action Plans:

- CCCC did not identify any significant gaps during this time and were able to develop sustainable processes to address minor gaps.

Critical Objectives for 2023:

- Continue to increase staff involvement in the preparation for upcoming audits and documentation gathering. Staff involvement in oversight of logbooks for unannounced rounds will continue. Other staff with knowledge and access of Strip Search Logs will be identified as the year progresses.
- Continue maintenance of all PREA audit folders – the PREA Compliance Specialist will ensure organization of all PREA folders to ensure compliance of documentation with PREA standards and agency policy.
- Continue to build sustainable processes.



CLALLAM BAY CORRECTIONS CENTER

Clallam Bay Corrections Center (CBCC) is a maximum, close and medium-security adult male facility located on the Olympic Peninsula in Clallam County, two miles south of Clallam Bay WA. CBCC opened as a medium-custody 450-bed facility in 1985 and was converted to a Closed Custody facility in 1991. In 1992, it expanded to house an additional 400 medium custody incarcerated individuals. CBCC has 322 employees including Department of Corrections Staff and Contractors.

CBCC has the capacity to house 900 incarcerated individuals, 380 beds in medium (MSC) housing, 396 housed in close custody and 124 beds in maximum (RHU). The main facility is divided into living and support areas with secure exterior walls at each separate building junction. The close and maximum custody living units link together in a semi-circle around an interior courtyard. The Medium Security Complex is located outside the close custody facility's secure courtyard. It consists of four, 100-person housing units on two separate floors. CBCC's average daily population is currently 392.

One of the main characteristics that sets CBCC apart is the Intensive Transition Program (ITP) currently only offered at CBCC which was implemented in 2006. The goal of the Intensive Transition Program (ITP) is to provide the information and skill development to facilitate positive change within a supportive environment. The pace of ITP is oriented towards giving individuals the time to develop social skills to successfully live in general population and promote through the custody levels. CBCC also offers several educational and work opportunities for incarcerated individuals. For the year 2022, there were 1,278 incarcerated individuals that participated in educational and work programming while housed at CBCC.

| 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 | 1 | 11 | 4 | 4 | 5 | 0 | 0 | 16 | 10 |
| 2018 | 2 | 1 | 4 | 0 | 17 | 18 | 0 | 0 | 23 | 19 |
| 2019 | 0 | 0 | 4 | 1 | 9 | 2 | 0 | 0 | 13 | 3 |
| 2020 | 1 | 1 | 7 | 1 | 3 | 5 | 0 | 0 | 11 | 7 |
| 2021 | 1 | 4 | 5 | 6 | 3 | 18 | 0 | 0 | 9 | 28 |
| 2022 | 0 | 0 | 7 | 4 | 0 | 2 | 1 | 2 | 8 | 6 |

Accomplishments for 2022 / Assessment of Facility Progress:

- The Clothing Exchange area remodel has been completed. This project allowed for increased visibility into that area where the Incarcerated Individuals work. It also allows for better staff access and egress from the staff office area.
- The Laundry area is currently being addressed and plans are in place to close gaps in and around machinery to mitigate risk.
- The Camera project has been completed. CBCC has added 566 new cameras to increase visibility and recording capabilities around the facility.

Identified Gaps and Associated Action Plans:

- Staff have questions regarding PREA investigations, however, this is in part due to the rapid hiring process and that there are few staff that have went through an investigation. We have started to address PREA topics in the Corrections Officer Field Training Program (COFTP) to address any questions that new staff may have.
- Due to rapid staff hiring, there is a gap in knowledge of PREA. This is being addressed by continuing talks by executive management and the PREA compliance specialist in routine walkthroughs.
- Throughout the COVID-19 pandemic, in-person meetings and trainings were not able to be held. Those restrictions have been lifted and we are incorporating more in-person trainings/meetings.

Critical Objectives for 2023:

- Continue with the laundry plans to remove access to the back of the machines to increase visibility in the main area, and to mitigate risk.
- Continue to educate staff on standards and requirements through routine area walkthroughs and compliance checks.
- 2022 saw the closure of the Correctional Industries Textiles unit, CBCC is currently evaluating and implementing new Incarcerated Individual programs and will ensure that those new programs and area designs are compliant with the DOJ Standards.



COYOTE RIDGE CORRECTIONS CENTER

Coyote Ridge Corrections Center (CRCC) is an adult male medium and minimum-security facility located in Connell, WA. The facility was first opened in 1992 as a minimum custody facility. In 2008, CRCC expanded by opening a 2,048-bed medium security complex. CRCC is the first facility to be awarded the LEED Gold certification to the entire campus. The largest LEED Gold Certification ever completed by the State of Washington. The facility employs over 700 staff with 450 contract staff and volunteers who support and mentor the facility’s population.

CRCC currently has the operational capacity of 1,792 at Medium Security Complex (MSC) and 480 at the Minimum-Security Unit (MSU) for a total of 2,272. In November 2021 one 256 bed minimum (MI3) custody living unit was closed. CRCC’s housing units include four medium custody units, four long term minimum custody (MI3) living units, two minimum custody (MI2) living units and a 100 beds segregation. Additionally, CRCC-MSU Sage unit houses ambulatory individuals (assisted living/nursing). CRCC’s average daily population for 2022 was 1,835.

CRCC is a work and program facility that offers education, vocational and self-help programs. Walla Walla Community College provides a general education or High School+ diploma as well as a one-year state vocational certification in carpentry, bookkeeping, digital design, welding, auto repair or HVAC, an Associate of Applied Science in Human and Social Services, Business, Welding, and HVAC. Additional programming opportunities includes a dog training program, Thinking for A Change, and Substance Abuse Treatment. This facility also offers Class II, III and IV Correctional Industries work and off-site crews that work in the local communities. During 2022, there were 5,268 incarcerated individuals that participated in programming and work opportunities while housed at CRCC.

| 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 | 8 | 0 | 0 | 22 | 12 |
| 2021 | 2 | 1 | 18 | 0 | 7 | 5 | 0 | 1 | 27 | 9 |
| 2022 | 0 | 2 | 22 | 1 | 12 | 15 | 4 | 2 | 38 | 20 |

Accomplishments for 2022 / Assessment of Facility Progress:

- CRCC continues to utilize Microsoft Teams to complete mandatory meetings required in the management of case reviews, victim advocate services, and housing protocols for the transgender/intersex/non-binary population.
- CRCC classification staff have continued to complete risk assessments on time to ensure the completion of PRAs are within DOJ/Policy timeframes.
- CRCC PREA department has sent out multiple reminders to all staff in relation to search/UA procedures for the transgender/intersex/non-binary population. This will ensure we are checking gender preference and documenting via IMRS when we are unable to meet their request.
- CRCC has established a streamlined disbursement process for individuals to obtain alternative clothing once they are authorized.
- Improvements to the PRA tracker were accomplished to ensure orientation can be easily tracked to ensure incarcerated individuals are obtaining orientation within designated timeframes.
- CRCC's PREA Department along with the Mental Health Department have established a process to ensure 13-509 follow-up appointments are being met within 14 days.
- CRCC has been able to transition back to group settings for orientation which covers essential PREA information.
- CRCC's PREA Department sends out quarterly information to the incarcerated population regarding PREA information and information on Transgender/Intersex/Non-binary processes to ensure essential information is continuously dispersed.

Identified Gaps and Associated Action Plans:

- Gaps were identified in establishing a tracking system on knowing which staff completed PREA related training for the fiscal year and identifying which staff still need to complete training.
- Gaps were identified in ensuring PREA monitoring plan chrono's were completed when classification staff were establishing these plans with incarcerated individuals.

Critical Objectives for 2023 include:

- Incorporate clerical assistance to the PREA department to ensure time sensitive notifications are made if staff are on leave.
- Create a tracking system that can track multiple requirements for DOC Hiring PREA standards to include NCIC background checks, training requirements, and hiring documents.
- Establish monthly PREA information disbursement to all staff via email to prepare for the upcoming audit in 2024.
- Review and revise CRCC PREA Operational Memorandums to ensure any deficiencies are eliminated and add clarifying language to enhance our PREA prevention and response.



LARCH CORRECTIONS CENTER

Larch Corrections Center (LCC) is an adult male stand-alone minimum custody facility located in Yacolt, WA. The facility was opened in 1956 and currently houses incarcerated individuals within five years of release. LCC has approximately 101 employees consisting of Department of Corrections Staff and Contractors.

LCC has the capacity to house 492 incarcerated individuals. The facility is comprised of two minimum security housing units that can house approximately 240 incarcerated individuals in each unit and an additional 12 in secured housing if necessary. Elkhorn living unit is currently closed and not housing any incarcerated individuals at this time. LCC's average daily population for 2022 was 210.

LCC has partnered with Evergreen State College in providing numerous sustainability programs to include Roots of Success, Western Pond Turtles Care, Beekeeping, Waste Sorting and Recycling, and the Wastewater Treatment Program. LCC also provides research-based programming to include Substance Abuse Treatment through Therapeutic Community and Thinking for a Change focusing on re-entry and reducing recidivism. LCC provides work and educational opportunities such as Forestry Worker, Waste Treatment Operator, Recycling, and Welder opportunities. During 2022, there were 802 incarcerated individuals that participated in educational and work programming while housed at LCC.

| 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 | 1 | 1 | 0 | 0 | 0 | 1 | 1 |
| 2021 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 3 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |

Accomplishments for 2022 / Assessment of Facility Progress:

- WADOC completed negotiations for half closure of LCC due to a reduction in population resulting in the warm closure of the Elkhorn living unit. During this time, great care was still taken to make sure that incarcerated individuals (I/I) were screened and housed appropriately per the federal guidelines.
- In October of 2022, LCC led by Correctional Program Manager (CPM) Greene, Bobby was directed to evacuate the facility of all staff and incarcerated individuals (I/I) due to the approaching Nakia Creek Fire. This resulted in dispersing the population to appropriate facilities; however, LCC staff traveled and assisted with the incoming PREA Risk Assessments (PRA) intakes upon arrival at the I/I temporary facility. It should also be noted that AC, Classification, CPPC and RPC staff as well as custody staff were deployed to assist with the increased population at the facilities which LCC I/I population was housed at. Upon the I/I return to LCC, Classification staff ensured that again all PRA Intakes and follow-ups were completed to maintain compliance. Although incoming transports in 2022 were still limited, the process of PREA Risk Assessments did not change.
- LCC was audited in October of 2021 where there were multiple areas for minor improvements and all items were corrected within 2022 and those processes were maintained through all of the movements of the population.
- In March of 2022, LCC hired a CS3 PREA Compliance Specialist to oversee this work.

Identified Gaps and Associated Action Plans:

- LCC identified that the PREA Standards do not allow leniency as it relates to critical incidents, such as a full evacuation of a prison facility. The population departed the facility to a new facility and understandably needed a PRA upon arrival, however all I/I's were returned to their original bunk assignments with the same cellmates. Associated Action Plan: seek input from PREA Resource Center to establish a process if needed to address prison evacuations in general, and additionally if there is any leniency as it relates to PREA Risk Assessments.

Critical Objectives for 2023:

- Continue to streamline data collection for the upcoming PREA Audit.
- 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. MCCCW employs approximately 135 Department of Corrections staff and contractors and has approximately 168 active volunteers.

MCCCW has the capacity to house 240 incarcerated individuals between the two minimum units. The Bear Unit houses 112 and the Gold Unit houses 128. They also have a four bed Security Housing Unit (SHU). MCCCW's average daily population in 2022 was 116.

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 offers several educational and work opportunities for incarcerated individuals, as well as Chemical Dependency Treatment. Educational opportunities include Community Service Crews, Trades Related Apprenticeship Coaching (TRAC), Aerospace Joint Apprenticeship Committee (AJAC), Horticulture, and Butterfly Rearing. Employment opportunities include Bee Conversation Technician, Butterfly Rearing Technician, Cat Handler Program, Community Service Crews, Janitorial, Clerks, and Maintenance Crew. In 2022, there were 875 incarcerated individuals that participated in educational and/or work opportunities while housed at MCCCW.

| 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 | 1 | 3 | 0 | 0 | 2 | 0 | 0 | 4 | 3 |
| 2021 | 0 | 0 | 7 | 1 | 0 | 3 | 0 | 0 | 7 | 4 |
| 2022 | 3 | 0 | 2 | 0 | 4 | 3 | 0 | 0 | 9 | 3 |

Accomplishments for 2022 / Assessment of Facility Progress:

- Staff have been trained and know what they should be doing when reporting PREA Allegations.
- All staff PREA training was completed for the Fiscal Year of 2021 prior to June 15, 2022.
- MCCCW has hired a full time PREA Specialist to ensure compliance with both Department of Corrections Policies and Department of Justice PREA standards.
- MCCCW completed a Department of Justice Audit with no corrective action necessary.
- PREA Documentation folders have been updated to ensure only appropriate staff have access to each folder, as well as folders organized to ensure simple location of needed documents.

Identified Gaps and Associated Action Plans:

- Ongoing training for staff on PREA reporting processes. With new staff, this will be a continuing process each year.
- Investigator Booster Training to ensure more thorough completed PREA investigations.

Critical Objectives for 2022:

- To achieve 100% compliance in PREA Risk Assessments throughout the year.
- To get investigator booster training for all PREA Investigators, this will allow us to have more thorough investigations.
- To create a process that allows PREA Specialists to receive all information needed for new staff, volunteers, and contractors at Mission Creek.



MONROE CORRECTIONAL COMPLEX

Monroe Correctional Complex (MCC) is an adult male multi-custody level facility. It was opened in 1908 and marked a fundamental shift in corrections in Washington State at the time. Known as the Washington State Reformatory, it was designed to rehabilitate young men. Expansions started in 1910 with the construction of the administrative building and cell house one. From 1981 to 2007, four more building were added to better provide treatment and offer different custody levels. MCC has approximately 1,000 employees, consisting of Department of Corrections Staff and Contractors.

The Monroe Correctional Complex (MCC) has an operational capacity of 1,700 incarcerated individuals and is comprised of five facilities. The Washington State Reformatory Unit (WSRU) housing medium and minimum custody, Special Offenders Unit (SOU) housing all custody levels, Twin Rivers Unit (TRU) housing medium and minimum custody, and the Minimum-Security Unit (MSU) housing minimum custody. MCC also has an Intensive Management Unit (IMU) housing maximum custody. MCC’s average daily population for 2022 was 1,526.

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. Work and programming opportunities include education, education, work programs through Correctional Industries, sex offender treatment and assessment, food service, maintenance, personnel, recreation, volunteer services, religious services, library services, inmate records, visiting and extended family visiting. In 2022, there were 4,920 incarcerated individuals that participated in programming and work opportunities while housed at MCC.

| 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 | 72 | 2 | 30 | 20 | 0 | 0 | 111 | 24 |
| 2018 | 9 | 1 | 46 | 1 | 38 | 32 | 0 | 0 | 93 | 34 |
| 2019 | 10 | 2 | 35 | 6 | 36 | 61 | 0 | 0 | 81 | 69 |
| 2020 | 5 | 5 | 36 | 17 | 27 | 37 | 1 | 0 | 69 | 59 |
| 2021 | 8 | 5 | 41 | 26 | 26 | 27 | 29 | 16 | 104 | 74 |
| 2022 | 10 | 2 | 55 | 15 | 20 | 12 | 21 | 18 | 106 | 47 |

Accomplishments for 2022 / 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. New cameras have been installed and noted replacements are 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, 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 pronouns or just the individual's last name. This could eliminate PREA cases regarding pronoun misuse.
- Since doorbells have been installed in all units at MCC, there have been concerns raised by the population that they are not being used by staff as required. Issue will be brought forward to staff during PSM to train/update policy requirements associated with the use of the doorbells.
- PREA investigations. There was a backlog of over 100 plus investigations found that were initiated by HQ PREA Triage, but never sent to staff for investigation. A new tracking form has been started to effectively track each PREA case under investigation. TDU and HQ PREA Triage was contacted, and new investigator training courses have been added to increase the number of qualified investigators so the backlog of investigations can be eliminated.
- Communication with the PREA office was identified as a problematic area as all staff would send all correspondence to previous PREA Compliance Specialists only. A new shared email address has been created so staff can send all PREA related emails to the PREA mailbox that is only accessed by the PREA Specialist assistant, PREA Specialist, PREA Manager and Superintendent. This is a more sustainable process, so information is not locked in only one person's email account.
- Tracking various PREA documents from other local stakeholders was an issue due to the staffing challenges posed by the COVID-19 outbreak over the last two years. Old processes were reviewed and either re-initiated or updated to ensure PREA documents from hiring packets (HR), training packets (training), volunteers (CPP), and NCIC background checks (records) are now in place to ensure documents required by federal standards are regularly loaded to electronic files and reviewed regularly for completeness to follow federal standards.
- The Shower doors for SOU E and F units were found to be too short at the most recent audit. This issue was remedied by installing curtains that assist in covering the necessary areas.
- 13-509 Mental Health referrals reported to staff, via PREA Hotline or to an outside agency. The 13-509 forms are not always completed immediately at time of report as required. New processes have been implemented so all forms are sent to a mail address shared by mental health staff at each facility to ensure they are notified of the need to meet with an individual. The form is then placed in the individual's medical file.

- Retaliation Monitoring was found to be done inconsistently. New tracking process for retaliation monitoring was established and is working well. Process to document that the notice of monitoring is required has already been put in place to show appropriate notice was sent to staff.

Critical Objectives for 2023:

- Based on the 2022 DOJ PREA Audit, the following areas will be of focus for MCC: Retaliation Monitoring; PREA Risk Assessments, PREA Education (Orientation) and management walk arounds. Our goal is to provide PREA knowledge throughout MCC ensuring the cultural 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 work on establishing and/or monitoring processes to enhance the accountability and documentation of the PREA Standards.
- MCC will strive to provide additional training opportunities to staff and the incarcerated individuals on PREA processes and Standards.
- 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-up assessments. Staff awareness appears to have improved due to these self-audits.
- MCC is actively working on realigning duties and responsibilities in the MCC PREA Office which includes the newly approved position for a Correctional Specialist Assistant.
- Continued focus on investigation, to ensure timely investigation completion.



OLYMPIC CORRECTIONS CENTER

Olympic Corrections Center is an adult male minimum custody facility located on the Olympic Peninsula approximately 27 miles south of Forks, WA and 75 miles north of Hoquiam, WA. OCC opened in 1968 and operated one living unit, the Clearwater Unit. In 1981 the Ozette Unit was opened and then in 1991 the Hoh Unit was opened. In August of 2021, the facility closed the Clearwater Living Unit.

OCC has the operational capacity of 271. Ozette living unit houses 139 individuals and the Hoh living unit houses 132 individuals. They also maintain a 28-bed secured housing unit. OCC's average daily population in 2022 was 181. OCC's average daily population in 2022 was 181 incarcerated individuals.

Both of OCC's separate living units provide a pathway to reentry through areas of specialized focus. The Hoh Unit is the transition unit for the population, providing a beginning point for orientation, as well as serving as the unit that primarily houses the Department of Natural Resources (DNR). The Ozette Unit addresses chemical dependency needs and is the Therapeutic Community unit in addition to housing the Community Service Crew population that aids local communities as well as providing support to local EMS in locating and manually transporting injured outdoor activity enthusiasts. In 2022, there were 899 incarcerated individuals that participated in educational and/or work opportunities while housed at OCC.

| 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 |
| 2021 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2022 | 1 | 1 | 1 | 1 | 0 | 4 | 0 | 0 | 2 | 6 |

Accomplishments for 2022 / Assessment of Facility Progress:

- OCC hired a full-time Corrections Specialist 3-PREA Compliance Specialist. This was particularly important as OCC began their documentation period in July 2022. This also gave the ability to complete quality assurance reviews with the concurrent completion of PRA's, Housing Entries, and IT/JS's. Additionally, this position provided facility staff with a local resource that served as a subject matter expert to answer their questions and address their concerns.
- 2022 began with a COVID-19 outbreak consisting of moving multiple incarcerated individuals from both units to an isolation unit daily and lasting over the course of several weeks. In support of this practice, facility housing reviews were conducted to facilitate the safety of the population affected.
- OCC maintained a comprehensive tracking mechanism to ensure all 72-Hour and 21–30-day follow-ups were completed per policy directed timeframes.
- PREA investigations were completed timely and thoroughly.
- OCC continued fostering an outstanding working relationship with their local law enforcement partners in the Jefferson County Sheriff's Department.
- OCC established an effective means of ensuring timely and thorough completions of PREA Monitoring Plans that were required by policy.
- OCC continued participating in Rolling Audits to address any drift as well as identifying and sharing best practices whenever able.

Identified Gaps and Associated Action Plans:

- Due to the continued prevalence of COVID-19 in 2022, OCC was only able to sustain limited engagement with the Crime Victim Advocates due to the ongoing need for limited physical interactions. COVID-19 mitigation guidelines changed in the beginning of 2023, allowing us to reengage in-person meetings and resume services with Victim Advocates. Face-to-face meetings were conducted at the local "Mariposa House" as well as at the facility. These meetings serve as the foundational support to further enhance the working relationship between the facility and the Crime Victim Advocates with plans for cooperating involvement in realistic drills and scenario-based exercises in addition to an established plan to ensure ongoing, meaningful contact between the two entities.

Critical Objectives for 2023:

- OCC initiated working on audit folders in preparation for the coming DOJ Audit in Autumn 2023.
- OCC will continue engaging in effective staff training regarding PREA processes and policies by utilizing the PREA Specialist in facility walkarounds and Place Safety Musters, ensuring facility staff have a visible and convenient resource to provide any PREA-related information necessary.
- OCC updated their local facility protocols to garner a more effective tracking of their 13-509 "no" forms and will continue coaching and information sharing to successfully implement their new processes.
- OCC continues to strive towards managing consistent expectations and processes as identified by the Moss Group's review of PREA Investigations.
- OCC is moving ahead with Amend by implementing the principles of dynamic security while maintaining operations within the boundaries of PREA standards, training, and policies.



STAFFORD CREEK CORRECTIONS CENTER

Stafford Creek Corrections Center (SCCC) is an adult male facility located on 210 acres in Aberdeen, WA. SCCC has continuously operated since 2000. SCCC has approximately 448 employees, including Department of Corrections staff and contractors.

SCCC has the capacity to house 1,926 incarcerated individuals. SCCC is comprised of six minimum custody security units that house approximately 272 incarcerated individuals in each unit. SCCC has one medium custody unit housing approximately 272 incarcerated individuals. Additionally, SCCC has a maximum security IMU unit that can house up to 48 incarcerated individuals. SCCC also has an infirmary that can house up to 24 incarcerated individuals if necessary. SCCC’s average daily population in 2022 was 1,786.

SCCC prides itself in its sustainability projects incorporated within their prison culture. SCCC has partnered with Evergreen State College and provides various educational opportunities through programs such as Roots of Success, Beekeeping, Bird Houses, Bicycle and Wheelchair Repair, and Service Dogs for Veterans programs. SCCC also provides researched based programming through Substance Abuse Treatment, Stress Anger Management, and Education Re-entry Life Skills focused on preparing for successful release. SCCC Educational and Employment opportunities include Basic Skills, College Courses, Metal Shop, numerous Correctional Industries opportunities. In 2022, there were 2,098 incarcerated individuals that participated in educational and/or work programming while housed at SCCC.

| 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 | 7 | 1 | 39 | 8 | 16 | 9 | 0 | 0 | 62 | 18 |
| 2018 | 1 | 3 | 36 | 6 | 11 | 7 | 0 | 0 | 48 | 16 |
| 2019 | 9 | 1 | 28 | 7 | 5 | 19 | 0 | 0 | 42 | 27 |
| 2020 | 4 | 3 | 38 | 14 | 5 | 9 | 0 | 0 | 47 | 26 |
| 2021 | 1 | 1 | 27 | 3 | 2 | 5 | 4 | 3 | 34 | 12 |
| 2022 | 3 | 0 | 11 | 5 | 2 | 15 | 31 | 14 | 47 | 34 |

Accomplishments for 2022 / Assessment of Facility Progress:

- Invited other compliance specialist from other facilities to learn their perspectives regarding PREA standards and expectations.
- Identified best practices from other facilities to incorporate and adapt to this facility.
- 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. This was accomplished with daily communication and additional unit check-ins.
- Resumed meetings for the Multi-Disciplinary Team via Teams.
- PREA Compliance Specialist attendance at daily facility management meetings.
- Filled project position with Correction Specialist Assistant to provide additional support to the PREA Department.
- PREA Compliance Specialist completes facility walk-through once a month to ensure PREA documentation is clearly posted, and standards are being met. This was an action plan from 2021.
- Increased compliance numbers for PREA Risk Assessment completions in a timely manner.

Identified Gaps and Associated Action Plans:

- Continue to improve on Initial and Follow-up PREA Risk Assessment completions.
- Continue staff training regarding PREA processes and policy with the intent of informing new strategies to increase awareness.
- Create and implement a monthly check sheet for building managers to ensure PREA information is accurate and posted.
- Develop strategies to reduce length of time for investigations to be completed in a timely manner.
- Improve processes to ensure retaliation monitoring is completed timely.

Critical Objectives for 2023:

- SCCC is working on creating digital folders for all PREA cases. This will set up a sustainable process going into future audits and allow continuity of cases.
- Continue staff training regarding PREA processes and policy with the intent of informing new strategies to increase awareness.
- Continue to provide staff with education and communication regarding any changes that occur to standards and processes, and answer questions to give staff the tools to be effective in the process.
- Continue to work proactively with incarcerated individuals to provide education and decrease the number of unsubstantiated PREA investigations.



WASHINGTON CORRECTIONS CENTER

Washington Corrections Center (WCC) is a medium, close, and maximum-security adult male facility located four miles west of Shelton, WA. The facility broke ground in February 1962 and was completed for occupancy in November of 1964. WCC has over 600 employees, including Department of Correction Staff and Contractors.

WCC serves as the reception and diagnostic center for male Incarcerated Individuals for the State of Washington. WCC has the capacity to house 1,268 incarcerated individuals, 1,200 housed in the main Reception Center which is comprised of six close security housing units that house approximately 200 incarcerated individuals in each unit. WCC also has two medium security units that house approximately 240 incarcerated individuals in each unit. Additionally, WCC has max security that houses 124 individuals. WCC’s average daily population in 2022 was 1,653.

WCC offers several educational and work opportunities for incarcerated individuals to include Evidence based programming Strength in Families (REFORM), Nature Imagery Program, Chemical dependency, Parenting Inside Out, and Bridges to Life. Educational opportunities include Adult Basic Education, Bee Keeping, Service Dog Program, Correctional Industries (Food Service, Laundry, and Warehouse) and Construction Trade Apprenticeship Program. For the year 2022, there were 1,559 incarcerated individuals that participated in educational and/or work programming while housed at WCC.

| 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 | 11 | 0 | 56 | 16 | 0 | 0 | 70 | 17 |
| 2017 | 1 | 2 | 22 | 4 | 27 | 18 | 0 | 0 | 50 | 24 |
| 2018 | 3 | 2 | 14 | 2 | 28 | 21 | 0 | 0 | 45 | 25 |
| 2019 | 1 | 1 | 18 | 3 | 13 | 21 | 0 | 0 | 32 | 25 |
| 2020 | 7 | 0 | 38 | 8 | 5 | 9 | 2 | 1 | 52 | 18 |
| 2021 | 2 | 0 | 19 | 5 | 4 | 5 | 8 | 10 | 33 | 20 |
| 2022 | 0 | 0 | 2 | 2 | 1 | 0 | 61 | 45 | 64 | 47 |

Accomplishments for 2022 / Assessment of Facility Progress:

- The Department of Justice (DOJ) onsite PREA audit was conducted at WCC on 2/15/2022 to 2/17/2022. WCC was found compliant in all standards.
- To ensure the information and data is documented and tracked appropriately, WCC re-evaluated processes to determine which processes are sustainable and which processes need improvement.
- WCC continues to have a strong working relationship with Providence Health & Services, Providence St. Peter Hospital, and SafePlace Victim Advocate. Providence St. Peter Hospital provides forensic medical examinations for incarcerated individuals. SafePlace offers 24-hour response to the victims of sexual assault by assisting the victim through the forensic medical examination process and investigatory interviews.

Identified Gaps and Associated Action Plans:

- Completing PREA investigation in a timely manner. Due to the COVID-19 pandemic, quarantine and isolation statuses made it difficult to conduct the confidential interviews requirement to complete an investigation. Another gap that was identified is the number of available investigators. WCC is in the process of identifying other staff who is qualified to attend Administrative Investigations Virtual Investigator Training.
- Staff involved with PREA processes and procedures. WCC is in the process of identifying ways to ensure all departments have an understanding on how PREA impacts their work area and how each department can assist the PREA office.
- WCC continues to identify areas of concern, take corrective action, and strive to remain in compliance with DOC policy and align with PREA standards.

Critical Objectives for 2023:

- Prepare for the DOJ PREA audit and on-site review.
- Establish long-term sustainable, and workable processes to assist and ensure staff understand the importance of their role within PREA.
- Implement current PREA policies, protocols, and practices in a manner to create an opportunity for long lasting impacts and continuous improvement.
- Work with all departments to establish functional and sustainable processes in their assigned areas.
- WCC will strive to develop a culture where the staff are able to recognize and understand the purpose of following the PREA standards as a part of their daily routine.



WASHINGTON CORRECTIONS CENTER for WOMEN

Washington Corrections Center for Women (WCCW) is an all-female facility located in Gig Harbor, WA. The facility was opened for occupancy in 1971 and has served as both a women’s reception diagnostic center and corrections center housing maximum custody, close custody, medium custody, and minimum custody incarcerated individuals. WCCW has over 469 employees, including Department of Corrections staff and contractors.

WCCW has an operational capacity of 759 incarcerated individuals, 135 housed in the Closed Custody Unit, 262 housed in the Medium Security Unit, 63 housed in the reception diagnostic center (RDC), 49 housed in the Treatment & Evaluation Center/Acute (TEC-RC/TEC-Acute), and 250 housed in the minimum-security units (MSU). WCCW’s average daily population in 2022 was 551.

WCCW provides incarcerated individuals with programs proven to reduce the likelihood of committing new crimes and promoting self–efficiency after release from confinement. Such programs include educational opportunities to include the Horticulture Program, Adult Basic Education, Technical Design Program, Associate of Applied Science in Business, and Prison Pet Partnership. Employment opportunities include Auto Shop Program, Community Work Crew, Composting Plant Program, and Correctional Industry (Braille Program). For the year 2022, there were 1,881 incarcerated individuals that participated in educational and/or work opportunities while housed at WCCW.

| 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 | 2 | 19 | 9 | 4 | 10 | 0 | 0 | 26 | 21 |
| 2019 | 4 | 1 | 29 | 11 | 19 | 18 | 0 | 0 | 52 | 30 |
| 2020 | 10 | 0 | 50 | 14 | 12 | 19 | 0 | 0 | 72 | 33 |
| 2021 | 5 | 2 | 50 | 10 | 14 | 13 | 7 | 8 | 76 | 33 |
| 2022 | 2 | 0 | 18 | 3 | 15 | 12 | 27 | 26 | 62 | 41 |

Accomplishments for 2022 / Assessment of Facility Progress:

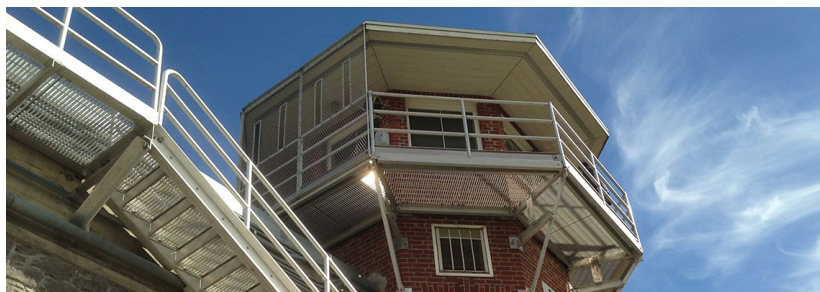
- WCCW identified the preparation for the audit and on-site review as critical objectives in 2022. WCCW achieved this critical goal and moved quickly towards complete compliance with the Federal Standards. At this time, WCCW has completed all Corrective Action Plan items.
- WCCW expanded the PREA Department to two PREA Compliance Specialists and a Corrections Specialist Assistant.
- WCCW educated the population by coordinating town hall meetings and sending memorandums on such topics as reporting PREA and outside agency forms. Education of Staff was given throughout the year through in-person, refreshers, email, and muster.
- WCCW has sent staff to the Administrative Investigator training expanding the list of PREA investigators and limiting the time needed to assign investigations.

Identified Gaps and Associated Action Plans:

- WCCW has identified some gap areas in the facility's initial response to PREA allegations. WCCW plans to work with the Shift Lieutenants and Training department to have the most impact. WCCW sends information to the Shift Lieutenants as gaps are identified. The PREA Department plans to be scheduled for the next quarterly Shift Lieutenant's meeting. The PREA Department will use the meeting to review the initial response process with those that coordinate that response. The WCCW PREA Department will also be working with the training department to ensure all staff receive information as First Responders to a PREA allegation.

Critical Objectives for 2023:

- WCCW has identified completing timely investigations as a critical objective. In response, the facility expanded the PREA department by adding another PREA Compliance Specialist and a Corrections Specialist Assistant position. WCCW also sent several staff through the Administrative Investigators training and organized an Investigator Refresher with PREA HQ staff for all WCCW PREA investigators. The refresher was an open forum which focused on several areas within the investigation process that cause delays and how to avoid these issues.



WASHINGTON STATE PENITENTIARY

Washington State Penitentiary (WSP) is a minimum-maximum security adult male facility located on 540 acres near the City of Walla Walla, WA. The facility has continually operated since 1886. WSP has approximately 970 employees, including Department of Corrections staff and contractors.

WSP has an operational capacity of 2,609 incarcerated individuals. They also have an emergency capacity to house an additional 257 beds for a total capacity of 2,866. WSP is comprised of The South, West, and East Complex. The East Complex houses minimum custody incarcerated individuals with a capacity of 823. The West Complex houses Close Custody incarcerated individuals with a capacity of 792. The South Complex house Medium-Max Custody incarcerated individuals with a capacity of 1130. WSP has a Health Services Department that can house an additional 82 incarcerated individuals. WSP’s average daily population in 2022 was 1,930.

WSP continues to excel in providing education, work, and treatment programs focused on successful re-entry. WSP offers research-based programs and work opportunities to include Correctional Industries, Thinking for a Change, Roots for Success, and Substance Abuse Treatment. Educational and vocational opportunities include Adult Basic Education, Dog Training & Adoption Program, Diesel Mechanics, Auto Body, and HVAC. During 2022, there were 6,980 incarcerated individuals that participated in educational and work programming while housed at WSP.

| 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 | 15 | 8 | 25 | 0 | 0 | 72 | 41 |
| 2018 | 5 | 2 | 35 | 12 | 13 | 38 | 2 | 0 | 55 | 52 |
| 2019 | 7 | 1 | 26 | 5 | 8 | 16 | 0 | 0 | 41 | 22 |
| 2020 | 8 | 1 | 39 | 5 | 6 | 17 | 0 | 0 | 53 | 23 |
| 2021 | 4 | 0 | 18 | 4 | 1 | 6 | 3 | 5 | 26 | 15 |
| 2022 | 4 | 0 | 23 | 5 | 10 | 23 | 10 | 7 | 47 | 35 |

Accomplishments for 2022 / Assessment of Facility Progress In 2022, the facility completed the following:

- Facility trained 3 PCM, 3 PCS and one new AA2.
- The PREA AA2 position was reallocated to a CSA.
- Quickly caught up the 2021 and 2022 PREA Investigations.
- PREA risk assessments are being completed.
- Created new PREA risk assessment unit folders for confidentiality concerns.

PREA Related identified Gaps and associated action plans:

- Communication between Engineers/Electronic Technicians and PREA is lacking. Monthly email check-ins are sent out to ensure compliance.
- PREA monitoring plan and Orientation Chronos are not entered consistently.
- Not receiving monthly PREA unit checklists. (i.e., hotline checks, poster checks, brochures). Monthly email reminders are sent out to ensure compliance.

Critical objectives for 2023:

- PREA risk assessments are not being completed timely. This is an ongoing compliance issue identified in previous years.
- Complete East Complex yard toilet installation and new staff office in Victor unit.
- Establish meeting cadence with engineers/Electronic Technicians to discuss any physical plant changes and upgrades/installation of monitoring/electronic surveillance systems.
- Conduct PREA drills.
- Continue training new PREA office staff on standards and policies.
- Continue training staff on LGBTI issues.
- Continue audit and revise processes as necessary when action is needed.



AHTANUM VIEW REENTRY CENTER

Ahtanum View Reentry Center (AVRC) is a partial confinement minimum custody facility located in Yakima WA. AVRC was opened in 1972 and moved 3 times, expanding to 2011 S. 64th Avenue in May 2010. The newer 3 level brick building was constructed in 1998. The facility is surrounded by orchards, hop fields, and residential areas as well as established and growing local businesses. AVRC has served the community with pride and in the past earned accreditation from the American Correctional Association. It has become an intricate part of both the business and local communities in and around the City of Yakima. AVRC is owned by the State of Washington and is operated by 33 custody and non-custody staff members employed by the Department of Corrections.

AVRC has a capacity of 101 co-ed residents and accommodates up to 82 male residents and 19 female residents. The facility consists of a basement, a main floor and a second floor. The basement area is used for storage, maintenance mechanical service areas and the facility kitchen/dining area. The main first floor houses the female residents, the duty desk, visitation areas and the Community Corrections Officer's (CCO) offices. The second floor houses the male residents and the sergeant's office. The average population age range is 18-65 years old with an average length in stay of 4-6 months but can extend to 12 months if on Graduated Reentry (GRE).

AVRC's primary goal is improving public safety by positively changing lives through encouraging re-connections with family, and helping residents gain knowledge and skills necessary for success in 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 | 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 |
| 2021 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2022 / 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.
- During the past year, the facility has continued to focus on making sure new staff are trained and all staff complete their annual PREA trainings. Throughout the COVID-19 pandemic, staff have remained alert to possible PREA concerns with both the facility structure and staff/residents.
- AVRC successfully completed their 2021 Audit.
- Improvements in the facility included:
 - Replaced exterior lighting with new LED units to increase safety and visibility.
 - Updates to camera system, added electronic locking control for main door entrance with a new camera at the front entrance.
 - Replaced and updated Control Room (Duty Desk) creating better visibility.
 - Replaced HVAC system for entire facility.
 - Newly paved parking lot; increase safety for all staff and visitors.
 - Privacy slats installed in perimeter fence due to the housing development next to the facility.
 - New flooring was installed in the living units.
 - Improvements have been made to the duty station making it more functional for operations.
 - An electronic lock has been added to the main facility entrance along with a camera that allows staff to control the movement in and out of the facility from the duty station.
 - AED’s have been installed throughout the entire facility.
 - Narcan has been installed in all residential areas.
 - Custody staff carry Narcan on their duty belts.
 - Resident furniture has been replaced.
 - Locking key boxes have been installed ensuring more key control.
 - Staff maintenance offices have been relocated from the basement where they were isolated, to a central area of the facility.
 - A new Office Assistant 3 position was filled.

Identified Gaps and Associated Action Plans:

- Complete annual PREA training for staff as required online and/or when training sessions resume.
- Complete PREA tabletop drills and ensure supervisors have a PREA topic during their quarterly staff facility meetings.

Critical Objectives for 2023:

- Prepare for the next PREA Audit.
- 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.
- Add additional security cameras throughout the facility in identified blind spots where staff and/or individuals may have access to.



BELLINGHAM REENTRY CENTER

Bellingham Reentry Center (BRC) was closed in May of 2022, with an anticipated reopening date of late 2023.

BRC is a partial confinement minimum custody facility located in the northwest corner of Washington State overlooking the Pacific Ocean. The facility was established in 1976 and relocated in 1981 to its current location at 1125 & 1127 N. Garden St. Bellingham, WA.

BRC has the capacity of 50 co-ed residents and accommodates up to 42 male residents and eight female residents, operating in two side-by-side buildings. BRC’s 1127 building is a 117-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. BRC’s 1125 building is about seven-year-old facility with a basement and three floors. The 1125 building consists of an administrative wing with three offices, an ADA room and three floors of dormitory style rooms. Most resident floors have a living area and some recreational equipment. The buildings are equipped with numerous digital cameras strategically placed to increase vigilance of resident activity while on facility grounds.

The average population age range is 19 to 70 years old with an average length in stay of 4-6 months but can extend to 12 months if on Graduated Reentry (GRE). Residents at BRC attend work, training, and treatment in 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 | 1 | 0 | 1 | 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 | 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 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2022 / Assessment of Facility Progress:

- BRC entered a lease with the building landlord. Previously the lease was held by the contractor. This allows us to respond to building upgrades to mitigate PREA risks from a structural standpoint.
- BRC's 2022 vulnerability assessment for buildings 1125 and 1127 did not contain corrective or continuing action. We have an excellent digital camera system, with several cameras enhanced or added in over the past 7 years.
- 100% compliance with the 2022 DOJ PREA audit.

Identified Gaps and Associated Action Plans:

- Discrepancies in monitoring plans was identified during the last audit. BRC will work towards creating an improved tracking and documentation process to include increased monitoring of activities and auditing of two random monthly cases to ensure this expectation is being met.
- Continue to be vigilant in adhering to PREA standards, continuing to educate staff, and utilizing new tools to increase PREA compliance. Statewide, all reentry centers are submitting a quarterly PREA tracking document to ensure work releases are meeting PREA expectations and deadlines. Locally, some of the tools utilized to increase PREA compliance include the quarterly PREA tracking sheet submitted to DOC's PREA coordinator, PREA training roster, PREA checklists and case audits.
- One of the challenges the COVID-19 pandemic created over the past two years was an interruption in training. There have been less opportunities to attend the Reentry Center Academy or the Community Corrections Officer Academy as DOC's training unit struggled to quickly find new ways to deliver training in a way that mitigated COVID-19 transmission.
- BRC experienced significant staffing shortages in 2020 and 2022. This impacted our ability to ensure that there were always both genders and an Academy trained staff on all three of our shifts. Due to staff shortages, we remained in regular communication with our Reentry Center Operations Administrator to mitigate the risks that could have presented themselves with staff shortages. There were occasions where we received staffing assistance from both DOC's prisons and Community Corrections Division. It is these staff shortages, current inflation rates, and increasing rates of pay by employers, that our contractor made the difficult decision to terminate their contract.

Critical Objectives for 2023:

- Operations were suspended on 05/07/22. If BRC gains funding to become a state-operated facility, our goal is that all full-time Correctional Officers attend the Correctional Officer Field Training Program. BRC is also implementing a charter and action steps through the Amend Program, which is a Norwegian correctional program designed to increase humanization and normalization within our facilities. BRC was a pilot site for the Amend Program last year and we are currently working on training additional staff and creating action steps and associated timelines.



BISHOP LEWIS HOUSE REENTRY CENTER

Bishop Lewis House Reentry Center (BLHRC) is a partial confinement minimum custody facility located at 703 8th Ave, Seattle, WA, in what is identified as the First-Hill Neighborhood. This facility is located amongst retirement homes, churches, condos, apartments, with a nearby high school and hospitals all within walking distance of the Downtown Seattle corridor. The building was constructed in 1910 and BLHRC became the first independent program that opened in 1972 has been in continuous operation since that time. The building is leased from Pioneer Human Services. BLHRC is operated by five staff employed by the Department of Corrections and 15 contract staff employed by The Transition Housing, Inc. to provide 24/7 operations, food service and maintenance.

BLHRC is a 69 bed three story all-male facility. There are 30 identified bedrooms at this facility which accommodates from 2-single man rooms and up to 1-room that sleeps four residents. Most rooms are identified as either 2 or 3-man rooms, however BLHRC does have 2-single man rooms. The average age range of the population is between 18-65 years. The average length of stay at this facility is typically between 4-6 months however length of stay can increase if participating in the Graduated Reentry (GRE) program.

BLHRC serves a significant role between those in prison and their return to society in a step-down model. This program offers individuals the ability to work on life-skills programming; enhancing their employment skills, numerous employment opportunities as well as options to improve and enhance their educational 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 | 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 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |

Accomplishments for 2022 / Assessment of Facility Progress:

- BLHRC contract staff continue to conduct count five times per shift. This allows for regular visuals and contact with the residents, unannounced walkthroughs, and monitoring the video surveillance system. Due to COVID-19, the resident population has remained temporarily reduced for social distancing requirements and only one person per identified bedroom, however the population is increasing. Currently, BLHRC had only received a maximum of three new individuals per week, however those numbers have increased on numerous occasions.
- BLHRC participated in the DOJ PREA Audit in the Fall of 2022 with positive feedback resulting in a successful PREA Audit.

Identified Gaps and Associated Action Plans:

- BLHRC has increased the number of surveillance cameras as of the Spring of 2021 in effort to decrease the number of blind spots within the facility. In addition to the cameras, a larger monitor was placed at the front desk for better visibility of all cameras. Mirrors were installed several years ago to assist in viewing capabilities and remain in place. Additionally, a viewing station was put into place in the staff conference room on the 1st floor to have access to surveillance cameras for investigation purposes.

Critical Objectives for 2022:

- BLHRC continues to work towards improvements as done recently with key card access to assist in security access, plans to expand the key card access to resident rooms is being explored. Although blind spots may still exist, with recent improvements, those locations have decreased.
- Mitigate risk throughout the facility by the regularly scheduled walkthroughs, counts, and unannounced rounds. This is enhanced by the ability to monitor camera system footage.
- Community Corrections Supervisor is collaborating with other staff for the inclusion of new contract staff in academies as classes are made available.



BROWNSTONE REENTRY CENTER

Brownstone Reentry Center (BSRC) is a partial confinement all male minimum custody facility located at 223 S. Browne St. in the heart of downtown Spokane, WA. This three-story building was constructed in 1910. The facility is in proximity to health care services, substance abuse treatment, and is on the main transit line. BSRC is operated by five staff employed by the Department of Corrections and 14 contract staff employed by The Transition Housing Incorporated (TTHI).

BSRC houses 83 all-male adult residents. The second and third floors of the facility are designated as 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, a recumbent bike and yoga room, a weight room, and maintenance office. The average population age range is 18-65 years old with an average length of stay between 4-6 months but can extend to 12 months if on Graduated Reentry (GRE).

While at Brownstone Reentry Center, all individuals are expected to secure employment or attend training/educational programs to enhance success in transitioning into the community. Individuals are encouraged to establish positive support networks with family, friends, and the community. Upon arrival at Brownstone, each incarcerated individual 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 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 | 1 | 0 | 0 | 0 | 1 |
| 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2022 / Assessment of Facility Progress:

- BSRC had no allegations of sexual abuse or sexual harassment in 2022.
- TTHI Staff are conducting hourly walkthroughs on the living units to increase safety with their presence and observation to monitor behaviors and increase safety for individuals.
- BSRC staff reviewed and discussed PREA requirements, including zero tolerance for sexual misconduct and related retaliation. Ongoing discussions about reporting requirements have been initiated with the CCS and Contract Director to help staff identify red flags, considerations for retaliation and supporting human-centered objectives are prioritized.
- Conducted PREA Table-Top Drills in staff meetings.
- PREA annual Vulnerability Assessment was completed in March 2022. Areas of improvement included the addition of plexiglass across the front of the control station and the front-desk passthrough was adjusted to meet ADA compliant counter height. These areas addressed blind spots in which resident mailboxes were moved to another location, creating a squared off counter and will also create more space in the hallway, supporting safety and helping with congestion at the control station.
- Major capital project replaced the siding and windows on the first floor. All masonry and details follow City of Spokane's Historical Register requirements and were added to the Spokane and National Register upon completion.
- All staff have been introduced to the Amend program and have been working on personal values and goals to help assess growth and development. Discussions and training for staff to include daily use of the Department's Strategic Anchors will connect staff to the values of the Department and continue supporting the vision of working together for safer communities. Training for key staff is set to begin in May 2023.

Identified Gaps and Associated Action Plans:

- The contractors had several low staffing issues. In April 2023, the facility will have all DOC and contract positions filled therefore should have adequate staffing levels.

Critical Objectives for 2023:

- To prepare and complete the 2023 PREA onsite audit. The audit has been scheduled for September 2023.
- Continue to increase our bed vacancies to maximize the occupancy.
- Stabilize the Community Corrections Supervisor position due to recently filling of the position after periods of vacancy and staff turnover.



ELEANOR CHASE HOUSE REENTRY CENTER

Eleanor Chase House Reentry Center (ECHRC) is a partial confinement minimum custody facility located at 427 W. 7th Street in Spokane, WA. ECHRC was opened in November of 1993 as a 40-bed work/training release and was approved by the city to expand in 1997. ECHRC is operated by five staff members employed by the Department of Corrections and 16 contract staff employed by The Transition House, Incorporated.

ECHRC houses 55 all-female adult residents. This three-story building houses residents on the second and third floors. The first floor is occupied as staff offices. The average population age range is 18-65 years old with an average length in stay of 4 to 6 months but can extend to 12 months if the resident is part of the Graduated Reentry Program (GRE).

ECHRC residents participate in creating a case plan that identifies areas to work on while in the program. This includes employment, engagement in education and/or training programs, engagement in programs to include medical/mental health and substance use disorder programs, and establishing positive support networks with family, friends, and the community. Each resident is assigned a Community Corrections Officer and a Reentry Navigator who assists them through an individual case plan for the transition from prison to the community. ECHRC has established relationships with community partners that provide medical, mental health, dental, substance abuse disorder programs, 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 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |

Accomplishments for 2022 / Assessment of Facility Progress:

- Installation of two additional exterior cameras to provide more coverage of the parking lot on the southeast side of the building and to provide coverage of the catwalk between the third-floor administrative offices and the resident's living quarters.
- A new gender specific menu was introduced providing daily salad options and a lighter fare menu.
- New showers were installed in B Hall.
- Remodel of control was completed.
- ECHRC had a 100% PREA initial and follow up risk assessment completion rate.
- 100% compliant with all mandatory staff PREA-related training.
- Return to in-person annual meetings with victim advocacy services, as well as Lutheran Community Services.

Identified Gaps and Associated Action Plans:

- The Reentry Supervisor and TTHI Director met to discuss the retention and recruitment issues of contract staff due to the impacts of the COVID-19 pandemic and a more competitive job market. TTHI Director was able to secure more funding for a higher wage and is going to set up recruitment activities with local college Criminal Justice Programs.

Critical Objectives for 2023:

- Install a new key card door locking system for resident doors.
- Continue 100% completion of PREA Assessments and training.
- Increase staff involvement in the preparation for the Department of Justice (DOJ) PREA Audit.
- Receive a successful compliance score from the Department of Justice (DOJ) PREA Audit.
- 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.



HELEN B. RATCLIFF REENTRY CENTER

Helen B. Ratcliff Reentry Center (HBRRC) is a partial confinement minimum custody facility located at 1531 13th Ave South in Seattle, WA. This facility was opened in 1988 as the state’s only all-female work release center at the time. Its residential location sits in the Beacon Hill neighborhood, along a main bus line and has access to many local businesses. HBRRC is leased by the State of Washington and is a state operated program. The facility employs 19 staff members to operate this 24/7 reentry center program.

HBRRC houses 53 all-female adult residents. The layout of the facility consists of a basement, main floor and second floor. The main floor has five resident rooms and administrative offices. The second floor has 15 resident rooms. The basement has administrative offices, conference, laundry and recreation room, and a child visitation room. The average population age range is 18-70 years old with an average length in stay of 4-6 months but can be extended to 12 months if on Graduated Reentry (GRE).

HBRRC focuses on supporting the reentry needs of residents training into the community. Local agencies, businesses, and stakeholders offer support and resources necessary to assist transitioning individuals in gaining employment, job training programs and go to school to finish their GED or degrees. HBRRC also offers a child visit day and overnight program for mothers and their children and is also part of the Residential Parenting Program (RPP) at WCCW.

| 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 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2022 / Assessment of Facility Progress:

- 100% compliant with mandatory PREA training.
- There were no PREA allegations, concerns, complaints, or grievances.
- The facility continues to provide multiple ways to report a PREA concern or incident by conducting the Transfer and Follow-up PREA assessments, reminding and reassuring residents of PREA policies and procedures to include the PREA information boards posted around the facility.
- Staff are alert to possible PREA concerns by conducting regular walkthroughs and counts. They use the convex mirrors placed in key areas of the facility and 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 areas of improvement needed to keep residents and staff safe. Identified gaps and ways we can continue to improve are:
 - Install a security camera in the conference room which will be used for future resident programming. A request has been made and there is a pending estimate for installation.
- The facility reopened in November 2022 with all state staff.

Critical Objectives for 2023:

- Continue to educate residents of ways to report a PREA incident and remind staff to always remain alert.
- Improve video enhancements with additional security cameras and improved camera placement around the facility.
- Continue to monitor the camera security system.
- Continue to provide staff PREA updates.



LONGVIEW REENTRY CENTER

Longview Reentry Center (LRC) is a minimum custody partial confinement facility located at 1821 1st Ave, in the central area of Kelso/Longview bordering the Columbia River and Oregon. The facility was opened in 1992, was expanded in 1998 and is surrounded by many well-established local businesses. LRC is a regional facility that serves residents from Cowlitz, Clark, Lewis, Pacific, and Wahkiakum counties. This facility is owned by the State of Washington and is operated by approximately 33 Department of Corrections employees.

LRC is a co-ed 100 bed facility housing 88 adult male residents and 12 adult female residents. The facility is entirely on one floor with separate wings for male and female residents, to include separate recreation rooms for male and female residents. They offer a comprehensive program that focuses on managing the transition from prison to the community. The average population age range is 18 to 65-years-old with an average length in stay of 4-6 months but can extend to 12 months if on Graduated Reentry (GRE).

LRC's goal is to effectively intervene in the risk an individual may pose to the community while assisting the individual in becoming a more positive and productive member in the community by practicing Amend principles. LRC focuses on positive re-entry and transitioning into the community by providing positive role modeling while the residents stay here, showing them how to achieve a positive release and become productive in the community while reducing recidivism.

| 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 |
| 2021 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2022 / Assessment of Facility Progress:

- LRC had a 100% PREA initial and follow-up risk assessment completion rate.
- The facility prepared for and successfully navigated a PREA audit on 03/29/2022 and 03/30/2022 for audit document range 01/16/2021-01/15/2022. According to auditors, there were no major findings through the audit process.
- A new CCS was hired on 02/01/2022. The CCS is currently in the process of policy and procedure review with the intent to ensure facility operations align with DOC requirements.
- PREA related in-service training completed by staff.
- Tabletop discussions conducted with staff regarding PREA response and reporting.
- Deployed six additional cameras around the facility for greater coverage.
- Set up convex mirrors for greater monitoring of areas from the officer's station.
- Completed meetings with local law enforcement, victim's advocates, and medical facilities to remain in compliance with PREA requirements.

Identified Gaps and Associated Action Plans:

- A vulnerability assessment was completed on 02/17/2022. The facility is set up well to prevent PREA related incidents. In addition to the existing preventative measures, two convex mirrors and a camera or a fence were identified as possible tools to increase the ability to monitor individuals.
- During the PREA audit preparation process the CCS found it difficult to find required PREA documentation for some staff. A system was put in place to better retain PREA required documentation, to include sending to HR, saving electronically, and maintaining a hard copy binder specifically for audit purposes. Hiring managers are responsible for managing the documents as stated above, in addition to providing the CCS with copies for the binder.
- CCS implemented a reminder process to ensure required PREA refresher training was sent out and completed, and vulnerability assessments were completed annually and as needed.

Critical Objectives for 2023:

- Continue 100% completion of PREA initial and follow-up assessments.
- Maintain/implement quarterly tabletop drills that include responding to PREA allegations of sexual assault.
- Work with contractors to ensure remodeled areas are compliant with PREA requirements.
- Work with DOC IT to determine the current capabilities of our security camera system and identify areas/systems for replacement/additional cameras. In addition, possibly link door alarms to the camera system to give a visual alarm when a door is breached.



OLYMPIA REENTRY CENTER

The Olympia Reentry Center (ORC) is a partial confinement minimum custody facility that opened in 1979 under the Department of Social and Health Services (DSHS) and became a part of the Department of Corrections (DOC) in 1981. It is located at 1800 11th Ave. SW in a traditional residential setting of Olympia, WA surrounded by apartment complexes, a city park, and a church. The facility is operated in conjunction with long-term non-profit partner, A Beginning Alliance. ORC is operated by three staff members employed by the Department of Corrections and 11 contract staff employed by A Beginning Alliance.

ORC has a capacity of 26 co-ed residents and accommodates up to 19 male residents and seven female residents. The facility has separate male and female living quarters and is handicap accessible for any resident that may require such service. There is beautifully landscaped grounds and a basketball court for residents. Additionally, the facility has an outside recreation/fitness area, no-charge laundry facilities, large industrial kitchen, and a large dining area. The average population age range is 18 to 65+ years old with an average length of stay between 4-6 months but identified residents may be extended up to 12 months if participating in the Graduated Reentry (GRE) program.

The facility is committed to assist residents with their successful transition into the community. Residents can work, attend college courses, complete training programs, participate in substance abuse treatment, attend parenting classes, and participate in other self-improvement programs or offense-specific treatment programs for support and to assist in preparing them for their successful transition back 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 | 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 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | 1 |
| 2017 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2018 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2019 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2020 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2022 / Assessment of Facility Progress:

- PREA facility audit conducted and completed by Department of Justice on March 31, 2022. The facility was found to be compliant in all standards after successfully addressing a couple of minor issues while the auditors were still on-site at the facility.
- The Facility Contractor made a formal request to DOC Management requesting an increase to her budget, which would allow her the opportunity to hire an additional (graveyard) staff since the facility is only budgeted for one (1) staff. The request was approved, and a second staff member has been hired and the facility staffing plan has been changed to reflect at least two (2) staff on every shift.
- During the past year, the facility has continued to focus on making sure new staff are trained and that staff successfully complete their annual PREA trainings in a timely manner.
- 100% compliant with all mandatory resident PREA-related intakes, interviews, orientations, and risk assessments/updates on or before the required due date.
- 100% compliant with all mandatory staff PREA-related training.
- There were no PREA-related allegations, concerns, complaints, grievances, or investigations.
- The facility continues to provide numerous avenues for incarcerated individuals to report any PREA-related concerns to include but not limited to verbal, telephonic, and written.
- Several video surveillance blind spots on the outside of the facility have been addressed by re-positioning and/or changing the camera lens so an expanded view is now available to staff. Six (6) additional cameras were installed to the perimeter of the facility providing increased video coverage to potential blind spots and to provide an additional degree of safety.
- Changed several inside door locks to the master key, which allows staff to respond quicker in an emergent situation. This included the ADA and staff bathrooms.
- Installation of PREA compliant blinds (vision of view) throughout the entire facility to include all resident rooms.
- All PREA intakes, screenings, assessments, and re-assessments were conducted as required during ORC's COVID-19 pandemic outbreak, which included some residents being housed at an off-site Isolation & Quarantine Facility (IQF).
- Sustained resiliency through the ongoing COVID-19 pandemic with a continued education for staff surrounding PREA standards, compliance, and awareness.

Identified Gaps and Associated Action Plans:

- Complete PREA-related tabletop drills on a quarterly basis.
- ORC is currently not under any corrective action plans.
- All 2022 identified gaps have been successfully addressed.

Critical Objectives for 2023:

- Continue to strive to improve and enhance any PREA-related protocols and safety measures.
- Continue to remind, encourage, and 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.
- Complete the 2023 staffing plan as required.



PENINSULA REENTRY CENTER

Peninsula Reentry Center (PRC) is a partial confinement minimum custody facility located at 1340 Lloyd Parkway, Port Orchard, WA. The facility is part of an industrial area where there are a handful of locally established businesses. PRC was constructed in 1995 and became operational in 1996. In the past the facility has earned accreditation from the Americans Correctional Association. PRC is owned by the State of Washington and is operated by 26 Department of Corrections employees.

PRC is a co-ed 82 bed facility that houses 74 male residents and eight female residents with the primary goal of improving public safety by positively changing lives, reconnecting with family, and providing residents with the knowledge and skills necessary for success in the community. The average population age range is 18 to 65-years-old with an average length in stay of 4-6 months but can extend to 12 months if they are participating in the Graduated Reentry (GRE) program.

PRC is a regional facility that serves residents from Kitsap, Mason, Jefferson Clallam, and Pierce County on the west side of the Narrows Bridge. 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. Facility staff focus on ensuring positive reentry and transition back into 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 | 1 | 0 | 0 | 0 | 0 | 0 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2022 / Assessment of Facility Progress:

- Peninsula is preparing for a DOJ PREA audit in August 2023.
- Peninsula completed a laundry room remodel and added 2 new washers and dryers for a total of 5 washers and dryers. Peninsula has been approved for an additional camera to cover the laundry room for a newly created blind spot. Installation is scheduled for April 2023.
- 100% completion rate for initial and refresher PREA training for all facility staff.
- Installation of perimeter lighting around the facility.

Identified Gaps and Associated Action Plan:

- Peninsula is currently in the documentation phase June 15, 2022, to June 15, 2023, for DOJ PREA Audit scheduled in August 2023.
- Peninsula is currently not under any corrective action plans.
- There have been no major issues/activities associated with the annual staffing plan.

Critical Objectives for 2023:

- Completion of the Building Envelope project that will replace the roof, siding, and windows at the facility is projected for April 2023. Completion date for the women's wing bathroom is June 2023. Completion date for the men's wings bathroom renovations is late summer of 2023.
- Ensure 100% compliance in all PREA related training.
- Review and revise the current staffing plan for 2023.



PROGRESS HOUSE REENTRY CENTER

Progress House Reentry Center (PHRC) is a partial confinement minimum custody facility located at 5601 6th Avenue, Tacoma, WA bordering the water of the Puget Sound area. The facility is surrounded by many well-established local businesses in a residential community. PHRC has served the community since 1976, and in the past earned accreditation from the American Correctional Association. The building is leased from Pierce County by the Progress House Association. WADOC staff and contractors of the Progress House Association work together to supervise the residents. PHRC is operated by six staff members employed by the Department of Corrections and 17 contract staff employed by the Progress House Association.

PHRC has the capacity of 90 co-ed residents, housing up to 76 male resident and 14 female residents. Male residents reside on the upper floor and female residents are housed on the lower floor in two different dormitory-like locations. The facility has a large and a small dayroom which is used by all residents. Additionally, residents have access to a visiting room and an outdoor area to allow the population the ability to co-mingle and engage in pro-social family visitation and leisure activities. The average population age range is 18 to 65-years-old with an average length in stay of 4-6 months but can extend to 12 months if they are participating in Graduated Reentry (GRE).

The goal of PHRC 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 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |

Accomplishments for 2022 / Assessment of Facility Progress:

- PHRC continues to use the bar code scanning system. The bar codes are generated by PHRC 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 walkthrough 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.
- PHRC has created a movement schedule which allows residents to move in cohorts (by room) during a COVID-19 Facility Outbreak. Movement by cohort has proven to be even more effective in monitoring residents throughout the facility. As such, PHRC has eliminated the titles of a “male” dayroom and “female” dayroom. Dayroom use is now a part of the movement schedule during a COVID-19 Facility Outbreak and will be utilized based on the assigned time for each cohort.
- When PHRC is not on COVID-19 Facility Outbreak Status, male and female residents are allowed to co-mingle in the either dayroom for establishing pro-social behaviors. Staff conduct an hourly walkthrough to include the bar code scanning system and facility counts in addition to security cameras in each dayroom to ensure the health/wellbeing and safety of all residents.

Identified Gaps and Associated Action Plans:

- PHRC 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, new analog cameras were installed to replace the existing ones which provide for a better angle and broader camera view.

Critical Objectives for 2023:

- PHRC continues 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 continue to coach/mentor and work with contract staff on pat/room and area searches while the facility is free from COVID-19 outbreaks.



REYNOLDS REENTRY CENTER

Reynolds Reentry Center (RRC) is a partial confinement minimum custody facility located at 410 4th Ave in the city of Seattle, WA. This six-story brick building was constructed in the early 1900’s as a hotel and converted to a reentry center in 1978. This facility serves residents from King and Snohomish Counties. The facility is operated entirely by the Department of Corrections and employs 26 staff members.

RRC has the capacity to house 92 adult male residents. 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. The facility also has a full basement that is used for storage. RRC is also designated as an ADA facility and floors three and four have ADA rooms/bathrooms. The average population age range is 18 to 67-years-old with an average length in stay of 4-6 months but can extend to 12 months if they are participating in the Graduated Reentry (GRE) program.

While at RRC, 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. RRC seeks to meet individual needs and assist residents with barriers they may encounter in 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 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |

Accomplishments for 2022 / Assessment of Facility Progress:

- Ability to adapt to and ensure completion of all initial/follow-up PREA risk assessment within existing COVID-19 cohort protocols.
- Successful PREA audit in October 2022, exceeding 3 standards.
- Reynolds was successful in establishing a second sergeant position in 2022. This allows for increased oversight of facility operations and custodial staff seven days a week. Previously Reynolds had one sergeant, primarily working on weekdays.
- Additional radios were purchased for custody staff, Community Corrections Officers, and kitchen staff. Custody staff were provided with remote speaker mics to allow for quick hands-free communication.

Identified Gaps and Associated Action Plans:

- Several staff were reassigned in 2022. As a result of these staffing changes, the facility location and the strong job market, recruitment and retention has been challenging in 2022. Given staffing shortages within the custody and community correction officer ranks, RRC's population has been capped at no more than 60 residents so far this year. As a result, permission was given by our Reentry Center Operations Administrator to utilize a 2-2-3 staffing plan instead of a 3-3-4 staffing plan until sufficient positions are filled.
- The only locations in the facility without camera viewing are the resident TV lounges on each floor. Although a prior request was denied, this year funding was approved for cameras to be installed in each of the 4 resident TV lounges. However, the hallways have good camera coverage and provide footage of the egress and ingress to each of these TV lounges.

Critical Objectives for 2023:

- Obtain 100% completion rate for initial and refresher PREA training for all facility staff. This is expected to occur before 6/30/23.
- Review and revise as needed the current staffing plan for 2023.
- Complete the vulnerability assessment by 4/30/23.
- Continue to ensure proper documentation and completion of all initial and follow-up PREA risk assessments.
- Funding and installation of four additional cameras in resident TV lounges.
- Continue to monitor camera placement.
- Create an Amend Program Action Plan and Charter. Last month, RRC sent a sergeant to Amend training to become RRC's ambassador. We also sent a correctional officer to learn contact officer methods, normalization, dynamic security, and other processes to improve the humanization of our facility. The incoming Acting Community Corrections Supervisor has also been trained in the Amend Program.
- Resume resident and staff house meetings. Due to cohort requirements, house meetings were disbanded during the COVID-19 pandemic. Given the State's emergency order has been lifted, and several restrictions have been removed, RRC will begin house meetings once the new leadership team is in place, starting in May of 2023.



TRI-CITIES REENTRY CENTER

Tri-Cities Reentry Center (TCRC) is a partial confinement minimum custody facility located at 524 E. Bruneau Ave, Kennewick, WA near the historic downtown area. TCRC is a single level, 12,500 square foot building on 1.37 acres, one block south of the Columbia River. TCRC has served the community since 1999, and in the past has earned accreditation from the American Correctional Association (ACA). The facility is owned and operated by the State of Washington Department of Corrections. There are 22 full-time staff that provide all operations, including food service, maintenance, custody, and case management services.

TCRC is a co-ed 40 bed facility that houses 34 male residents and six female 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, there is 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. The average population age range is 19 to 67-years-old with an average length in stay of 4-6 months but can extend to 12 months if they are participating in the Graduated Reentry (GRE) program.

Residents have various opportunities to prepare for reentry back into the community while at TCRC by obtaining employment, attending college/trade classes, securing their driver's license, and attending community programs. TCRC staff implements the Amend principles by creating and fostering personal relationships with the residents to get to know them while using dynamic security to keep others in the Reentry Center and the community safe.

| 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 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2022 / Assessment of Facility Progress:

- 100% compliance with the completion of PREA Risk Assessments (PRA).
- 100% compliance by Community Corrections Officers (CCO) establishing monitoring plans for residents who were classified as high risk for sexual victimization.
- 100% compliance with the providing of PREA information during orientation to new arrivals.
- 100% compliance for staff completion of annual PREA training by the end of the training year.
- There have been no allegations of sexual abuse or sexual harassment in 2022.
- 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.
- The facility replaced and upgraded two exterior cameras: one in the parking lot and the other in the backyard.

Identified Gaps and Associated Action Plans:

- Continue to strive to improve and enhance any PREA-related protocols and safety measures.
- Incorporate PREA topics in the quarterly tabletop exercises.

Critical Objectives for 2023:

- 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 a 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.
- Invite our sexual assault advocate from SARC to attend the quarterly resident meetings to discuss their services.
- 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 | 0 | 1 | 0 | 0 | 0 | 11 | 0 | 0 | 0 | 12 |
| 2020 | 0 | 1 | 0 | 1 | 0 | 10 | 0 | 0 | 0 | 12 |
| 2021 | 0 | 0 | 0 | 1 | 0 | 6 | 0 | 0 | 0 | 7 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 3 | 0 | 10 |

Accomplishments for 2022 / 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 14,000 individuals in communities across Washington. CCD employees promote reintegration and public safety by providing guidance, support and program opportunities for all individuals returning into 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 2023:

- Current data reveals that there have been ten allegations of sexual abuse and sexual harassment made in CCD locations during this reporting period. Of the ten, seven were unfounded and three are currently under review. This is a slight increase from the last reporting period. 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 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 Reentry. 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 12 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 five (5) in 2021 to four (4) in 2022. At the time of this report, one (1) allegation was substantiated, two (2) allegations were unsubstantiated, and one (1) allegation was unfounded.

| 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 | 2 | 0 | 0 | 0 | 9 |
| 2017 | 0 | 2 | 0 | 7 | 0 | 1 | 0 | 0 | 0 | 10 |
| 2018 | 0 | 0 | 0 | 6 | 0 | 4 | 0 | 0 | 0 | 10 |
| 2019 | 0 | 2 | 0 | 2 | 0 | 7 | 0 | 0 | 0 | 11 |
| 2020 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 4 |
| 2021 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 5 |
| 2022 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 4 |

Accomplishments for 2022 / Assessment of Facility Progress:

- Supplemental PREA training occurred with all CI staff at Washington State Penitentiary on the specific risks, signs of compromise, and best practices related to CI operations.
- Increased the number of trained staff investigators and decreased the timeline for investigations from initiating to finalizing.

Identified Gaps and Associated Action Plans:

- PREA investigations that occurred were initiated for staff who had been employed a short time and had not attended CORE due to COVID-19 backlogs in training opportunities.

Critical Objectives for 2023:

- Continue to support a zero-tolerance culture, and the healthy, safe work environments.
- Increase the number of trained staff investigators with the goal of decreasing the timeline for initiating to finalizing investigations.
- As capacity allows, provide 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 900 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 | 3 | 0 | 4 | 0 | 10 | 0 | 0 | 0 | 17 |
| 2017 | 0 | 3 | 0 | 3 | 0 | 19 | 0 | 0 | 0 | 25 |
| 2018 | 0 | 5 | 0 | 1 | 0 | 15 | 0 | 0 | 0 | 21 |
| 2019 | 0 | 4 | 0 | 8 | 0 | 21 | 0 | 0 | 0 | 33 |
| 2020 | 0 | 5 | 0 | 17 | 0 | 13 | 0 | 2 | 0 | 37 |
| 2021 | 0 | 0 | 0 | 9 | 0 | 9 | 0 | 0 | 0 | 18 |
| 2022 | 0 | 4 | 0 | 5 | 0 | 24 | 0 | 7 | 0 | 40 |

Accomplishments for 2022 / Assessment of Facility Progress:

- Identified current list of certified health services PREA trainers.
- Initiation of bi-monthly meetings established with the Assistant Secretary, Health Services administrators, and Health services Human resources to review progress of PREA investigations and ensure timeliness of completion.
- Encouraged health services staff across the state to engage in PREA training opportunities.
- Trained staff in addressing the transgender population by utilizing correct pronouns to avoid mis-gendering.
- Due to COVID-19 and the cancellation of training classes and some on-line training, some facilities incorporated available web based PREA training and specially developed PowerPoint training for onboarding to ensure new staff received the appropriate PREA training before working in the facility.
- Initiation of a PREA Investigation tracking document that allows the investigator, Human Resources, and the Appointing Authority to track the progression of the PREA Investigations.

Identified Gaps and Associated Action Plans:

- Lack of health services staff certified as PREA investigators at each facility had a negative impact on the completion of investigations.

Critical Objectives for 2023:

- 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.
- Additional investigators were assigned to Health Services to impact the timeliness and completion of PREA investigations.

REENTRY DIVISION

The Reentry Division within the DOC encompasses Reentry Centers (formerly known as work/training release facilities), Correctional Industries, Education, Transition Services, Cognitive Behavioral Intervention, Housing Voucher Services, Community contracts, and Strength in Families programming. The staff who comprise the Reentry division work throughout the Reentry Centers, prisons, and field offices. Each of these dedicated individuals is responsible for providing pathways for successful transition 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 | 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 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 |
| 2017 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| 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 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 4 | 0 | 5 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |

Accomplishments for 2022/ Assessment of Facility Progress:

- During the calendar year of 2022, the Reentry Division has resumed normal operations. Identified staff continue a modified teleworking schedule including direct in-person contact with incarcerated individuals, residents, and workers. Services are provided, and the DOC is utilizing onsite work locations along with computer processes such as tablets to engage the population. During 2022, one (1) case was opened for investigation. Each reentry center report out individually, as does Correctional Industries.
- The SharePoint site is ensuring proper reporting, investigations, and follow through to closure. The site captures each case as it moves through the process. This continues to allow the Appointing Authority to review cases and ensure timely resolution as well as closure. The benefits to this site are that documents are attached to each case so they can be shared even when cases are across the state, the site is restricted to maintain confidentiality of all parties involved, and now provides a detailed tracking of all cases including archiving as required by DOJ standards.

Identified Gaps and Associated Action Plans:

- One area identified during this reporting period is that agency divisions need a focused communication process to ensure that all are working cross-divisionally in alignment with each other to ensure follow thru, confidentiality, and follow-up as an individual transitions through our system. Efforts are being made to this extent as we return to a new normal from the COVID-19 pandemic.

- The agency conducted a realignment with our GRE/CPA programs transferring to the Community Corrections Division. Any PREA related cases, complaints, concerns reported as a result will need to be communicated and transferred to the appropriate appointing authority for ensuring compliance standards are met. In some cases, like last reporting period, allegations being reported at the local facility level are still not reported to the Reentry Division in a timely manner in order to take the necessary action(s) and/or initiate a timely investigation. Appointing authorities from both divisions are working through this as there have been many changes in leadership who need the orientation and protocols messaged for consistency. Efforts are being made during 2023 to work more closely with facility Superintendents and Appointing Authorities in order to improve services and compliance standards.

Critical Objectives for 2022:

- COVID-19 impacted in-person training and the onboarding of new hires. As DOC has resumed normal operations across the agency, reentry is resuming many in-person trainings including CORE, new employee orientation, and onboarding at the local level.
- The Appointing Authorities continue to support a zero-tolerance culture and the healthy, safe incarceration, partial confinement of individuals under the jurisdiction of Reentry. This remains a priority by the focus on timely investigations, proper tracking and reducing closure times by developing an electronic system to maintain information on each reported allegation including following up with victims to ensure their safety and wellbeing.

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 | 1 | 3 | 2 | 0 | 0 | 5 | 4 |
| 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 | 0 | 0 | 0 | 2 | 3 |
| 2020 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 3 |
| 2021 | 0 | 1 | 1 | 1 | 1 | 0 | 2 | 0 | 4 | 2 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |

DEFINITIONS as updated 11/2020

Sexual Misconduct includes aggravated sexual assault, individual-on-individual sexual assault, sexual abuse, and sexual harassment. It also includes staff-on-individual 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 individuals under the Department's jurisdiction 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 individual that occurred within the previous 120 hours and involve penetration or exchange of bodily fluids.
- B. **Individual-on-Individual Sexual Assault** is an incident in which one or more of the following acts occurs between 2 or more individual 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 individual, 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 individuals 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 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 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 individual to touch the genitalia, anus, groin, thigh, breast, or buttock of any staff or another 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 individual or allowing oneself to be kissed by an individual.
6. Any display by a staff of his/her uncovered genitalia, breast, or buttock in the presence of an individual.
7. Voyeurism - An invasion of privacy of an individual by staff for reasons unrelated to official duties, such as peering at an individual who is using a toilet in their cell to perform bodily functions, requiring an individual to expose their buttocks, genitals, or breasts, or taking images of all or part of an individual'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 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 individuals 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 individual directed toward another, or
2. Deliberate and repeated verbal comments or gestures of a sexual nature to an 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 individual.

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.”