

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility: Airway Heights Corrections Center	
Physical address: 11919 W. Sprague Avenue	
Date report submitted: Airway Heights, WA. 99001-1899	
Auditor Information	
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Date of facility visit: February 23, 2015	
Facility Information	
Mailing address: P.O. Box 1899	
Telephone number: (509) 244-6700	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private not for profit
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
Name of PREA Compliance Manager: Brenda DeShazer	Title: PCM
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Agency Information	
Name of agency: Washington Department of Corrections	
Governing authority or parent agency: (if applicable)	
Physical address:	
Mailing address: P.O. Box 41118, Olympia, WA 98504-1118	
Telephone number:	
Agency Chief Executive Officer	
Name: Bernard Warner	Title: Secretary
Email address: bewarner@doc.wa.gov	
Agency-Wide PREA Coordinator	
Name: Beth Schubach	Title: PREA Coordinator

AUDIT FINDINGS

NARRATIVE:

The PREA Audit of the Airway Heights Corrections Center (AHCC) was conducted on February 23-26, 2015. (When referring to “the facility,” unless otherwise noted, this term is intended to reference Airway Heights Corrections Center). The Designated Auditor, Johnnie Wallace, was assisted by Floyd Lee Sherman and Jessica Mathews all being Certified PREA Auditors.

The audit team wishes to extend its appreciation to Superintendent Maggie Miller-Stout and Ron Haynes Associate Superintendent and their staff for the professionalism, hospitality, and kindness they showed the audit team.

The audit team also wishes to compliment the Washington DOC PREA Coordinator, Beth Schubach for her outstanding work in organizing and assisting us with the requested information prior to and during the audits. This enabled the audit to move forward very efficiently. Ms. Miller-Stout and Brenda DeShazer, PREA Compliance Manager, both did an outstanding job providing detailed information to the audit team prior to our arrival as well as during the on sight tour. They were highly organized and had a clear understanding of the requirements of each standard.

Following the Entrance Meeting, the audit team was given a very thorough tour of the Airway Heights Corrections Center. Following the tour, the audit team began the interviews and reviews of files and other documents.

At least one offender from each housing unit was interviewed. Those interviewed were randomly selected, by the auditors, from a list of all the offenders in the facility. In addition, offenders who were identified as being in a designated group (i.e., disabled, limited English speaking ability, gay, or who had reported a sexual abuse, etc.) were also interviewed.

At least 10, randomly selected, correctional officers and other identified specialized staff were interviewed, including the Superintendent, PREA Compliance Manager, first responders, volunteers, health care providers, and mental health professionals.

The audit team was impressed by how knowledgeable the correctional officers and other staff were about PREA, offender rights regarding PREA, first response, and evidence collection. The vast majority of staff clearly understood PREA and the agency’s commitment to it. Superintendent Miller-Stout is committed to implementing and ensuring compliance with the PREA standards within her facility and it was very apparent to the audit team.

Health care and mental health services that provide services to the offenders at AHCC are very professional and knowledgeable with regard to their responsibilities when responding to PREA allegations and the protocols for follow up and treatment.

When the on-site audit was completed, the audit team conducted an exit meeting. The audit team did give a brief overview of the audit and thanked the Airway Heights Corrections Center staff for their hard work and commitment to the Prison Rape Elimination Act. The audit team made some recommendations at that time to the PREA Compliance Manger and offered any assistance needed in making improvements or changes.

DESCRIPTION OF FACILITY CHARACTERISTICS:

On the first day of the audit the count was approximately 2180 male offenders and housed sentenced inmates. Housing units are a mixture of dormitory and celled housing units with indirect and direct supervision. There are two distinct facilities, the main sentenced facility and a smaller work camp facility, named the MSU. The Airway Heights Corrections Center has 2,258 beds. Offenders assigned to the facility are given work details and programming assignments.

The facility is managed by Superintendent Maggie Miller-Stout. The custody level includes minimum, medium and close custody. The housing units are K, L, M, N, R, T, with the MSU containing housing units C-4 and C-5. The facility operates a medical/mental health unit, confinement units, program areas, dining hall, religious services building and has a large amount of recreation space. The facility opened in 1992. The facility offers programming that is both educational and employment/vocational based and includes:

Educational and Offender Change programs:

- Adult Basic Education
- Chemical Dependency Treatment
- Dog Training and Adoption Program
- English As A Second Language
- General Education Development (GED)
- Job Search
- Sex Offender Treatment Program (SOTP)
- Stress Anger Management
- Victim Awareness

Work and Vocational Programs:

- Aerospace Composites (I-BEST)
- Bindery
- Bookkeeping
- Computer Basics
- Computer Refurbishing
- Food Service
- Interactive Media
- Maintenance (custodial, plumbers, painters, home builders, laundry, upholstery)
- Optical Lab
- Reforestation activities and fire suppression for Department of Natural Resources
- Teacher's Aides
- Upholstery

Superintendent Maggie Miller-Stout should be proud of her facility and staff as AHCC should be considered a role model for her department. Every area toured was clean, secure and organized. Furthermore, Ms. Miller-Stout shared in the final meeting with the audit team a prior inmate on inmate rape that took place while she was on duty some years ago. Thankfully, this event ended with criminal proceedings. It left a lasting impact for all involved and has cemented Ms. Miller-Stout's commitment to the PREA standards.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 3
Number of standards met: 37
Number of standards not met: 0
Number of standards N/A: 3

Standard number here **115.11 Zero tolerance of sexual abuse and coordinator**

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

Auditor comments, including corrective actions needed if does not meet standard

The Agency has a zero tolerance policy, as well as a state-wide PREA coordinator and a facility level PREA compliance manager. The Agency meets the requirements with no issues noted.

Standard number here **115.12 Contracting with other entities for the confinement of inmates**

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

Auditor comments, including corrective actions needed if does not meet standard

The facility provided examples of the amendment that is utilized in new contracts and examples of current contracts. These examples provided and the explanation provided by the PREA coordinator meets the requirements of the standard.

Standard number here **115.13 Supervision and Monitoring**

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

Auditor comments, including corrective actions needed if does not meet standard

The facility receives their staffing plan from Headquarters, which addresses the annual review of staffing plans and patterns. This facility provides quarterly updates in the form of vulnerability assessments to Headquarters. Furthermore, annual updates are accomplished in the form of audits to ensure compliance with ratios and with updating any deficiencies. The Vulnerability assessments addressed all requirements for video monitoring, blind spots, and security issues. Unannounced rounds are completed by upper management and recorded. This facility meets the requirements in 115.13.

Standard number here 115.14 Youthful Inmates

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

Auditor comments, including corrective actions needed if does not meet standard

Standard number here 115.15 Limits to Cross Gender Viewing and Searches

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

Auditor comments, including corrective actions needed if does not meet standard

This standard has six components, with the first requiring that cross gender strip searches or body cavity searches not be conducted unless when performed by medical practitioners unless an exigent circumstance existed. This facility did not have any exigent circumstances and follows the requirement.

The second component is not applicable to this facility. The third component of the standard requires that in exigent circumstance that documentation be completed. The process was verified. However, no occurrences have occurred. Furthermore, this facility doesn't house female offenders which make the last portion of this requirement non-applicable.

The fourth component of this standard requires the facility to enable inmates to shower and perform bodily function without observation by non-medical staff. The audit revealed one restroom in the facility that was not compliant in this standard. The announcement

requirement was supported by staff interviews. However, inmate interviews and observed announcements did not meet this requirement.

The fifth component was supported by inmate and staff questions as well a policy. The sixth component was supported by a training spreadsheet and the training materials. Overall the auditors feel this facility has met the requirements of the standard and give the following recommendations for ensuring a more complete compliance.

Recommendations:

It is recommended that the restroom in E111 be placed in out of order status until it can be redesigned to eliminate the viewing of the inmate performing bodily functions.

It is also recommended that the practice of opposite gender announcements be stressed to staff. They were aware of the requirements and the mods all had signs warning inmates of the possibility of opposite gender staff. However, the practice needs to be more ingrained into the staff's routine.

Standard
number here

115.16 Inmates with disabilities and inmates who are not English proficient

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

Auditor comments, including corrective actions needed if does not meet standard

This standard has three elements for the facility to meet. These components were met with the various efforts that the facility undertakes in order to provide inmates with disability to participate in the benefits of the facilities efforts to prevent detect and respond to sexual abuse. This facility provides interpreting services, graphic novels, on site interpreters and multi-language posters/flyers regarding services and education. This facility doesn't rely on inmate interpreters in meeting the requirements of this standard.

Standard
number here

115.17 Hiring and promotion decisions

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

Auditor comments, including corrective actions needed if does not meet standard

The agency has a policy and the practice that prohibits the hiring of staff and contractors who may have contact with inmates and have engaged in sex abuse in a prison, lockups,

etc..., and/or convicted of engaging in a sexual activity, or civilly or administratively adjudicated to have conducted these activities. Criminal background checks are conducted on all staff/contractors prior to hire and every five years. For security staff these background checks are done every year as they are required to accomplish this for the carrying of firearms. The background checks are ran by birth month and organized in an efficient manner so as to ensure compliance. The background checks include NCIC, local resources, and prior employment questions for initial hire in compliance with 115.17 a-h.

Standard
number here

115.18 Upgrades to facilities and technology

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

Auditor comments, including corrective actions needed if does not meet standard

Standard
number here

115.21 Evidence protocol and forensic medical examinations

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

Auditor comments, including corrective actions needed if does not meet standard

This standard has eight components for compliance. The first component requires the facility to follow a uniform evidence protocol. This is supported by policy and by interviews with investigators and staff. Furthermore, a lesson plan for the handling of evidence was provided which further supported the requirement.

The second component is applicable to a facility where youth are detained or housed, which is not applicable to this facility. However, this facility did provide the agency training requirements for this standard.

The third component requires access to forensic exams without charge to the victims. This facility provided documentation of this and was further supported by interviews with staff.

The fourth component requires the facility to make available to the victim a victim advocate. This facility provides multiple ways to inform the inmates of this availability and provides victim advocacy access free from the inmate phone system. This was supported by an MOU, interviews and a test call to the victim advocacy line.

The fifth component is the requirement of a victim advocate to accompany a victim if requested by the victim through the medical examination and investigatory interviews. These requirements were supported by interviews with staff and with inmates and further supported by policy requirements, MOU, and procedures.

The sixth component for requiring an agency conducting investigation relating to sexual abuse's requirement to abide by all the previous substandard to this standard is supported by a memo and contract provided in the facilities pre-audit questionnaire. The seventh and eighth components are non-applicable to this standard.

Standard
number here

115.22 Policies to ensure referrals of allegations for investigations

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

Auditor comments, including corrective actions needed if does not meet standard

The facility provided a log detailing that cases were completed in regards to all allegations of sexual abuse and sexual harassment. The facility provided policies 490.850 and 490.860 which addressed the second component of this standard regarding the referral of allegations.

Standard
number here

115.31 Employee training

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

Auditor comments, including corrective actions needed if does not meet standard

The facility staff is trained in all of the required elements of the standard. The training curriculum was reviewed which verified that the requirements were met. Training is conducted with entry level training and a Learning Management System for yearly training. Furthermore, specialized training is conducted for specialized job classes. Electronic verification of training was provided verifying the staff training.

Standard
number here

115.32 Volunteer and contractor training

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

Auditor comments, including corrective actions needed if does not meet standard

Training requirements are met as required by 490.800 and as required by the standard. The training is based upon their level of contact with inmates. In situations as vendors having very limited contact with inmates, training is conducted with a PREA brochure, acknowledgment and are under escort at all times.

Standard
number here

115.33 Inmate education

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

Auditor comments, including corrective actions needed if does not meet standard

The first component of this standard requires that during the intake process inmates receive information explaining the agencies zero tolerance policy and how to report incidents. This facility requires inmates to attend an intake session in which this is explained along with the second component of the standard for comprehensive education regarding their rights to be free from sexual abuse and harassment.

The facility provided an electronic spreadsheet of inmate's participation in the sessions which demonstrated their compliance with timelines for training the inmate population. Furthermore, documentation was verified as to facility providing continuously and readily available education and information to the inmates through posters, brochures, handbooks, etc.

Standard
number here

115.34 Specialized training: investigations

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

Auditor comments, including corrective actions needed if does not meet standard

In the first component of this standard the facility provided documentation of the lesson plan and training requirements for its investigators. The facility provided the lesson plans and training documentation which demonstrated compliance with the 2nd and 3rd components of the standard. This documentation related the requirements for providing training in Miranda, Garrity warnings, sexual abuse evidence collection and with documenting the training. The quality and content of this training and the lesson plans goes above and beyond the requirements of the standard and reflects a dedication to the core precept of sexual safety in the confinement setting.

Standard
number here

115.35 Specialized training: medical and mental health care

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

Auditor comments, including corrective actions needed if does not meet standard

The facility provides basic PREA training to medical and mental health practitioners and follows up with specialized training developed by the Agency. This specialized training addresses all of the standards requirements. The second component of this standard is non-applicable as staff does not conduct forensic examinations.

Standard
number here

115.41 Screening for risk of victimization and abusiveness

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

Auditor comments, including corrective actions needed if does not meet standard

The first component of this standard requires that Inmates be assessed during an intake screening and or transfer to a facility for their risk of being sexually abused or by being sexually abusive towards other inmates. Interviews with staff and with inmates support this component of the standard.

The second component requires screening ordinarily within 72 hours of arrival. The facility provided documentation that this occurs and provided copies of the screening tool. Upon review of the tool it was found to meet the standard of the third component in regards to an objective screening tool.

The fourth component requires the screening tool to address the 10 sub-issues required for evaluation risk. The tool was found to accomplish the basic requirements. During the on-site audit it was discovered that the language of the screening tool related to whether an inmate perceives themselves to be LGBTI states: *Behavior characteristics or display of sexual orientation in a way that projects vulnerability (is or is perceived to be gay, lesbian, transgender, intersex, or gender non-conforming) (If "Yes", narrative required)*. The agency has thus issued a memo dated 3/11/15 which addresses this component and how to approach an inmate to illicit information in a non-threatening, information gathering method. The fifth component is addressed in the agencies screening tool under Sexual Predation Potential.

The sixth component was verified by interviews with staff who conduct the risk assessment. Staff related that within the 30 days, staff completes an entirely new risk assessment. Furthermore, this was supported with a spreadsheet of completed assessments

The seventh component is supported by 490.820 and case references in which this standard was met. Furthermore, this was supported by staff interviews relating the compliance.

The eighth component requires that inmates not be disciplined for refusing to answer or disclosing information in response to the screening tools. No evidence was discovered that related this occurs. Interviews with staff indicate that this doesn't occur.

The final component of the standard requires that the agency implement controls on the dissemination with the facility for the sensitive information related to the inmates responses to the screening tool. Interviews with screening staff, the PREA compliance manager and the PREA coordinator revealed that this information is highly restricted and based upon a staffs job duties and their need to know. The permission for access is granted from the PREA coordinator.

Standard
number here

115.42 Use of screening information

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

Auditor comments, including corrective actions needed if does not meet standard

The first component of this standard requires that information received from the screening tool be utilized in housing, bed, work education and program assignments. The facility provided an in depth LMS and Housing guide which meets this requirement. Furthermore, this standards compliance was supported by interviews with staff.

The second component for individual determination about how to ensure the safety of each inmate was met with verification of the process through interviews and memo from Liza Rohrer.

The third component requires a case by case determination when deciding to assign a transgender or intersex inmate to a male or female facility. The supporting documentation and forms associated with the referral from the committee to the appointing authority to the Deputy Director, supports this standard. Furthermore, the provided documentation meets the fourth component to the standard with 6 month reviews.

The fifth component is supported by the review form 02-384 in policy 490.820 and the inmates own perception of safety. Furthermore, it is supported by interviews with staff.

The facilities structural design with shower facilities and open dorm construction provides inmates the ability to shower when needed. Therefore, the sixth component providing for intersex and transgender inmates to shower separately from other inmates has been met.

The final component of the standard prohibits the agency/facility to place an inmate who has identified as LGBTI into a separate housing/facility/unit based solely upon their identification as LGBTI. This facility places inmates assigned by custody level and doesn't place an inmate based upon an identified status with LGBTI.

Standard
number here

115.43 Protective custody

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

Auditor comments, including corrective actions needed if does not meet standard

Policy 490.820 prohibits placing inmates at high risk for sexual victimization in segregated housing. Alternative housing can be arraigned in Ad-Seg for no more than 24 hours in an emergency. However, during this auditing period no instances of this had occurred. Alternative can be made in infirmary until mental health can screen inmates for alternatives. However, no occurrences of this have occurred. This was verified by the provided spreadsheets and interviews with staff.

Standard
number here

115.51 Inmate reporting

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

Auditor comments, including corrective actions needed if does not meet standard

The facility had multiple ways for inmates to privately report sexual abuse and sexual harassment. This was demonstrated by their handbook, posters, and brochures and reinforced during their Intake session. The agency utilizes a unique method of providing an outside reporting agency with the use of the Oregon Department of Corrections. This agreement is backed by a MOU and outlines the requirements of the standard and reporting. Staff interviews support the third component and fourth component of the standard with accepting reports made verbally, in writing, anonymously or by third party and for providing a private reporting measure. Furthermore, these standards are supported by brochures, training and with policy 490.800.

Standard
number here

115.52 Exhaustion of administrative remedies

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

Auditor comments, including corrective actions needed if does not meet standard

This standard doesn't apply to this facility. However, the agency does address in policy 490.850 when an allegation is received through the grievance system.

Standard
number here

115.53 Inmate access to outside confidential support sources

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

Auditor comments, including corrective actions needed if does not meet standard

This standard has six components for compliance which are addressed in 490.800. The first component relates to the facility providing inmates with access to outside victim advocates for emotional support services. This component is supported by policy, brochures, posters and with posted telephone numbers.

The second component is addressed in policy and detailed in the inmate literature.

The third component requires the agency to maintain or attempt to enter into a memorandum of understanding with community service providers for confidential emotional support services. This was met with documentation provided regarding a MOU with the Office of Crime Victims Advocacy.

Recommendation:

It is noted in policy that abuses of the Victim Advocacy system would be reported to the Superintendent or Statewide Programs/Work Release Administrator for action as needed. The concern is that this information is widely known and advertised and could easily be abused. This in turn would cause an overburdening of the community service provider. It is recommended that this information only be disseminated to inmates who have requested the information, is referred by mental health and/or has been identified as a victim.

Standard
number here

115.54 Third party reporting

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

Auditor comments, including corrective actions needed if does not meet standard

The standard requires that an agency establish a method to receive third-party reports of sexual abuse and distribute publically how to report sexual abuse and sexual harassment on behalf of an inmate. This standard is met with the information provided with the Agencies web site and on site brochures and posters.

Standard
number here

115.61 Staff and agency reporting duties

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

Auditor comments, including corrective actions needed if does not meet standard

The first component of this standard requires the agency to immediately have staff report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation or staff neglect. These requirements are met with policies 490.850 and 490.800 and attachment 2 and further supported by interviews with staff.

The second component of this standard relating to the confidentiality of the information and the requirement not to reveal any information is supported by the above mentioned policies and with staff interviews.

The third component relates to medical and mental health practitioners requirement to report unless prohibited by federal, state laws. This standard is supported by policy, posters and by the interviews with specialized staff.

The fourth component requires the reporting of vulnerable adults to appropriate agencies as required by law regarding allegations. The facility provided documentation with 350.550 requiring the notification of Adult Protective Services. However, they did not have any examples of this occurring during the audit time frame.

The final component of this standard requires that all allegations of sexual abuse and harassment be reported to the facility's investigators. A memo describing the process from the PREA coordinator, relates that this does occur after a vetting process to ensure the complaint meets the standards definitions of sexual abuse and sexual harassment. Therefore, this is determined to meet the requirement.

Standard
number here

115.62 Agency protection duties

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

Auditor comments, including corrective actions needed if does not meet standard

The agency policies, 490.820 and 490.850 supported by interviews conducted on staff verify that this standard has been met.

Standard
number here

115.63 Reporting to other confinement facilities

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

Auditor comments, including corrective actions needed if does not meet standard

The agency policy 490.850 meets these requirements. Furthermore, the facilities actions have been verified with copies of emails, notifications and checklists. This facility is in compliance with the requirements within this standard.

Standard
number here

115.64 Staff first responder duties

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

Auditor comments, including corrective actions needed if does not meet standard

The first component of this standard requires that the first responder perform certain action to make the scene safe, with the separation of alleged victim and aggressor and the preservation of evidence. This is supported by policy 490.850 and attachment 1. This was further supported with the staff interviews.

The second component of the standard requires that if a first responder is not a security staff member that they request the victim not take any actions to destroy evidence and to notify security staff. This is also supported with policy 490.850 and with specialized support staff interviews.

Standard number here **115.65 Coordinated response**

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

Auditor comments, including corrective actions needed if does not meet standard

The facility follows policy 490.850 and attachment 6 in regards to 115.65 and the requirement for a written plan to coordinate actions taken in response to a PREA incident. This was supported by an operational memo and with the interview of the superintendent.

Standard number here **115.66 Preservation of ability to protect inmates from contact with abusers**

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

Auditor comments, including corrective actions needed if does not meet standard

A review of the agreements and memo of understandings relate that this facility complies with the requirement to not enter into a collective bargaining agreement which limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of the investigation. The facility is found to be in compliance with this requirement.

Standard number here **115.67 Agency protection against retaliation**

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

Auditor comments, including corrective actions needed if does not meet standard

The first component of this standard requires the agency to have a policy which protects inmates and staff who report sexual abuse and harassment against retaliation. The agency has provided policy 490.860 which meets this requirement.

The second component of this standard is met with policy 490.850 and the actions taken by the facility to protect against retaliation, such as housing changes, program changes or the placing of alleged aggressor in segregation.

The third component requires monitoring to be in place for at least 90 days and the fourth standard requires that periodic status checks be conducted on inmates. This is supported by policy and by interviews with staff that complete the retaliation checks. Periodic checks are accomplished at 30, 60 and 90 day intervals.

The fifth component of this standard requires that if any other individual who cooperates with an investigation who expresses a fear of retaliation, the agency will protect the individual. This standard is not directly addressed in policy, however, it was verified by staff interviews.

Recommendation:

It is recommended that a subsection be added in 490.850 which addresses when other individuals who cooperate with an investigation express a fear of retaliation that the agency shall take appropriate measures to protect the individual against retaliation. Currently, the policy only addresses staff, victims and or the individual filing the claim.

Standard number here	115.68 Post-allegation protective custody
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy 490.820 prohibits an inmate from being placed into segregated housing unless for their safety, has time limitations, and requires documentation of no alternative housing available. This facility utilizes their infirmary cells when and if such a situation exists. However, this is only until mental health completes an evaluation and or it is agreed that it is safe to return the inmate to general population. The facility complies with all the components of 115.43 in regards to an inmate who has suffered sexual abuse. This has been verified with policy and interviews with specialized staff.

Standard number here	115.71 Criminal and Administrative agency investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The first component of this standard requires an agency who conducts its own investigation to do so promptly, thoroughly and objectively. The documentation provided with case follow up and investigations coupled with the specialized staff interviews verified that this occurs.

The second component was supported by documentation of the investigator training and the lesson plan and training materials utilized in meeting standard 115.34.

The third component requires that investigators gather and preserve direct and circumstantial evidence, interview victims, suspected perpetrators and witnesses. This component has been met and verified by the training documentation and interviews with specialized staff.

The remaining components are supported by policy, training documentation, facility memos and with staff interviews. This facility utilizes outside agencies to investigate sexual abuse and has an MOU that supports this component. Furthermore, staff interviews related the working relationship with this agency and the endeavors utilized to stay informed with a cases progression through the investigative process.

Standard
number here

115.72 Evidentiary standard for Administrative investigations

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

Auditor comments, including corrective actions needed if does not meet standard

The standard requires the agency to impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated. This is supported by memo, training material and with interviews with specialized staff.

Standard
number here

115.73 Reporting to inmate

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

Auditor comments, including corrective actions needed if does not meet standard

The first component of this standard requires the agency to notify an inmate of the outcome of an investigation. This is supported in policy, which requires a verbal notification of the inmate and a written notification when the inmate has been released from custody. This procedure was verified by memo and by staff interviews.

The second component requires an agency to request relevant information form an outside investigate agency in order to inform an inmate of the finding of a case. The facility receives email notifications from outside agency in regards to this information and the inmate is

informed of the status. This is supported by a facility memo and spreadsheet indicating the notification.

The third component of this standard requires the notification of an inmate of an investigation involving a staff allegation and the results of the investigation to include whether the staff member is still employed at the facility. A facility memo indicates that this notification occurs. However, the facility discovered that ongoing notification of the inmate was not occurring. The standard doesn't address ongoing notifications. However, it is implied that through notification it may be an ongoing process. The facility has made changes to their notifications with ongoing notifications to address this self-identified issue.

The fourth component requires an agency to inform another inmate who has been sexually abused by another inmate, of the indictment or conviction of the alleged abuser. Policy requires this notification. The agency did not have any examples of this during the audit period. Furthermore, the fifth component of documentation of notification regarding this component is not supported due to the lack of examples during this audit period. The agency has been determined to have met the intent of this requirement.

Standard
number here

115.76 Disciplinary sanctions for staff

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

Auditor comments, including corrective actions needed if does not meet standard

The first three components of this standard require that staff be subject to disciplinary sanctions, with termination being the presumptive action for sexual abuse and that disciplinary sanctions must be commensurate with the nature and circumstances of the acts committed. These requirements are met with policy 490.800, 490.860 and with RCW 72.09.225. The fourth requirement requires all terminations for violation of sexual abuse or sexual harassment shall be reported to LE agencies unless not criminal and to any relevant licensing bodies. However, there were no occurrences reported during the audit cycle to demonstrate or support these standards. Based upon the policies this facility is deemed to have met the requirement of this standard.

Standard
number here

115.77 Corrective action for contractors and volunteers

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

Auditor comments, including corrective actions needed if does not meet standard

This standard requires that contractors or volunteers who engage in sexual abuse are prohibited contact with inmates and reported to law enforcement. Furthermore the standard

requires that appropriate remedial measures are taken and consider whether to prohibit further contact with inmates regarding sexual abuse or sexual harassment policy violations. The agencies policy 490.860 and RCW 72.09.225 support these requirements. However, no occurrences of this that are substantiated were provided to the auditors in order to further support the actions of the facility. Based upon the policy requirements and applicable laws, the facility is deemed to be in compliance with this standard.

Standard
number here

115.78 Disciplinary sanctions for inmates

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

Auditor comments, including corrective actions needed if does not meet standard

The first component of this standard requires that inmates be subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on inmate sexual abuse or following a criminal finding of guilty for sexual abuse. This requirement is supported in 460.000

The second component requires that sanctions be commensurate with the nature and circumstances of the abuse committed, the inmates discipline history and sanctions imposed for comparable offenses. This is supported by policy 4600.00, WAC 137.28 and 320.150 and by supporting documentation.

The third component requires the discipline process to consider whether an inmate's mental disabilities contributed to their behavior. The facility did not have any supporting documentation to support this component. However, the facility related in a memo that these situations are staffed with mental health employees when looking at potential disciplinary action. The Superintendent interview supported this action and compliance with the standard.

The fourth component requires the facility to consider whether to require an offending inmate to participate in therapy/interventions as a condition of access to programing or other benefits. This is addressed in 320.150 and was verified with specialized staff interviews.

The fifth component is supported with Operation Memorandum 460.00 and 320.150 as an inmate may be disciplined for sexual contact with staff upon a finding that the staff member did not consent to such contact.

In policy 490.860 it relates that "A report of sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation." Therefore, the sixth component of this standard is satisfied.

The seventh component is supported by policy 490.800 and attachment 1. Therefore, this standard is met.

Standard
number here

115.81 Medical and mental health screenings; history of sexual abuse

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

Auditor comments, including corrective actions needed if does not meet standard

The first component of the standard requires inmates who have experienced prior sexual victimization be offered follow-up meeting with a medical or mental health practitioner within 14 days. This requirement is supported by 490.820 and 630.500. Documentation provided by the facility supported this component showing inmates who had responded with a yes response to prior sexual victimization were offered a screening with a mental health practitioner within 14 days. Furthermore, this was confirmed with interviews with specialized staff.

The second component requires inmates who have previously perpetrated sexual abuses be offered a follow-up meeting with a mental health practitioner within 14 days. This component is supported with the same policies. The facility provided documentation which supports the requirement and interviews confirmed that this was occurring.

The third component is not applicable to this facility as it is not a jail.

The fourth component requires that any information related to sexual victimization or abuse shall be strictly limited to staff as necessary to inform treatment plans, and security and management decisions. This requirement is met with Health Record guidelines, 610.025 and Doc policy 640.020.

The fifth requirement is that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. This component of the standard is meet with 610.025 and verified with specialized interviews with staff.

Standard
number here

115.82 Access to emergency medical and mental health services

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

Auditor comments, including corrective actions needed if does not meet standard

The facilities documentation with 490.850 and 610.025 and checklist support compliance with the requirements of the facility to comply with offering timely and unimpeded access to emergency medical treatment and crisis interventions services and for those when practitioners are not available. The facility offers medical staff 24 hours a day, and provided supporting documentation of their responses.

The third component of this standard requires that offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis. Policy 610.025 provides guidance for the standard. The facility has self-identified that inmates that were

referred for forensic exams did not show documentation for testing and the treatment of sexually transmitted infections prophylaxis. Therefore, this has been addressed with the IDC nurse who places the offender on call-out for an appointment for the testing and treatment to be offered. This was verified to be occurring with staff interviews. The final component of this standard requires that services be provided to a victim without financial costs. This requirement has been met with 600.000.

Standard
number here

115.83 On-going medical and mental health victims and abusers

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

Auditor comments, including corrective actions needed if does not meet standard

The first component of this standard requires the ongoing medical and mental health evaluation and treatment are offered to victims who during the time of their current incarceration have been victimized. Policy 610.25 addresses this requirement as well as 630.500.

The second component requires that victims treatment shall include follow up services, treatment plans and when necessary referrals for continued care following their transfer to other facilities or from their release from custody. These requirements are addressed in 610.040 and with 630.500 and supported by the interviews of specialized staff.

The third component requires a level of care comparable to the services provided at the community level. This requirement was verified by interviews with specialized staff and the requirements of policy 600.00.

The fourth and fifth components of this standard are not applicable to this facility as it is a male facility.

The sixth component is addressed with policy 610.025 and the same issue that was self-identified in 115.82 has been corrected with the IDC nurse.

The seventh component of this standard required that services be provided to the victim without financial cost. This requirement was verified with interviews of inmates and through policy.

The final component requires that facilities attempt to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of learning of such abuse history and offered treatment when deemed appropriate by the mental health practitioners. This is supported by 610.025 and verified with interviews from specialized staff.

Standard
number here

115.86 Sexual abuse incident reviews

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

Auditor comments, including corrective actions needed if does not meet standard

The facility conducts sexual abuse reviews on all cases which are substantiated or unsubstantiated. These reviews occur within 30 days of conclusion of an investigation and include all of the factors that are listed in the standard. The facility utilizes 490.860 and DOC form 02-383 to meet the requirements of this standard. The review team includes members of upper management and receives input from mental health, PCM, investigators and medical. This process and requirements were verified by a document review and with interviews of review team members. The facility is compliant with the requirements of this standard.

Standard
number here

115.87 Data collections

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

Auditor comments, including corrective actions needed if does not meet standard

The agency provided policy 490.800 which relates the data and requirements for this standard is provided from the agency level. The facility provided a copy of the annual report, which by the content of the report proves that all of the elements of this standard are being met. The facility has the policy requirement to provide the DOJ with requested data and this was verified by staff. Therefore, the facility is in compliance with this standard.

Standard
number here

115.88 Data review for corrective action

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

Auditor comments, including corrective actions needed if does not meet standard

The facility provided the annual report which has been approved by the agency head and is accessible via the web. This report contains aggregated data and indicated that redacted material was not necessary as no confidential information is contained within the report. This report contains a comparison of last year's data and is exceptionally detailed. The breakdown of data, organization and quality of product, exceeds the requirements of the standard.

Standard
number here

115.89 Data storage publications and destruction

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

Auditor comments, including corrective actions needed if does not meet standard

The first component of this standard requires that the agency ensure that data collected pursuant to 115.87 is securely retained. The facilities data is maintained in the Incident Management Report System within the Offender Management Network Information System. Access to these systems are reviewed and approved by the agency's emergency operation administrator. All sensitive information is restricted and requires special permission to access.

The second component requires that aggregated sexual abuse data from facilities under its direct control, private facilities with whom they contract with be readily available annually through its website. The facility provides this information via the web.

The third component requires that aggregated data have all personal identifiers removed for confidentiality. The facility and agency do not provide confidential information or information with identifiers for publication.

The fourth component requires that sexual abuse data collected shall be maintained for 10 years after the date of initial collection. The agencies record retention Schedule indicates that this information would be retained for 50 years. Therefore, the agency meets the requirements of the standard.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Johnnie P. Wallace

Auditor Signature

3-19-15

Date