

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

Interim       Final

Date of Interim Audit Report:      July 31, 2021       N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report:      November 8, 2021

### Auditor Information

Name: Roger Lynn Benton

Email: roger.benton@cdcr.ca.gov

Company Name: California Department of Corrections and Rehabilitation

Mailing Address: 1515 S Street 344-N FOPS/SH

City, State, Zip: Sacramento, CA 95811

Telephone: (916) 798-9953

Date of Facility Visit: June 14-16, 2021

### Agency Information

Name of Agency:

Washington Department of Corrections

Governing Authority or Parent Agency (If Applicable)

State of Washington

Physical Address: 7345 Linderson Way SE

City, State, Zip: Tumwater WA 98501

Mailing Address: Post Office Box 41100

City, State, Zip: Olympia, WA 98504-1100

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

### Agency Chief Executive Officer

Name: Secretary of Corrections Stephen Sinclair

Email: sdsinclair@doc1.wa.gov

Telephone: (360)725-8810

### Agency-Wide PREA Coordinator

Name: Agency PREA Coordinator Beth Schubach

Email: blschubach1@doc1.wa.gov

Telephone: (360) 725-8789

PREA Coordinator Reports to:

Deputy Secretary of Prisons

Number of Compliance Managers who report to the PREA Coordinator

12

## Facility Information

**Name of Facility:** Airway Heights Corrections Center

**Physical Address:** 11919 West Sprague Avenue

**City, State, Zip:** Airway Heights, WA 99001-1899

**Mailing Address (if different from above):**  
P.O. Box 1899

**City, State, Zip:** Airway Heights, WA 99001-1899

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

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

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
N/A

### Superintendent/Jail Administrator/Sheriff/Secretary

**Name:** Superintendent James R. Key

**Email:** jrkey@doc1.wa.gov

**Telephone:** (509) 244-6701

### Facility PREA Compliance Manager

**Name:** Associate Superintendent Kay Heinrich

**Email:** klheinrich@doc1.wa.gov

**Telephone:** (509) 244-6764

### Facility Health Service Administrator N/A

**Name:** Health Services Manager 2 Donald McIntyre

**Email:** dmmcintyre@doc1.wa.gov

**Telephone:** (509) 544-6827

### Facility Characteristics

Designated Facility Capacity:	2258	
Current Population of Facility:	1930	
Average daily population for the past 12 months:	2077	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-89	
Average length of stay or time under supervision:	2.5 years	
Facility security levels/inmate custody levels:	Minimum and Medium Custody	
Number of inmates admitted to facility during the past 12 months:	1629	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1578	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1149	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	737	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	77
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	32
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	179
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	43
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	9
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	6
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	64
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )	
<b>Investigations</b>		
<b>Criminal Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0 total Criminal Investigators	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A	
<b>Administrative Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	73 total Admin Investigators	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A	

# Audit Findings

## Audit Narrative

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

The Airway Heights Corrections Center, located at 11919 West Sprague Avenue, Airway Heights, Washington, is a medium and minimum-security adult male facility located six miles west of Spokane, Washington.

The small facility opened in 1992 and, over a five-year span and several construction phases, went from housing 10 offenders to now having the capability of holding 2200 offenders.

The Airway Heights Correctional Center is participating in a Prison Rape Elimination Act audit conducted by four certified Department of Justice auditors from the California Department of Corrections and Rehabilitation.

**The original on-site portion of the Airway Heights Correctional Center audit was scheduled for October 25-30, 2020, however, due to the COVID-19 pandemic; the on-site portion was postponed and later conducted on June 14-16, 2021.**

Additionally, at the beginning of the original pre-audit, Stephen Sinclair was the Secretary for the Washington Department of Corrections. Just prior to the on-site portion of the audit, Cheryl Strange became the new Secretary for the Washington Department of Corrections. Interviews from both Secretaries are noted in this report.

### PRE-AUDIT PHASE

On September 10, 2020, the Washington Department of Corrections, Prison Rape Elimination Act Statewide Coordinator, sent me, via email, the notification and photographic evidence, that the Notice of Audit forms for the Airway Heights Corrections Center, had been posted. The notice was copied on bright white paper with black and red letters and posted in a variety of areas to include, all nine housing unit bulletin boards, Education, Food Services to include the Kitchen and Dining rooms, Health Care services areas, Visiting areas, gymnasiums, and other recreation areas.

This posting date was over six weeks prior to the on-site review and date stamped photographic evidence was submitted demonstrating the timely posting of the notices. The facility was requested and agreed to keep all notices posted for six weeks prior to and six weeks after the on-site review. If posters were seen to be missing, additional posters were put up in their place.

The Airway Heights Corrections Center's Prison Rape Elimination Act Compliance Manager, with the assistance of the Washington Statewide Prison Rape Elimination Act Coordinator, was requested to complete the Pre-Audit Questionnaire.

On September 21, 2020, I received the Pre-Audit Questionnaire and supporting documentation that, via encrypted thumb drive, from the Washington Statewide PREA Coordinator. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility, along with the data included in the completed Pre-Audit Questionnaire.

The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, training certifications, organizational charts, posters, brochures and other Prison Rape Elimination Act related materials, which were provided to demonstrate compliance with the Prison Rape Elimination Act standards.

This review prompted some questions that were placed in written form and emailed to the Airway Heights Corrections Center's Prison Rape Elimination Act Compliance Manager, in the form of bulleted questions for clarification or additional information needed. Responses to those questions were requested be sent to me, via email, either prior to or at the beginning of the on-site portion of the audit. Answers to the questions were submitted, via numerous email and telephone exchanges, by the Airway Heights Corrections Center's Prison Rape Elimination Act Compliance Manager over a one-week period and reviewed by me prior to the on-site review.

I started completing the Audit section of the Auditor Compliance Tool by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

I receive two letters from offenders housed at the facility, prior to my arrival. I did not receive any letters while at the institution or, so far, during the post-audit portion of this audit. I also did not receive any letters from an anonymous or third-party source (family member of an offender) or staff.

Prior to the on-site visit, on September 16, 2020, I emailed staff at Just Detention International to ask if there had been any Prison Rape Elimination Act concerns/issues reported from staff or offenders at the Airway Heights Corrections Center, in the past 12 months, to their organization. On September 17, 2020, I was informed, via email, by Just Detention International staff that they had not received any written or telephonic correspondence related to the Airway Heights Corrections Center.

On May 25, 2021, I sent, via email, a copy of the agenda for the upcoming audit, to the Statewide PREA Coordinator and the Airway Heights Corrections Center's PREA Compliance Manager.

It should be noted that the last time the Airway Heights Corrections Center received their Prison Rape Elimination Act Final Report, from their last 3-year cycle, was on April 16, 2018.

Following coordination, preparatory work and collaboration with management staff at the Airway Heights Corrections Center, pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

## **ON-SITE PHASE**

On June 14, 2021, the audit team arrived at the Airway Heights Corrections Center. The on-site audit team consisted of four auditors, which included John Katavich, a Department of Justice Certified PREA Auditor and retired Superintendent for the California Department of Corrections, Nancy Hardy, a Department of Justice Certified PREA Auditor and retired Chief Deputy Superintendent for the California Department of Corrections and Rehabilitation, Dr. Kate Burkhart, a Department of Justice Certified PREA Auditor and Chief Psychologist for the California Department of Corrections and myself, a Department of Justice Certified PREA Auditor and retired Captain for the California Department of Corrections and Rehabilitation. All four members of the auditing team have completed numerous In-State Pre-Audits and several Out-of-State formal audits.

As a team, we spent approximately 90 hours on-site at the Airway Heights Corrections Center and approximately 16 additional hours completing telephonic interviews with staff, Sexual Assault Nurse Examiner, Victim Advocate (through the Rape Crisis Center), Volunteers, ect.) that were not on-site during our visit.

Upon arrival to the facility, the audit team met with the Airway Heights Corrections Center's Superintendent and PREA Compliance Manager. We also met with the Washington Statewide PREA Coordinator and numerous Custody and Non-Custody Managers for greetings, introductions and information sharing. The audit team was escorted to a conference room, which served as a home base for audit preparation and organization.

Prior to arrival at the Airway Heights Corrections Center, the audit team requested, via email and telephone conversations, the following information:

- The most current count sheet (0620 hours)
- A sheet indicating the location of all posted Notice of Audit posters
- A housing breakdown by each of the nine housing units.
- A roster of all offenders sorted alphabetically.
- A roster of all offenders sorted by housing areas.
- A roster of Specialized / Management staff that would need to be interviewed.
- A roster of custody staff working each shift, the days we arrive.
  - (0600-1400, 1400-2200 & 2200-0600 hours).
- A list and housing locations for any of the following offenders;
  - Offenders with a Physical Disability.
  - Offenders who are Blind, Deaf or Hard of Hearing.
  - Offenders that are Limited English Proficient.
  - Offenders with a Cognitive Disability.
  - Offenders who identify as Gay or Bisexual.
  - Offenders who identify as Transgender or Intersex.
  - Offenders in Segregated housing for High Risk of Sexual Victimization.
  - Offenders that reported Sexual Abuse.
  - Offenders that reported Sexual Victimization during Risk Screening.
- An inmate Orientation Booklet in each language you have. (English, Spanish...)
- 2 black and white site maps. This will be used to make sure we cover all areas during the tour.
- A schedule of any offender intake busses that will occur during our on-site visit.

Once settled in the conference room, all the requested information was provided to the auditors.

The audit team reviewed the lists and highlighted the names of random staff and random offenders we wished to interview.

The reviewed list that the audit team received contained all of the custody and non-custody staff scheduled to work on the days of the on-site review, sorted by shift. The other list contained all offenders currently housed at the Airway Heights Corrections Center, sorted by housing unit.

An additional list identified offenders according to any/all of the nine above referenced/targeted categories and the Prison Rape Elimination Act's Compliance Manager worked with the auditor to identify the offenders housing/work areas.

The staff names were randomly chosen to include various work areas, shift schedules and classifications to get a formal response of wide-spread information from around the institution.

The offender names were randomly chosen to include several offenders from each of the four housing units and classification/custody level.

The Airway Heights Corrections Center custody staff work either one of three, eight-hour shifts.

- (0600-1400, 1400-2200 and 2200-0600 hours).

On-site Review: The audit team conducted a thorough on-site review of the facility. The Washington Statewide Prison Rape Elimination Act Coordinator and the Airway Heights Corrections Center's Prison Rape Elimination Act Compliance Manager escorted the tours in two groups due to the size of the facility. Several staff, to include managers and maintenance, joined us on various parts of our tour. All staff openly answered question and shared information to the auditors.

Members of the audit teams toured the inside area of the facility to include all nine housing units, to include, the two minimum Security Housing Units (Cascade and Sierra), all six Medium Housing Units, (King, Lincoln, Mary, Nora, Robert and Tom), and the 64-Bed Administrative Segregation Housing Unit (ASU). While touring these units, we reviewed all informational bulletin boards, tested the telephone system and spoke informally to staff and offenders.

Additionally, audit team members toured the Warehouse, Steam Plant, Maintenance, Correctional Industries, Visiting, Administration Buildings, Medical and Mental Health areas, Kitchen/Dining areas, Education, Re-Entry, Culinary Arts, Laundry, the Main Yard, Gymnasium, Canteen and where Intake take place.

All four team members wrote down information about areas covered and made notations on the supplied site map indicating which area had been visited and reviewed.

During the tour, audit team members asked impromptu questions (Informal interviews) of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors (if in those areas), identified potential blind spots, and inspected bathrooms and showers to identify potential cross gender viewing concerns, etc.

In offender housing units, audit team members tested offender telephones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. Using the offender accessible telephone, we called the listed Rape Crisis Center telephone number posted on the wall and a staff person answered.

In offender work areas, audit team members assessed the level of staff supervision and asked questions (Informal interviews) to determine whether offenders are in lead positions over other offenders. Audit team members also noted the placement of Prison Rape Elimination Act notification address or telephone numbers, Rape Crisis Center information posters, Washington Department of Corrections contact numbers and outside agency's numbers, located in offender housing/limited work areas and placement of the Prison Rape Elimination Act audit notices provided earlier to the facility. As needed, audit team member took photos to document the on-site review.

### Prison Rape Elimination Act Management Interviews:

The Washington Department of Corrections Secretary, during most of the audit period was interviewed, via telephone, on October 21, 2020.

The current Washington Department of Corrections Secretary was interviewed, via telephone, on June 29, 2021.

The Washington Department of Corrections Agency Contract Administrator was interviewed, via telephone, on June 29, 2021.

The Washington Department of Corrections Statewide Prison Rape Elimination Act Coordinator was interviewed, via telephone, on October 8, 2020. The Prison rape Elimination Act Coordinator was again interviewed, in person, while we were on-site, on June 16, 2021.

The Airway Heights Corrections Center's Superintendent was interviewed, via telephone, on November 12, 2020. The Superintendent was again interviewed, in person, while we were on-site, on June 16, 2021.

The Airway Heights Corrections Center's PREA Compliance Manager was interviewed, via telephone, on November 13, 2020. The PREA Compliance Manager was again interviewed, in person, while we were on-site, on June 15, 2021.

The auditors worked with facility staff to schedule a time for each interview. Audit team members were escorted to the offices of the respective manager or arranged to utilize another office where the auditor conducted the confidential interviews using the applicable interview protocols and recorded the responses by hand.

All their summarized remarks and documentation presented, are reflected in this report.

Other Specialized Staff Interviews: Using the list of specialized staff, received from the Prison Rape Elimination Act Compliance Manager, audit team members were escorted to the work locations or centralized offices of individual specialized staff to perform the required interviews.

The audit team also identified 18 additional specialized staff classifications to be interviewed. Interviews included staff from the following areas:

- 2 Intermediate/Higher level staff responsible for unannounced rounds.
- 0 Line Staff that Supervise Youthful Offenders.
  - No Youthful Offenders are housed at the Airway Heights Corrections Center.
- 0 Staff that Educate Youthful Offenders.
  - No Youthful Offenders are housed at the Airway Heights Corrections Center.
- 2 Medical staff members
- 2 Mental Health staff members
- 0 Non-medical staff trained/involved in cross-gender searches.
  - No cross-gender searches were conducted during the audit period.
- 1 Administrative (Human Resource) staff member
- 1 Sexual Assault Nurse Examiner from the Deaconess Medical Center, located in Spokane, Washington (Telephonically)

- 1 Victim Advocate from Sexual Assault and Crime Victim Advocates located in Northwest Spokane, Washington (Telephonically)
- 4 various Volunteers (Telephonically) (Religious and Community Activism)
- 4 various Contractors (Department of natural resources, on-site)
- 3 Investigator Staff members (2 Criminal and 1 Administrative)
- 3 Staff member who perform Screening for Risk of Victimization and Abusiveness
- 1 Staff who supervise offenders in Administrative Segregated.
- 3 Sexual Abuse Incident Review Team Members
- 3 Person Responsible for Monitoring Retaliation
- 4 First Responders, all security staff members
- 1 Staff who conduct Intake Screening
- 1 Person Responsible for Institutional Contractor and Volunteer Clearances
- 1 Grievance/Appeals Coordinator
- 1 staff member that oversees the Airway Heights Corrections Center's Training Department

**Random Staff Interviews:** The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and all three shifts. Audit team members were escorted to various locations or a centralized office where identified staff members were located for the interviews. The interviews were conducted individually and in private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the Prison Rape Elimination Act interview protocols for random staff and recorded the answers by hand.

Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 30 on-site formal random staff interviews, were conducted from all categories of staff from all three shifts.

During the on-site tour, auditors would stop, speak to staff (Informal interviews) in all categories, and ask two to three questions about Prison Rape Elimination Act issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

**Random Offender Interviews:** The auditor determined that at least two or more offenders from each of the nine-housing unit would be interviewed. Audit team members were assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders, from various age groups, ethnicities and races, from their assigned housing units.

Audit team members were escorted to a centralized office where the identified offenders were made available to participate in the interview in a private interview room/office. During our on-site tour, auditors would stop, speak to numerous offenders in all categories, (Informal interviews) and ask two to three questions about Prison Rape Elimination Act issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

A total of 21 formal and numerous informal random offender interviews were conducted from offenders living in each of the various housing units. There were approximately 737 offenders housed at the Airway Heights Corrections Center.

The Airway Heights Corrections Center is currently staffed with:

- Approximately 68% Custody Staff
- Approximately 12% Correctional Industries Staff
- Approximately 12% Health Services Staff
- Approximately .5% Sex Offender Treatment Staff
- Approximately 7.5% make up various other classifications that are not listed above.

Prison Rape Elimination Act-Targeted Offender Interviews: Audit team members were assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific Prison Rape Elimination Act standards.

Targeted Offender Interviews: Using the lists of targeted offenders, received from the Prison Rape Elimination Act Compliance Manager, audit team members were escorted to a centralized office to perform interviews from the required categories.

These nine categories are:

- 2 Physical Disabled offenders were interviewed
- 2 Disabled Offenders were interviewed (Hearing, Vision & Mobility)
- 3 Limited English Proficient Offenders were interviewed
- 2 Cognitive Disability offenders were interviewed.
- 2 Gay & Bisexual Offenders were interviewed
- 6 Transgender & Intersex Offenders were interviewed
- 0 Offenders in Segregated Housing for Risk of Sexual Victimization.
  - No offenders in Administrative Segregation for Victimization during this audit period
- 3 Offenders who Reported Sexual Abuse were interviewed
- 3 Offenders who Disclosed Sexual Victimization during Risk Screening were interviewed

Audit team members selected offenders from the list received from the Prison Rape Elimination Act Compliance Manager. Each offender's housing location was determined from the alphabetical roster and audit team members were either escorted to the offender's housing unit or provided a centralized private office for interviews.

The offenders were escorted to where the auditor was located. The auditor would tell the offender why they were at this institution, what their role was in the Prison Rape Elimination Act Audit process and explain why the interviews were being conducted. The auditors would also explain that the offender's participation, although helpful, is voluntary and they could stay or leave at their convenience. The auditor then asked if the offender wanted to participate, and if so, begin to ask the line of questions in the respective interview protocols. Audit team members also conducted additional interviews of the same offender if a random offender interviewee also disclosed information suggesting that one of the above categories of Prison Rape Elimination Act interest applied to them. These additional interviews would be reflected in this report but only counted as one category or the other, but not both.

Document Reviews: The document review process was divided up between all four auditors.

### **PREA Allegation Files**

The auditors reviewed all information that indicated there were forty-eight allegations of sexual abuse/sexual harassment at the Airway Heights Corrections Center in the past 12 months.

The PREA Compliance Manager provided the audit team with additional information showing that there were forty-eight allegations of sexual abuse/sexual harassment at the Airway Heights Corrections Center in the past 12 months. The Compliance Log, provided by the PREA Compliance Manager, included areas to log a report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor saw the logbook indicating there were forty-eight allegations of sexual abuse/sexual harassment at the Airway Heights Corrections Center in the past 12 months.

Staff were informed and trained that if an allegation were to occur, to review for completeness/accuracy using a Prison Rape Elimination Act audit investigative records review tool, provided, to record the following information relative to each investigative report:

- Case#/ID
- Date of Incident
- Name(s) of Victim and Abuser (If known)
- Date of Allegation
- Date of Investigation
- Investigating Officer
- Date Report was completed
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition-Substantiated, Unsubstantiated or Unfounded
- Is Disposition Justified
- Monitoring required/needed
- Notification Given to Inmate

Auditors also reviewed employee records, employee training records, contractor and volunteer records, offender files, Medical and Mental Health files and reviewed the records maintained through the offender intake process. The auditors collected copies of documents, as necessary.

A thorough review of the Washington Department of Corrections Policies and Procedures was included in all three phases of the audit: Pre-Audit, On-site portion and the Post-Audit.

### **Employee Files**

20 Employee files were reviewed for completeness/accuracy using a Prison Rape Elimination Act Audit Employee File/Records review tool to record the following information relative to each Employee File:

To include but not limited to;

- Name/Title
- Date of New Hire, if Current Employee or receiving a Promotion
- Volunteer or Contractor
- Administrative Adjudication Checks (3 questions)

- Criminal History
- Five-year Criminal History Check (update)
- PREA Training/Documentation and signed Acknowledgement form
- Every two-year Refresher Course

A review of the various category, staff personnel files, chosen from a list of new employees, employees who were promoted and those who have been at Airway Heights Corrections Center for longer than 12 months, was conducted. All 20 showed they were in full compliance with all Prison Rape Elimination Act related information at the time of initial review. Sporadic additional informational reviews also indicated full compliance. The files were well maintained and easy to read.

### **Employee Training Files**

20 Training files were reviewed for completeness/accuracy using a Prison Rape Elimination Act Audit Employee Files/Records review tool to record the following information relative to each Employee Training File:

To include but not limited to;

- Name/Title
- Date of New Hire, if Current Employee or receiving a Promotion
- Volunteer or Contractor
- PREA Training/Documentation
- Specialized PREA Training
- Medical or Mental Health staff
- Signed Acknowledgement form
- Every two-year Refresher Course

### **Offender Files**

25 Offender files were reviewed for completeness/accuracy using a Prison Rape Elimination Act Audit Inmate Files/Records review tool to record the following information relative to each Offender File:

To include but not limited to;

- Name/Department of Corrections Number
- Date of Admission
- Program Type
- PREA Intake Screening
- Potential Victim, Aggressor and/or part of the LGBTI community
- Follow-ups, if needed, with Medical or Mental Health provider
- PREA information provided at Intake
- Reassessment timelines followed
- PREA Comprehensive Education given and understood

After review, it was found that all 25 offender files, of the offenders currently housed at the Airway Heights Corrections Center, showed they were in full compliance with all Prison Rape Elimination Act related information at the time of initial review. All reviewed files were within timelines and were complete. Sporadic additional informational reviews also indicated full compliance in a large majority of offender files.

Throughout the on-site review, the team and staff had discussion about what was being observed and reviewed and discrepancies that were being identified.

Where the circumstances dictate, the auditors would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards. Audit team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information.

The audit team scheduled a close-out discussion with the Superintendent, the Washington Statewide Prison Rape Elimination Act Coordinator, the Airway Heights Corrections Center's Prison Rape Elimination Act Compliance Manager and other team members, on Wednesday, June 16, 2021. During this close-out discussion, Airway Heights Corrections Center staff were provided with an overview of what had been identified as areas of concern during this audit.

## **POST-AUDIT PHASE**

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

Per Prison Rape Elimination Act procedure, starting on August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, certified auditors are required to submit a report to the audited agency within 45 days of completion of an on-site audit.

It is expected that if an auditor determines that a facility does not meet one or more of the standards, this report will be considered an "interim report," triggering a 180-day corrective action period, and the auditor will include in the report recommendations for any required corrective action and shall jointly develop with the agency a corrective action plan to achieve compliance.

The auditor is required to "take necessary and appropriate steps to verify implementation of the corrective action, such as reviewing updated policies and procedures or re-inspecting portions of a facility." At the completion of the corrective action period, the auditor has 30 days to issue a "final report" with final determinations.

Section 115.404 (d) states that, "After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action."

The final report, which is a public document that the agency is required to post on its web site or otherwise make publicly available, should include a summary of the actions taken during the corrective action period to achieve compliance.

If the Airway Heights Corrections Center meets all of the Standards, without the need for a Corrective Action Plan, the final report must be submitted to the facility by July 31, 2021.

The Airway Heights Corrections Center's Prison Rape Elimination Act Compliance Manager and I agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided, to me, via email, by the PREA Compliance Manager.

Audit team members documented all clarification questions, missing information, and requests for additional documentation, etc. to follow-up with the Prison Rape Elimination Act Compliance Manager and sent the first request, through email, on July 22, 2021.

As completion documents were submitted, I continually updated the requested information report so both the facility and I knew what was still required. During these times, there were multiple telephone calls to and from the Prison Rape Elimination Act Compliance Manager and myself.

After numerous emails and telephone calls, all completed information that was requested for the Interim Report was returned to me, via email, by July 29, 2021. Additionally, a Video Conference was held on July 30, 2021, to discuss next steps in the Corrective Action Period.

Most of the concerns, which the audit team had addressed during the pre-audit, on-site audit, exit interview and post-audit with the Airway Heights Corrections Center Administrative Staff, were addressed, documented and work had begun on the items listed by June 20, 2021. The documents provided were reviewed for completeness and to verify that they meet the requirements per Prison Rape Elimination Act Standards. This report was written to include any corrective actions that took place to correct any listed deficiencies plus any additional item that required additional monitoring and updates. A copy of this Interim Report document was forwarded to the Washington Department of Correction's Statewide PREA Coordinator and the Airway Heights Corrections Center's PREA Compliance Manager on Saturday, July 31, 2021.

Audit Section of the Compliance Tool: The auditor reviewed on-site document review notes, staff and offender interview notes and site review notes and began the process of completing the Audit section of the compliance tool. The auditor used the Audit section of the Prison Rape Elimination Act Compliance Tool as a guide to determine which question(s) in which interview guide(s), which on-site document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate "yes" or "no" boxes on the compliance tool for each applicable Sub-Section of each standard, the auditors completed the "Overall Determination" section at the end of the standard indicating whether the facility's policy, procedure and practice exceeds, meets or does not meet standard.

Where the auditor found the facilities policies, procedures and/or practice did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

## Facility Characteristics

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

The Airway Heights Corrections Center, located at 11919 West Sprague Avenue, in Airway Heights, Washington, was originally opened in October 1992.

The facility consists of the following housing plan:

- Unit 1, the Infirmary, has a maximum capacity of 29 offenders.
- Unit 4, Sierra, has a maximum capacity of 300 offenders.
- Unit 5, Cascade, has a maximum capacity of 300 offenders.
- Unit K, King, has a maximum capacity of 264 offenders.
- Unit L, Lincoln, has a maximum capacity of 264 offenders.
- Unit M. Mary, has a maximum capacity of 264 offenders.
- Unit N, Nora, has a maximum capacity of 258 offenders.
- Unit R, Robert, has a maximum capacity of 272 offenders.
- Unit T, Tom, has a maximum capacity of 272 offenders.
- Unit S, Administration Segregation, has a maximum capacity of 64 offenders.

Additionally, the Airway Heights Corrections Center provides, within the Correctional Industries program, education and hands-on training in various trades, to include, Food Production and Food Service, Optical Manufacturing, Textiles, Warehouse Services, Commissary Program, Laundry Services and Administrative Services.

The Airway Heights Corrections Center also provides Academic and Partnership Programs, Sustainability Projects, Evidence Based Programs and Work and Vocational Programs. They also provide programs such as Alcoholics Anonymous, Narcotics Anonymous, Toastmasters International, Writing and Language Learning programs.

**Most, if not all programs did not occur during the pandemic isolation. A large number of the above programs that were offered prior to the COVID-19 pandemic will be evaluated for updates prior to re-implementation.**

## Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

### Standards Exceeded

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:** Click or tap here to enter text.

### Standards Met

**Number of Standards Met:** 45

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** Click or tap here to enter text.

## Summary of Corrective Action (if any)

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff went above and beyond, regarding seeing to the needs of the auditors and the continued hospitality.

The audit of this institution went very well. Airway Heights Corrections Center staff and offenders were very helpful and responsive to the needs of the auditors and any concerns that were expressed, in the pre-audit, on-site portion and post-audit process. The audit team wish to thank the Superintendent of Airway Heights Corrections Center, the Statewide Prison Rape Elimination Act Coordinator, Airway Heights Corrections Center’s Prison Rape Elimination Act Compliance Manager and the entire staff for all their assistance because it simplified the process that needed to be completed.

Overall, it is evident that staff at the Airway Heights Corrections Center has been working toward continual compliance with the Prison Rape Elimination Act standards. It is also apparent that staff understand the Prison Rape Elimination Act Standards, as several items identified were quickly fixed or a process was put into place to meet compliance.

Due to their hard work and dedication to achieving sexual safety for the offenders, the facility was in full compliance with a majority, 43 out of 45, of all the standards and provisions at the beginning of the Corrective Action Period phase of this audit process.

Some of the positives observed by the audit team included:

- The audit team was impressed with the overall knowledge and understanding, to include all Prison Rape Elimination Act standards that the Superintendent, PREA Statewide Coordinator and Airway Heights Corrections Center’s PREA Compliance Manager possess. All documentation requested, was provided quickly and accurately.
- The information provided by a majority of the offender population indicates they understand their rights to be free from sexual abuse and explained to the auditors how they would report an

allegation. Most offender interviewed, stated they could either freely speak to staff or knew the contact information to outside sources, about Prison Rape Elimination Act issues, at any time.

- The facility was extremely clean and well maintained. It showed that staff and offenders took pride in their respective areas.

At the the completion of the On-Site process of the audit, the Airway Heights Corrections Center staff were not in full compliance with Standards 115.13, 115.15, 115.16, 115.33 and 115.64. By the end of the 45-day Interim process, Airway Heights Corrections Center staff provided proof of compliance for Standards 115.16, 115.33 and 115.64. I was e-mailed several pictures, memorandums and written clarification letters to show this compliance. Each section, listed below, indicates how proof of practice/compliance was achieved.

### **115.13 Supervision and monitoring**

**Concern:** While touring on-site, we saw, in housing Unit C-4, the Sergeant's Office has blinds in the window creating an undue blind spot.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that all blinds have been removed from these areas. Partial window tint was added in areas needed for security concerns. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in Building C-6, the Gym and Education Building has a solid door for the offender restroom creating an undue blind spot. Bathroom has individual stalls and blind spot due to layout.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that, because of the angled layout and the individual stalls, the main door will be locked open while offenders have access to the area. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in A-3, the Mechanic Shop, the offender's restroom locks from the inside creating an undue blind spot.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that the door lock had been removed from offender's restroom. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in the Clothing Area in Intake, there is a blind spot behind the clothing shelves, creating an undue blind spot.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that a mirror had been

installed on the back walls of the clothing area, removing the blind spot. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in the Gym/Chemical Dependency Building, the Recreation Leaders officer have blinds on the windows creating a blind spot. Additionally, these windows look directly into the offender restrooms.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that a solid steel plate has been installed to cover the entire window have been installed on the back walls of the clothing area, removing the blind spots. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in the Dining Room/Kitchen area, they have a freezer within a freezer. Both were unsecured with no supervision around, creating possible blind spots.

**Update:** On July 29, 2021, I received a memorandum and a photograph, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that staff have received on-the-job training and both doors would remain secured unless directly supervised, removing the blind spots. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in Building C-7, Mailroom/Computer refurbish/Clothing Distribution/Work Change area, (Room 121) has a door that is locked but propped open. If the door closes, it locks itself and only a key can open it, creating an undue blind spot.

**Update:** On November 4, 2021, I received a memorandum, via email, dated October 13, 2021, authored by the PREA Compliance Manager indicating that staff had ordered the new locking device and it has now been installed. Photographs indicate this was completed and brings this sub-section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in the Correctional Industries Warehouse, the camera in the back of Dry Storage is not currently working creating an undue blind spot.

**Update:** On November 4, 2021, I received a memorandum, via email, dated October 13, 2021, authored by the PREA Compliance Manager indicating that the staff had ordered the new camera and it has now been installed. Photographs indicate this was completed and shows where the blind spot has been eliminated and brings this sub-section of the Standard into compliance

**Concern:** While touring on-site, we saw, in the A-facility bakery, there is a blind spot behind the cooling tower creating an undue blind spot.

**Update:** On November 4, 2021, I received a memorandum, via email, dated August 5, 2021, authored by the PREA Compliance Manager indicating that the staff had ordered the new mirror and it has now been installed. Photographs indicate this was completed and shows where the blind spot has been eliminated and brings this sub-section of the Standard into compliance

**Concern:** While touring on-site, we saw, in the Administration Building, there is a deadbolt on the inside of the staff restroom and is, according to staff, propped open, in an area offender clean, creating a possible blind spot.

**Update:** On November 4, 2021, I received a memorandum, via email, dated October 13, 2021, authored by the PREA Compliance Manager indicating that the staff had ordered the new locking knob device and it has now been installed. Photographs indicate this was completed and the memorandum indicates that staff had a corresponding key was added to their keyrings. These actions bring this sub-section of the Standard into compliance

**Concern:** While touring on-site, we saw, in the E-2 Sexual Offender Treatment Program, numerous offices have blinds creating undue blind spots.

**Update:** On July 29, 2021, I received a memorandum, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that the blinds have been taken down in every area except the staff Wellness Room, to resolve the blind spots and it to bring this sub-section of the Standard into compliance.

**Update:** On November 4, 2021, I received a memorandum, via email, dated August 26, 2021, authored by the PREA Compliance Manager indicating that the staff had placed zip-ties on the lower portions of the Wellness Room blinds. These actions removed the blind spot but allows some modesty to staff in the room. Photographs indicate this was completed and shows where the blind spot has been eliminated and brings this sub-section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in E-2, Room 127, the staff restroom has a slide lock on the inside, with no external lock, creating an undue blind spot.

**Update:** On November 4, 2021, I received a memorandum, via email, dated August 3, 2021, authored by the PREA Compliance Manager indicating that the staff had ordered the new door locking device and it has now been installed. The memorandum also stated staff have the keys to the locking device and it would be secured at all times when not in use. Photographs indicate this was completed and this action bring this sub-section of the Standard into compliance

### **115.15 Limits to cross-gender viewing and searches**

**Concern:** In Housing Units C-4, C-5, K, L, M, N, T and R, the push button for the Opposite Gender announcements is in a location difficult to reach with first entering the main living area of the offenders housing area/dayroom. All staff, including opposite gender staff, need to walk into the main living area before they can push the Opposite Gender announcement button. In some cases, staff made Opposite Gender announcements verbally when we first entered the area. Additionally, once the Opposite Gender announcement button is pushed, the volume is low and difficult to hear in most areas of the housing units.

**Update:** On July 29, 2021, I received a memorandum, via email, authored by the PREA Compliance Manager indicating that staff are currently working on finding ways to solve this issue. In the meantime, Housing Unit staff are very cognizant of Opposite Gender staff entering their housing units and will make every effort to make sure the offenders are aware of the situation.

**Update:** On November 4, 2021, I received a memorandum, via email, dated October 15, 2021, authored by the PREA Compliance Manager indicating that the push button announcement buttons were all moved to each unit's foyer area. Additionally, a secondary doorbell was added to the dayroom pillars. Photographs indicate this was completed. These actions bring this sub-section of the Standard into compliance

### **115.16 Inmates with disabilities and inmates who are limited English proficient**

**Concern:** While interviewing the offenders that were Developmentally Disabled or had Cognitive Disabilities, they stated that they didn't always understand the information given to them however some of the staff were able to explain the processes to them in a way they understood. Case reviews under Standard 115.33 would be required to come into compliance.

**Update:** On July 29, 2021, I received a memorandum and documentation, via email, dated July 23, 2021, authored by the PREA Compliance Manager indicating that case reviews were completed on offenders at Airway Heights Corrections Center that had developmental or Cognitive Disabilities. A Caseworker reviewed the case files and discussed institutional and PREA information with the offenders noted as having Cognitive concerns. The Caseworker uses a process of giving the information verbally and in written form to the offender, then discussing it. The Caseworkers then has the offender repeat back, in their own words, what was said, making sure they understood all that was given. They finish the review by telling the offender to ask for assistance anytime they need to. This documentation, case and process review, bring this Sub-Section of the Standard into compliance.

### **115.33 Inmate education**

**Concern:** In the Department of Natural Resources, there were no PREA informational or notification posters posted where offenders work and gather together. Informational postings under Standard 115.33 would be required to come into compliance.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that PREA informational posters had been posted in the Department of Natural resources area. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** Through interviews and file reviews, it appeared that Parole Violators were not given their comprehensive education within 30 days of intake. Case reviews under Standard 115.33 would be required to come into compliance.

**Update:** On July 29, 2021, I received a memorandum and documentation, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that case reviews were completed on the limited number of offenders at Airway Heights Corrections Center for parole violations. It was found, and documented, that most of the offenders do not stay at Airway Heights Corrections Center the full 30 days from intake, so the comprehensive education was not able to be completed. Documentation was also shown that those that were still at the facility, had their comprehensive education within the 30-day timeline. This documentation and process review bring this Sub-Section of the Standard into compliance.

#### **115.64 Staff first responder duties**

**Concern:** In approximately 70% of staff interviews, staff indicated they would make sure to collect any and all evidence and would ensure the Alleged Victim or the Alleged Suspect did not take action to destroy that evidence in actions such as taking shower, brushing their teeth, drinking anything, etc. until they have been processed. Training of staff under Standard 115.64 would be required to come into compliance.

**Update:** On July 29, 2021, I received a memorandum and training documentation, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that the staff of Airway Heights Corrections Center had received refresher training about the proper process of a First responder under Standard 116.64. This training brings this Sub-Section of the Standard into compliance.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not*

*meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents interviews, site review)**

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Secretary
  - Superintendent
  - PREA Coordinator
  - PREA Compliance Manager

The policy outlining the agency's Zero Tolerance expectation is addressed in WADOC policy 490.800 PREA-Prevention and Reporting; 490.820 PREA Risk Assessments and Assignments; 490.850 PREA Response; and 490.860 PREA Investigations. WADOC policy 490.800 states that the Department has zero tolerance for all forms of sexual misconduct. It defines sexual misconduct as aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. Additionally, staff on-offender sexual harassment and staff sexual misconduct are defined as sexual misconduct. This policy addresses the department's approach toward preventing, detecting and responding to such conduct.

The agency mission statement was found on the website, which defines the agency's mission as follows: "To improve public safety by positively changing lives".

The PREA Coordinator for Washington Department of Corrections, Beth Schbach, is a manager and she reports directly to the Deputy Secretary of Prisons. During the audit process, the PREA Coordinator was available to clarify some of the questions/concerns about the Washington Department of Correction's PREA policies. She is extremely knowledgeable and well versed in PREA and appears to effectively manage PREA in a correctional setting.

Policy 490.800 indicates the WADOC PREA Coordinator's duties are as follows:

Responsibilities The Department's PREA Coordinator will:

- Develop and implement PREA related policies.
- Develop and coordinate procedures to triage allegations received and identify, monitor, and track incidents of sexual misconduct.
- Coordinate and track referrals of allegations to law enforcement and prosecutors.
- Develop and implement a comprehensive system to audit facility compliance with PREA policies and applicable laws.
  - A formal audit will be conducted in each Prison and Work Release at least once every 3 years by an auditor certified by the United States Department of Justice (DOJ).
  - Deficiencies identified in these audits will be addressed in formal corrective action plans developed and agreed to by the Superintendent/Work Release Supervisor, the DOJ auditor, and the PREA Coordinator.
  - Each facility will review and document continued compliance using a formal standardized system published by the PREA Coordinator. Oversee monitoring of PREA compliance for private and non-Department public entities contracted for offender confinement.
- Keep management informed on PREA-related issues.
- Chair a multidisciplinary review committee to develop PREA-related prevention and response

strategies. Serve as the PREA Compliance Manager for staff assigned to Headquarters, Correctional Industries Headquarters, and regional Administrative Operations offices.

- Maintain a memorandum of understanding for external victim advocacy services.
- Maintain PREA content for the Department website, including publication of required information and documents.

The agency organization chart shows the PREA Coordinator reports to the Deputy Secretary, Command A, who reports to the Assistant Secretary of the Washington Department of Corrections. However, after the audit began, the reporting structure changed and now the PREA Coordinator reports to the Deputy Secretary, Command B. During the interview with the PREA Coordinator, she indicated she has the time and authority to do her job. The agency supports PREA and the implementation within its facilities. She does not directly supervise any PREA Compliance Managers (PCM), but provides guidance and PREA expertise to 24 PREA Compliance Managers and interacts with them utilizing the telephone, electronic mail, and the PREA Advisory Council, which meets monthly.

Policy 490.800 states that a PCM will be identified by the Superintendent for each prison. The PCM will be an employee outside of the Intelligence and Investigation Unit, who will coordinate local PREA compliance and:

- Serve as point of contact for the PREA Coordinator.
- Oversee completion of scheduled PREA vulnerability assessments.
- Coordinate audit preparation activities and corrective action plans.
- Track completion of PREA Risk Assessments for substantiated allegations of offender-on-offender sexual assault/abuse or staff sexual misconduct.
- For Prisons, ensure a monthly functionality test of a random sampling of offender telephones is completed to verify the toll-free number is operational, Inmate Personal Identification Number (IPIN) is not required, and calls are not being recorded locally.

Coordinate monthly checks to verify:

- The PREA hotline telephone number is posted on or near all offender telephones.
- Posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services areas and Classification Counselor/Community Corrections Officer (CCO) offices.
- DOC 21-379 Report of PREA Allegation forms are available for offenders to access.

In Prisons, forms will be maintained in the living units and/or library.

In Work Releases, forms will be maintained on offender bulletin boards.

Review compliance with all PREA training requirements quarterly.

Oversee the work of the PREA Compliance Specialist, if applicable, to include audit preparation, investigations, and other duties associated with PREA implementation.

Airway Heights Corrections Center's Prison Rape Elimination Act Compliance Manager is Associate Superintendent of Programs, Kay Heinrich, PhD. Dr. Heinrich has been assigned as the PREA Compliance Manager at the Airway Heights Corrections Center. Dr. Heinrich reports directly to the Superintendent. According to Dr. Heinrich, she feels that she has sufficient time to coordinate the facility's efforts to comply with PREA. The Superintendent and his administrative staff appear committed to ensuring the Airway Heights Corrections Center's commitment to preventing, detecting, responding to and reporting sexual abuse of inmates.

During the Pre-audit, On-site audit and Post-Audit process, Dr. Heinrich and her staff were very involved in providing communications and documentation in assisting the Audit team. Dr. Heinrich provided knowledge of how the Airway Heights Corrections Center is working toward prevention, detection and responding to all aspects of Prison Rape Elimination Act. Once reviewed, any questions or concerns during the audit process were responded to with factual answers and/or documentation.

Three offenders that identify in the targeted categories, stated that they knew who the PREA Compliance Manger and her staff were but did not have a need to speak to her directly while they were at the facility.

During interviews the Airway Heights Corrections Center's Superintendent confirmed the agency's commitment to achieving Prison Rape Elimination Act certification and the agency's zero tolerance policy.

The staff at the Airway Heights Corrections Center look to Dr. Heinrich and Ms. Schbach to provide direction regarding Prison Rape Elimination Act compliance.

During interviews with staff and offenders, it was clear that Dr. Heinrich and her staff provides training, information and guidance to staff and the offender population concerning Prison Rape Elimination Act Standards on a regular basis.

**Corrective Action:** No corrective action was required for this standard.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Reviewed (documents interviews, site review)**

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Agency Contract Administrator

The auditor reviewed contracts entered into (or renewed) since the last PREA audit. The American Behavior Health Services contract is in effect until 6/30/2021; Interstate Corrections Compact with the Iowa DOC has been in effect since 2015; Interagency Agreement with Department of Social and Health Services has been in effect since 2015; and a contract with Minnesota DOC has been in effect since 1982. All contain language regarding PREA compliance and the existence of monitoring responsibilities.

WADOC Policy 490.800, PREA Prevention and Reporting, Section IX, states:

#### **Contracted Confinement of Offenders**

- Any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance.
- The Department will not enter into contracts with facilities that fail to comply with PREA standards, except in emergent situations. a. The Department will document all attempts to find an alternate facility that meets PREA standards.

According to documentation provided, all agencies that WADOC has contracts with have had all of their facilities audited for PREA compliance within the past three years. Two of the 12 facilities under the jurisdiction of State of Washington Rehabilitative Administration have not yet passed their most recent PREA audit, however they are in the corrective action phase. The corrective action is being monitored by representatives of WADOC. Additionally, WADOC has an Interstate Compact Agreements with the State of Iowa and Wisconsin. Both of these state agencies have been audited and found to be compliant in the past three years.

WADOC houses inmates in local county jails for short periods of time to accommodate Parole adjudication or for out-to-court purposes. According to the PREA Resource Center's clarification, dated February 19, 2014, this situation does not constitute a contract, therefore 112.12 does not apply in this situation.

WADOC Policy 490.800, Section IX, requires the agency to monitor the contractor's compliance with PREA standards. The Agency provided documentation by memorandum regarding the cycled monitoring of contracted facilities aimed to ensure each contracted site remained in compliance with PREA standards.

The Agency Contract Administrator confirmed that all contracts are reconciled on a consistent basis by the PREA Coordinator. The Agency Contract Administrator affirmed that the PREA Coordinator is responsible for contract monitoring, conducted at minimum on a monthly basis, to ensure continued compliance with PREA standards.

The Agency PREA Coordinator had been working with the PREA Administrator of the contracted agencies to submit monthly compliance reporting at the non-compliant sites. At the time of the Interim Audit Report, the Agency provided monthly auditing for Green Hill School; however, the contracted agency had not provided PREA compliance monitoring updates regarding Naselle Youth Camp since May 2019.

During an interview with Airway Heights Corrections Center's Superintendent, he stated that contracts for the confinement of offenders are enacted at an Agency/Department level and no staff, including himself, at the Airway Heights Corrections Center, were directly in charge of monitoring or responsible for any aspect of those contracts. The Superintendent also stated that if any contracts for the confinement of offenders that he controlled, were to be put into place in the future, all required language would be in compliance with the Prison Rape Elimination Act Standard.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The composition of the inmate population?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Reviewed (documents interviews, site review)**

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Secretary
  - Superintendent
  - PREA Compliance Manager
  - Intermediate or Higher-Level Facility Staff
- Observations of supervision ratios during our on-site review rounds

The policy related to supervision and monitoring is found in WADOC Policy 400.210, Custody Roster Management, which states:

The Department has established custody staffing guidelines to ensure:

- A. The safe and efficient operation of all Prisons.
- B. Custody staffing is deployed consistent with the Custody Staffing Model and Custody Post Audit Summary maintained by the Budget Office and the Prisons Staffing Manager.
- C. Custody expenditures are managed consistent with available custody allotments.

Each facility will identify posts that may be temporarily vacated, absent any uncommitted authorized leave, training, or sick leave relief. Non-Relievable Posts identifies the minimum standard for non-relievable posts.

The Prisons Staffing Manager will complete an annual quality assurance audit on custody staffing for each facility.

WADOC Policy 490.800, PREA Prevention and Reporting, states:

## Staffing Plans

A. Each Superintendent and Work Release Community Corrections Supervisor will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model.

1. In Prisons, this review should be in conjunction with the post audit conducted per DOC 400.210 Custody Roster Management.

2. Reviews will document consultation with the PREA Coordinator, who will be provided with a copy of the completed PREA Compliant Staffing Plan.

The WADOC maintains custody and non-custody staffing models for all prison facilities. The custody staffing model has been approved by the Legislature following an extensive review of national correctional practices. It details custody staffing levels based on facility design and the make-up of the offender population (e.g., custody level, age, gender, programming requirements, etc.). The custody staffing model has consistently proven effective in prison operations. Although the non-custody staffing model is not legislatively mandated, it is implemented in a similar manner. The auditor was provided with copies of the custody staffing and non-custody staffing models.

The policy outlining Unannounced Rounds by intermediate or higher-level supervisors is found in WADOC Policy 110.100, Management by Walking Around, which states:

A. Superintendents will ensure that each member of the facility executive management team make unannounced tours of selected areas of the facility at least weekly.

1. Employees are prohibited from alerting one another that these tours are occurring, except when necessary for the legitimate operational functions of the facility.
2. At a minimum, the following must be toured each week: a. Restrictive housing units, b. Food Services, including mainline operations, c. Health Services, and d. Off-site work crews.
3. Facility executive management team members will routinely modify their work schedules to conduct tours and interact with employees on all shifts.
4. Tours will include observation of performance related to core processes to ensure operational practice is aligned with reported performance.

WADOC Policy 400.200, Post Orders/Operations Manual and Post Logs, states: Correctional staff will maintain a permanent log, providing a shift report that records routine information, emergency situations, unusual instances, and area visits by executive staff and designated Department heads in the post log.

WADOC Policy 420.370, Security Inspections states: The Superintendent will develop a rotation schedule to ensure weekly visits are conducted of all living units and activity areas (e.g., recreation, education, etc.) to encourage informal contact with personnel and offenders and to informally observe living and working conditions. Employees in the rotation schedule should include:

1. Associate Superintendents, if applicable,
2. Captains/Senior Security Managers,
3. Correctional Program Managers, and
4. Other designated Department heads and managers.

The staffing plan contains an analysis of the inmate population by security level and security threat group. The Superintendent also stated that he may change the location and placement of staff based on new programs being added, change in mission for the institution, a number of assaults in certain areas of the facility or recommendations from the PREA committee. Additionally, he may request additional position authority if there appears to be insufficient staff to operate the institution safely.

Supervisory staff make random unannounced rounds through the housing units several times a day on all different shifts. These rounds are documented in the log books maintained in the housing units. Each housing unit log was reviewed by the audit team. Documentation in the log book demonstrated that supervisors and managers complete tours of the housing units routinely, during random times. During the interviews with supervisory staff, they noted that they conduct unannounced rounds. They stated that they attempt to prevent staff from alerting other staff by not disclosing where they are going next and changing their movement patterns. Random staff interviews revealed that supervisors' complete tours of their housing units at different times and that they document these in the log.

During the interview with the Superintendent, he explained how the staffing plan is established, adjusted and enforced. The staffing plan is approved by the Washington Legislature as part of the budget process. The plan is based on best practices, and the American Correctional Association's and National Institute of Corrections' staffing models. Each year the plan is reviewed to see if adjustments need to be made based on mission changes, PREA and/or other serious incidents, program changes, legal challenges or legislative changes. According to the above listed 2018 staffing plan, there are no findings of inadequacies by judicial ruling, Federal Investigative Agencies, or internal or external oversight bodies. There are no state, or local laws that dictate staffing requirements.

### **115.13 Supervision and monitoring**

**Concern:** While touring on-site, we saw, in housing Unit C-4, the Sergeant's Office has blinds in the window creating an undue blind spot.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that all blinds have been removed from these areas. Partial window tint was added in areas needed for security concerns. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in Building C-6, the Gym and Education Building has a solid door for the offender restroom creating an undue blind spot. Bathroom has individual stalls and blind spot due to layout.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that, because of the angled layout and the individual stalls, the main door will be locked open while offenders have access to the area. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in A-3, the Mechanic Shop, the offender's restroom locks from the inside creating an undue blind spot.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that the door lock had been removed from offender's restroom. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in the Clothing Area in Intake, there is a blind spot behind the clothing shelves, creating an undue blind spot.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that a mirror had been installed on the back walls of the clothing area, removing the blind spot. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in the Gym/Chemical Dependency Building, the Recreation Leaders officer have blinds on the windows creating a blind spot. Additionally, these windows look directly into the offender restrooms.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that a solid steel plate has been installed to cover the entire window have been installed on the back walls of the clothing area, removing the blind spots. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in the Dining Room/Kitchen area, they have a freezer within a freezer. Both were unsecured with no supervision around, creating possible blind spots.

**Update:** On July 29, 2021, I received a memorandum and a photograph, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that staff have received on-the-job training and both doors would remain secured unless directly supervised, removing the blind spots. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in Building C-7, Mailroom/Computer refurbish/Clothing Distribution/Work Change area, (Room 121) has a door that is locked but propped open. If the door closes, it locks itself and only a key can open it, creating an undue blind spot.

**Update:** On November 4, 2021, I received a memorandum, via email, dated October 13, 2021, authored by the PREA Compliance Manager indicating that staff had ordered the new locking device and it has now been installed. Photographs indicate this was completed and brings this sub-section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in the Correctional Industries Warehouse, the camera in the back of Dry Storage is not currently working creating an undue blind spot.

**Update:** On November 4, 2021, I received a memorandum, via email, dated October 13, 2021, authored by the PREA Compliance Manager indicating that the staff had ordered the new camera and it has now been installed. Photographs indicate this was completed and shows where the blind spot has been eliminated and brings this sub-section of the Standard into compliance

**Concern:** While touring on-site, we saw, in the A-facility bakery, there is a blind spot behind the cooling tower creating an undue blind spot.

**Update:** On November 4, 2021, I received a memorandum, via email, dated August 5, 2021, authored by the PREA Compliance Manager indicating that the staff had ordered the new

mirror and it has now been installed. Photographs indicate this was completed and shows where the blind spot has been eliminated and brings this sub-section of the Standard into compliance

**Concern:** While touring on-site, we saw, in the Administration Building, there is a deadbolt on the inside of the staff restroom and is, according to staff, propped open, in an area offender clean, creating a possible blind spot.

**Update:** On November 4, 2021, I received a memorandum, via email, dated October 13, 2021, authored by the PREA Compliance Manager indicating that the staff had ordered the new locking knob device and it has now been installed. Photographs indicate this was completed and the memorandum indicates that staff had a corresponding key was added to their keyrings. These actions bring this sub-section of the Standard into compliance

**Concern:** While touring on-site, we saw, in the E-2 Sexual Offender Treatment Program, numerous offices have blinds creating undue blind spots.

**Update:** On July 29, 2021, I received a memorandum, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that the blinds have been taken down in every area except the staff Wellness Room, to resolve the blind spots and it to bring this sub-section of the Standard into compliance.

**Update:** On November 4, 2021, I received a memorandum, via email, dated August 26, 2021, authored by the PREA Compliance Manager indicating that the staff had placed zip-ties on the lower portions of the Wellness Room blinds. These actions removed the blind spot but allows some modesty to staff in the room. Photographs indicate this was completed and shows where the blind spot has been eliminated and brings this sub-section of the Standard into compliance.

**Concern:** While touring on-site, we saw, in E-2, Room 127, the staff restroom has a slide lock on the inside, with no external lock, creating an undue blind spot.

**Update:** On November 4, 2021, I received a memorandum, via email, dated August 3, 2021, authored by the PREA Compliance Manager indicating that the staff had ordered the new door locking device and it has now been installed. The memorandum also stated staff have the keys to the locking device and it would be secured at all times when not in use. Photographs indicate this was completed and this action bring this sub-section of the Standard into compliance

**Corrective Action:** No additional corrective action is required for this standard.

## Standard 115.14: Youthful inmates

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

### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common

space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:

- Superintendent
- PREA Compliance Manager

Washington Department of Corrections requires that any juvenile inmate housed at an adult correctional facility shall be housed in a location out of sight, sound and physical contact of the adult inmates. The youthful inmates are not to be placed in isolation for this purpose.

At the time of the on-site audit, the Airway Heights Corrections Center did not house any youthful offenders. According to the Superintendent and the PREA Compliance Manager, they have not housed any youthful offenders during this audit period. Currently any minors that get sentenced as an adult in Washington go straight to another Washington Department of Corrections facility, currently, Lovelock Correctional Center in Lovelock, Washington.

Consistent with information reported, auditors observed no youthful inmates throughout the on-site visit. This standard for the Airway Heights Corrections Center is met because they do not house inmates under the age of 18.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents interviews, site review)**

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Staff Roster
- Offender Roster
- Interviews with the following:
  - Random Staff
  - Random Offenders
- Observations of announcements being made by staff during our on-site review rounds

WADOC policy 490.800, PREA Prevention and Reporting. It states:

#### **Presence of Opposite Gender Personnel/Visitors in Living Units and Infirmaries**

- Offenders will be provided the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This includes viewing via surveillance systems.
- Notices will be posted in living units, Close Observation Areas and infirmaries indicating that personnel of all genders could be present in the unit.
- Notices in COAs will include those cameras in use may be viewed by employees of any gender and individuals will be verbally informed upon placement or during the first tier/cell check after the initial placement. Verbal notification will be documented in the area logs.
  - These requirements will also be added to COA post orders.
- An announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for offenders to disrobe or change their clothing (e.g., bathrooms, showers).
  - At a minimum, announcements will be made when anyone (e.g., staff, contractor/vendor, volunteer, facility guest), who does not identify with the facility's gender designation, enters the living unit and as follows: a. Announcements will be made verbally in Work/Training Releases and by using the doorbell system in Prisons.
  - 1) Doorbells will be set to a standardized tone and light determined by the Prisons Deputy Secretary of Command A.
  - 2) Offenders will be informed of the purpose and use of doorbells in prison
  - 3) Inpatient infirmaries are considered living areas, and staff are required to announce. Announcements are not required by medical and mental health practitioners. b. Superintendents/Work Release CCSs may define where the living area begins within the unit for the purpose of identifying where the announcements must be made and may determine where additional announcements are required based on the physical design of the units.

WADOC Policy 420.310, Searches of Offenders, Section III, states: Strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she will position herself to observe the employee doing the strip search, but will

not be in direct line of sight with the offender." The gender of the searching officer is noted on the strip search log.

It requires that a strip search must be conducted by two trained employees. Staffing will meet the following gender requirements, unless waiting for an employee of the designated gender may result in serious bodily injury to the offender, the employee, or others. Strip searches of female offenders will be conducted by female employees. All strip searches will be documented before the search, or as soon as possible after the completion of an emergent strip search. If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed before the end of the shift.

The policy in effect at the time of the on-site visit has basic information on searching transgender offenders. The Department was in the process of finalizing a policy that will address a variety of issues related to transgender offenders. Searching is one of the topics being addressed. The agency PREA Coordinator indicated the policy took some time to develop because they wanted to ensure participation by both internal and external stakeholders and address the needs of both offenders and staff. The policy was published and became effective on February 13, 2020. Publication was proceeded with an information memo provided to all staff. Training materials were provided to facilities but haven't been used in formal training due to the COVID-19 pandemic

WADOC policy for Inmate Body Cavity Searches for Contraband states: Any search of an inmate's body cavity will be in a manner consistent with compliance to PREA and any applicable standards. Any physical intrusion into an inmate's body cavity must be performed by a physician or other mid-level practitioner not employed by the Washington Department of Corrections.

OP 521, Inmate Housing Assignments (updated 8/13/18), states in Section 4, PREA Implications: During unclothed and clothed body searches, for all inmate movement, the following steps are to be followed:

- Staff shall not conduct cross-gender unclothed body searches or cross-gender visual body cavity searches (meaning searches of the anal opening) except in exigent circumstances or when performed by medical practitioners.
- Staff shall document all cross-gender unclothed body searches and cross-gender visual body cavity searches.
- Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
- Staff shall be trained on how to conduct cross-gender clothed body searches and searches of transgender and intersex inmates. All body searches shall be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security protocol.
- Inmates shall shower, perform bodily functions, and change clothing without staff of the opposite gender viewing the breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks or being conducted by a medical practitioner.

Operational plan 421 states: The presence of female staff members shall be announced every time they enter an inmate housing unit or unit control room. This will be done by the control room officer by utilizing the unit intercom system. The female staff member will only announce their presence when no custody staff is present. This notification is to be documented by entering a PREA-Female Entering a Male Housing Unit entry in the Daily Shift Log in NOTIS and an entry in the visitor record log. The female staff member shall not enter the unit until announcement has been made.

All offenders shall be afforded the ability to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine security rounds and cell checks.

All staff of the opposite gender (female staff in a male facility or male staff in a female facility) shall announce their presence when entering an offender housing unit or bathroom area.

Custody staff shall announce their presence to the offender population in the housing unit in which they are assigned, at the beginning of their duty shift or when the status quo changes. This announcement must be clear and done so in a manner that ensures all offenders in the unit were given reasonable notice of opposite gender staff being present. This was seen and heard during our on-site tours.

Of the 21 formal offenders interviewed, all reported that they were able to toilet, shower and change clothes outside the direct view of staff of the opposite gender viewing them. The offenders explained areas such as doors within the cell area and curtains covering the shower areas prevent staff from seeing their genitalia. A majority of the offenders reported not hearing opposite gender staff announce their presence but would occasionally hear the audible notification when staff entered the housing unit.

There were 30 formal staff questioned about cross gender search practices. All staff reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility and they had not heard of any recent time that it occurred.

All staff interviewed reported that opposite gender staff announcements are made when entering the housing units by pushing a button that gave out an audible tone and lit up so the offenders would know staff of the opposite gender were entering the area. Further, staff indicated that cross gender search techniques are taught in training but no staff member had performed a cross gender search that they could remember, during this audit period.

### **115.15 Limits to cross-gender viewing and searches**

**Concern:** In Housing Units C-4, C-5, K, L, M, N, T and R, the push button for the Opposite Gender announcements is in a location difficult to reach with first entering the main living area of the offenders housing area/dayroom. All staff, including opposite gender staff, need to walk into the main living area before they can push the Opposite Gender announcement button. In some cases, staff made Opposite Gender announcements verbally when we first entered the area. Additionally, once the Opposite Gender announcement button is pushed, the volume is low and difficult to hear in most areas of the housing units.

**Update:** On July 29, 2021, I received a memorandum, via email, authored by the PREA Compliance Manager indicating that staff are currently working on finding ways to solve this issue. In the meantime, Housing Unit staff are very cognizant of Opposite Gender staff entering their housing units and will make every effort to make sure the offenders are aware of the situation.

**Update:** On November 4, 2021, I received a memorandum, via email, dated October 15, 2021, authored by the PREA Compliance Manager indicating that the push button announcement buttons were all moved to each unit's foyer area. Additionally, a secondary doorbell was added to the dayroom pillars. Photographs indicate this was completed. These actions bring this sub-section of the Standard into compliance

**Corrective Action:** No additional corrective action is required for this standard.

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

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Rosters
- Interviews with the following:
  - Secretary
  - Random Staff

- Any Offenders who are Deaf, Blind, or hard of Hearing
- Any Offenders who are Limited English Proficient

The policy that addresses offenders with disabilities and offenders who are limited English proficient is WADOC Policy 490.800, PREA Prevention and Reporting. It states:

#### Offender Accommodations

A. Professional interpreter or translation services, including sign language, are available to assist offenders in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500, Language Services for Limited English Proficient (LEP) Offenders.

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

B. Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Offenders with Disabilities.

WADOC Policy 450.500, Language Services for Limited English Proficient (LEP) Offenders, requires the department to provide interpretive and translation services through the Department and/or contract services at all Department Facilities. The policy also requires non-Spanish limited English Proficient offenders, including those requiring American Sign Language, to receive orientation in a language that they understand. The orientation includes the WADOC PREA policy. The offenders are shown a video during orientation that explains the PREA policy. This video is in either English or Spanish and has subtitles for the hearing impaired. Spanish speaking individuals will attend a Spanish version of the orientation program and be notified of available Spanish translated materials and services. Each facility is required to develop and maintain processes for non-Spanish speaking Limited English Proficiency individuals, including those requiring sign language interpretations, to receive orientation in a language they understand. It further states, in pertinent part:

Offenders may request Department/contract language services via:

1. Verbal communication with a Department employee, and/or
2. Written communication to a Department employee using DOC 21-473 Offender's Kite or,
3. DOC 05-818 Interpreter Request/Refusal for disciplinary or Indeterminate Sentence Review Board hearings.

C. Employees will review the Personal Characteristics - Languages section in the offender's electronic file to determine if the offender requires interpreter services. Employees may request interpretation/translation services when they become aware that a language barrier exists.

1. Because an offender's English proficiency may vary with the situation, employees are encouraged to use DOC 05-824 Questions to Determine English Proficiency when there is doubt about the offender's ability to understand, speak, or read English. After assessing the offender's proficiency, employees will update the Personal Characteristics -Languages section in the offender's electronic file.
2. Services will only be provided through Department certified interpreters/translators and/or available state contracted vendors listed under Translation/Interpretation on Inside DOC. LEP Coordinators will document all services on DOC 16-340 Limited English Proficiency Coordinator Monthly Report.

a. Employees will not use Internet and/or machine translations (e.g., Babelfish, Google Translate).

B. Offenders may request an interpreter for oral communications or a translator for written communications, as appropriate, for the following. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.

WADOC Policy 300.010, Orientation, states that prison orientation will be conducted within one week of admission. Work/Training Release orientation will be conducted within 48 hours of admission. Information will be provided, both orally and in writing, in a manner that is clearly understood. Prison Orientation will address a variety of subject matter including PREA. When a literacy or language barrier exists, employees will assist the individual in understanding the material per WADOC Policy 450.500.

WADOC Policy 690.400, Offenders with Disabilities, states:

Offenders with disabilities will be provided reasonable accommodation that allows participation in services, programs, and activities, which may include:

1. Modifying policies, practices, or procedures, when reasonable,
2. Removing barriers to access, and/or
3. Providing auxiliary aids and services.

WADOC has two separate contracts with the Washington Department of Enterprise Systems that are utilized by state agencies to provide language interpreting services. Contract #10306 provides WADOC offenders that are limited English proficient with access to in-person language interpretation conducted by court certified and non-court certified interpreters. The second contract #05614 provides WADOC offenders with access to Telephone Based Services on an "as needed" basis for limited English proficient clients. These services are available for use by any staff member to assist limited English proficient offenders in reporting allegations and participating in the investigatory process. In addition, copies of contracts, for 18 individuals were provided, who deliver American Sign Language interpretation services.

The auditor also received copies of offender Education Program Acknowledgement Sheets for offenders with disabilities. These forms are signed by the staff member showing they explained everything in a way it could be understood. The offender signed stating, they understood and the offenders assigned porter who assists in everyday living with the offender with a disability, stating their needed accommodation was met.

While interviewing the Secretary, he stated that effective communications with all offenders is of utmost importance. The staff at the facilities go the extra mile to ensure offenders with any disabilities is given whatever resources they need to be understood.

During discussion with the Prison Rape Elimination Act Compliance Manager, she shared that PREA brochures are available in braille, for offenders who are able to/needed to read braille. The Prison Rape Elimination Act Compliance Manager stated the offender handbook is also provided in English and Spanish, and was transcribed into Braille and large print, if needed by an offender. The information given to the offenders is also read to them by staff to make sure they understand what is expected of them.

During the 30 random staff that were interviewed, all knew there was a process of utilizing a telephonic interpreter for interpreter services. All interviewees indicated they would first try to find an on-site staff member to provide translation and, if they could not, they would then contact a supervisor. The supervisory staff interviewed were all aware of the posting that included the phone numbers and the interpreter access process. The telephone numbers for the translator service were posted in the

supervisory office. Supervisory staff indicated they knew of the Language Link contact information and which staff could be used as translators. They further stated that they had not needed the services of the Language Line while they have worked at the Airway Heights Corrections Center.

While interviewing intake staff, they explained the process of how they read the Prison Rape Elimination Act policy, and other pertinent information, to offenders who are vision impaired or unable to read or clearly understand English. Intake staff take their jobs as communicators very seriously when dealing with new arriving offenders.

While interviewing the offenders that were listed as Limited English Proficient (Spanish), they stated that they are able to understand most of the information given to them in English, however, if they did receive information they couldn't understand, they could ask any of the staff and a translator or telephone services were provided.

### **115.16 Inmates with disabilities and inmates who are limited English proficient**

**Concern:** While interviewing the offenders that were Developmentally Disabled or had Cognitive Disabilities, they stated that they didn't always understand the information given to them however some of the staff were able to explain the processes to them in a way they understood. Case reviews under Standard 115.33 would be required to come into compliance.

**Update:** On July 29, 2021, I received a memorandum and documentation, via email, dated July 23, 2021, authored by the PREA Compliance Manager indicating that case reviews were completed on offenders at Airway Heights Corrections Center that had developmental or Cognitive Disabilities. A Caseworker reviewed the case files and discussed institutional and PREA information with the offenders noted as having Cognitive concerns. The Caseworker uses a process of giving the information verbally and in written form to the offender, then discussing it. The Caseworkers then has the offender repeat back, in their own words, what was said, making sure they understood all that was given. They finish the review by telling the offender to ask for assistance anytime they need to. This documentation, case and process review, bring this Sub-Section of the Standard into compliance.

**Corrective Action:** No additional corrective action was required for this standard.

## **Standard 115.17: Hiring and promotion decisions**

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

### **115.17 (a)**

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

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

### 115.17 (f)

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Pre-Employment Questionnaire for new applicants
- Interviews with the following:
  - Administrative (Human Resources) Staff

The policy outlining hiring and promotions is in WADOC Policy 490.800, PREA Prevention and Reporting, which outlines the WADOC's staffing practices related to PREA. The policy states that the Department will not knowingly hire, promote, or enlist the services of anyone who:

- Has engaged in sexual misconduct in a prison, jail, lockup, community confinement center, juvenile facility or other institution; Has engaged in sexual misconduct with an offender on supervision;
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or;
- Has been civilly or administratively adjudicated to have engaged in activity described above.

The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with offenders.

The Department will obtain information through one or more of the following:

- 1) Washington Crime Information Center/National Crime Information Center records checks;
- 2) Employment/volunteer applications;
- 3) Reference checks;
- 4) Personnel File Review;
- 5) Contract disclosure statements.

These questions are included on the DOC form 03-506 and the DOC form 03-502.

WADOC policy 810.800, Recruitment, Selection, and Promotion, requires perspective employees, promotions and contractors to complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Services Disclosure. This form has five questions about previous sexual misconduct in an institutional setting. If the candidate answers yes to any of these questions, he/she may not be allowed access to the facility. Additionally, the form requires the candidate to disclose any previous institutional work history that they may have had.

DOC 810.015, Criminal Record Disclosure and Fingerprinting, states: Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services. It requires that all applicants be background checked before initial appointment or promotion. These background checks include the Washington Crime Information Center and National Crime Information Center. All external applicants must disclose any previous institutional employment. These applicants are required to complete a form to authorize the release of information so that the facility can complete a work history background check.

Policy 400.320, Terrorism Activity, requires a criminal record check will completed for all employees, contractors and volunteers. Additionally, contracts between workforce agencies and WADOC require the employment agency to complete background checks that comply with PREA hiring and promotion policy on all temporary employees that will have contact with offenders.

WADOC policy states that failure to fully divulge criminal information may be cause for disciplinary action, up to and including dismissal or termination of service.

DOC 800.005, Personnel Files, states:

To the extent possible, institutional employers seeking employment verification will be provided all available information on substantiated allegations of sexual misconduct or harassment.

1. Employment verification requests from institutional employers will be directed to the Appointing Authority, who will coordinate the review and response.

Of the 20 personnel files reviewed by the audit team, all were up to date with the current questions and documentation. The thoroughness of this form captures all Prison Rape Elimination Act related information required.

During the interview with the Superintendent, he explained that in the event that a contractor, volunteer or an employee is no longer allowed on grounds or access to offenders, due to violation of sexual abuse policy, their name is placed on a statewide 'Do Not Allow' list. This list is reviewed when completing security clearances for new contractors, volunteers or employees and placed at the front security office of each facility.

During the interview with the Supervisor of Human Resources, she stated the facility performs criminal record background checks, on all employees every four years, through the National Crime Information Center, and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders and all employees being considered for promotions.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Secretary
  - Superintendent
  - PREA Coordinator
  - PREA Compliance Manager
- Observations of physical plant during our on-site review rounds

WADOC Policy 490.800, PREA Prevention and Reporting, Section VII, states that the Department will consider the possible effects on its ability to protect offenders from sexual misconduct when: designing a new facility; planning substantial expansions or modifications of existing facilities, and; installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.

Each facility shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse.

During an interview with the Superintendent, he told the auditor that the Airway Heights Corrections Center reviews all previous Prison Rape Elimination Act reports and considers identified blind spots, offender movement or staffing issues in determining, if needed, the placement of cameras. The Superintendent also stated that the Airway Heights Corrections Center has had some physical upgrade to since the last audit.

During interviews with the Statewide PREA Coordinator, she stated that when any projects where installation or updating of video equipment is anticipated, a case by case review is included in the determination of locations within any facility.

The Institutional PREA Compliance Manager indicated there have been recent modifications/additions to buildings and has been an increase to the video monitoring system. Ongoing reviews occur at an institutional and state level for the possible need to add monitoring equipment.

**Corrective Action:** No corrective action was required for this standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

##### 115.21 (a)

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

##### 115.21 (b)

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

##### 115.21 (c)

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

##### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Roster
- Interviews with the following:
  - PREA Compliance Manager
  - Random Staff
  - Required SAFE/SANE staff from the Deaconess Medical Center, located in Spokane, Washington.
  - Required Victim Advocate staff from the Sexual Assault and Crime Victim Advocates, located in Spokane, Washington.

The policy which addresses evidence protocol and forensic medical examinations is in WADOC Policy 490.850, PREA Response. This policy provides forms and checklists used during the response process. These include Aggravated Sexual Assault Checklist, PREA Response and Containment Checklist, DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist, and DOC 16-358, Crime Scene Security Log.

WADOC Policy 600.000, Health Services Management, states:

Offenders will be provided health services in accordance with all applicable department policies and the Health Services Division Standard Operations and Procedure Manual, including the Offender Health Plan and DOC-DOH Health, Environmental, & Safety Standards.

1. Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided at no cost to the offender.

WADOC Policy 600.25, Health Care Co-Payment Program, states:

6. Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in Policy 490.800 PREA Prevention and Reporting.

WADOC Policy 610.025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, states:

Any offender in partial or total confinement alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury and provide treatment and follow-up care. The offender will be offered medical and mental health treatment services that are clinically indicated based upon the evaluation. All forensic medical examinations will be provided at a health care facility in the community.

When an offender reports that s/he has been a victim of sexual misconduct, s/he will be offered medical and mental health treatment services as follows:

1. If a report of aggravated sexual assault is made within 120 hours of the alleged assault and involves penetration and/or exchange of bodily fluids, the facility will attempt to transport the offender to the designated community health care facility within 2 hours of the report, unless an appropriate health care provider determines a forensic medical examination is not needed due to the nature of the alleged assault.

- a. In facilities with health care services employees/contract staff onsite, the offender will be assessed in person by an appropriate health care provider before transport. The offender will be evaluated at the community health care facility according to their established sexual assault protocol. Department employees of the opposite gender will not be present during the examination unless security concerns require otherwise.

WADOC has developed partnerships with identified community health care facilities and sexual assault programs for the provision of designated services and support. Administrators have met with community hospital administrators to develop procedures and agreements in advance of the need for any forensic medical examination. WADOC has also issued directives to Health Services staff regarding actions to be taken in the event a SAFE/SANE isn't available. The seven SANE nursing staff at the Deaconess Medical Center, although not the sole provider to the Airway Heights Correction Center, are available at any time for services.

WADOC has established offender advocacy support through an interagency agreement with the Department of Commerce, Office of Crime Victim Advocacy. Each facility has been partnered with a Community Sexual Assault Program. Specially designated and trained advocates respond to the community health care facility whenever an offender is transported for a forensic medical examination. Airway Heights Correction Center's is partnered with the Sexual Assault and Crime Victim Advocates

During the interviews with the investigators and the PREA Compliance Manager, they stated that inmates can request a victim advocate in the event that they are going to have a forensic exam. The investigators also stated that they would let the victim advocate accompany the victim inmate during the investigation interview if the inmate requests it.

During formal interviews with 30 formal random staff, when asked about their actions, when notified of a sexual assault, they indicated they would separate the victim and subject (if known). Staff would quickly assess the need for Medical or Mental Health assistance. Then staff would contact their supervisor, initiate evidence protocols by closing off the crime scene area to limit who had access. Further, staff would make sure all available evidence was collected and the offender was offered a SAFE/SANE exam, if warranted. Staff indicated that they begin the process but the investigators from their facility or headquarters, usually handles the most part of the process.

If requested by the victim, a victim advocate provides assistance and support during the forensic medical examinations through the local court process. Victims are provided with the victim advocate contact information and are given education, mental health referrals, and offered follow-up services.

Through telephonic interviews with the Emergency Room Charge Nurse at the Deaconess Medical Center and the executive at the Secretary of Advocacy at the S0065ual Assault & Crime Victim Advocates, both are very knowledgeable of Prison Rape Elimination Act Standards and have great communications with the institutions/areas they serve and both departments provided services 24 hours a day 7 days a week.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## **Evidence Reviewed (documents interviews, site review)**

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Secretary
  - Investigative Staff

The policy which addresses referral of allegations for investigation is in WADOC Policy 490.800, PREA Prevention and Reporting, which states:

### Meetings with Local Law Enforcement

A. Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials to:

1. Review investigation requirements detailed in federal PREA standards,
2. Establish procedures for conducting criminal investigations related to PREA allegations,
3. Establish points of contact and agree upon investigatory update procedures.

B. Meetings with law enforcement will be documented in meeting minutes.

WADOC Policy 490.850, PREA Response, includes checklists to assist staff in completing the PREA response and investigation.

WADOC Policy 490.860, PREA Investigation, requires the Department to thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. It further states, in pertinent part:

- A. Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department.
- B. Allegations may be referred to law enforcement agencies for criminal investigation.
  - II. The Department may discipline and refer for prosecution, when appropriate, individuals determined to be perpetrators of sexual misconduct. Investigations involving represented employees will be conducted per the provisions of the applicable collective bargaining agreement.
3. All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation.

In the past 12 months, the facility reports that there have been 48 allegations of sexual abuse and sexual harassment received. Of those, 47 resulted in an administrative investigation and; one case was referred for a criminal investigation.

Through discussion with various staff, the audit team learned that when there is a reported PREA incident, regardless of how the information is received, the Shift Commander completes an incident report on the Incident Report Management System. The IRMS is monitored by WADOC headquarters staff.

All PREA incident reports are reviewed by the headquarters PREA Unit to determine if the allegation meets the prima facie of PREA. If the allegation is determined to be a PREA incident, the report is assigned to a headquarters investigator or returned to the institution, and assigned an investigation number. This process takes as little as a couple of hours or as long as two days to assign an investigator. If the allegation could be criminal, the Superintendent will work with the investigators to make the referral to the outside law enforcement agency.

A review of the Washington Department of Corrections website includes the information that all allegations, to include, offender-on-offender sexual abuse and staff sexual misconduct will be investigated.

During the 21 formal interviews with the offender population, all interviewed knew at least two ways to notify someone of a Prison Rape Elimination Act issue or concern. A majority knew four to five different ways.

During the interview with the Superintendent, he stated that all allegations of sexual abuse and sexual harassment are taken seriously. He ensures that every allegation received is investigated completely.

During interviews with Investigative staff, they stated that the agency has authority to conduct criminal and administrative investigations. Also, they stated that all allegations are documented on a Sexual Incident Report and are referred to them for investigation.

All non-confidential policies are on the Washington Department of Correction's public website.

**Corrective Action:** No corrective action was required for this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Reviewed (documents interviews, site review)**

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Random Staff
  - In-Service Training Records
- Training curriculum, both hard copy/electronic
- Training verification Logs
- Employee training records

The policy outlining training policies and procedures is in WADOC Policy 490.800, PREA Prevention and Reporting, which states:

B. All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity.

1. Training will address, but will not be limited to, the following:
  - a. Reviewing this policy and related operational memorandums, the Prison Rape Elimination Act of 2003, RCW 9A.44.160, RCW 9A.44.170, RCW 72.09.225, and potential criminal penalties and disciplinary consequences for engaging in prohibited activities.
  - b. Zero tolerance for sexual misconduct and related retaliation.
  - c. Preventing and detecting sexual misconduct, including:
    - 1) Communicating effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, and/or gender non-conforming offenders.
    - 2) Gender-specific issues.
    - 3) Examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct.
    - 4) Avoiding inappropriate relationships with offenders.
    - 5) Recognizing signs of possible/threatened sexual misconduct and staff involvement.
    - 6) Recognizing predatory behavior and common reactions of sexual misconduct victims.
  - d. The dynamics of sexual misconduct in confinement.
  - e. Reporting sexual misconduct, including:
    - 1) Reporting methods,
    - 2) Mandatory reporting for youthful offenders and offenders classified as vulnerable adults, and

- 3) Disciplinary consequences for staff's failing to report.
- f. Responding to sexual misconduct, including first responder duties.
- g. Confidentiality requirements.

2. Staff will acknowledge their understanding of the training.
  - a. For online training, acknowledgment will be included in the electronic course.
  - b. For in-person training, acknowledgment will be documented by signing the course roster, which will include a statement verifying participant understanding.

The PREA training curriculum was provided with the pre-audit materials. It includes all of the required subjects. The class is designed to last about two hours. The training provided by WADOC, addresses both male and female issues in some detail. Employees at Airway Heights Correction Center receive training specific to both male and female offenders. Because of this training policy, staff does not need to be retrained when they transfer to a facility that houses offenders that are of a different gender

Training is provided every year. It is provided in Annual In-Service, in a classroom setting and requires employees to sign that they understand the materials

The Training Manager was able to provide the printout of classes taken with certificates of specifically named staff that was requested by the auditor. The audit team requested training lists from the PREA Compliance Manager and was provided several lists, by shift or classification, of staff that had attended the requested training.

Once the training is provided, the employees are required to sign an acknowledgement of receipt or print out their completed certificate of training and brochure. Employees are required to attend the training on an annual basis. At the Airway Heights Corrections Center, the training is tailored toward a male offender population.

Through 30 formal random staff interviews, the auditors learned that all 30 staff had either received formal training and/or the refresher On-the-job training on Prison Rape Elimination Act within the last 24 months. The training included prevention, detection, reporting and response. Additionally, all staff interviewed stated they had received the training and signed an acknowledgement form stating they understood the content. Staff also indicated they had been provided with written information.

During the on-site visit, 20 training record reviews were conducted and it was determined that all 20 staff reviewed, to include custody, non-custody, contract and volunteers, had received and are current in the mandatory Prison Rape Elimination Act training.

**Corrective Action:** No additional corrective action is required for this standard.

## **Standard 115.32: Volunteer and contractor training**

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

#### **115.32 (a)**

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Volunteers
  - Contractors
- Training curriculum, both hard copy/electronic.
- Training verification Logs
- Volunteers and Contractor training records

WADOC Policy 490.800 covers training for contractors and volunteers. WADOC Policy 530.100, Volunteer Program, states:

Volunteer Specialists will be responsible for local oversight of the Volunteer Program, and will ensure eligibility, training, and screening requirements are met.

Volunteer Training: Completion of mandatory volunteer orientation training is required before beginning services. All training requires approval from the Headquarters Correctional Program Administrator and

will be provided by authorized employees or volunteers trained in the curriculum. Training components include PREA.

The WADOC requires that all contractors who have regular contact with offenders complete the same general training provided to employees. The agency allows for vendors and service providers who have limited, unescorted contact with offenders to complete form 03-478, PREA Acknowledgement, and be provided with the current PREA brochure for staff, contractors and volunteers rather than complete annual training. This typically includes individuals filling vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance.

Four volunteers and four contractors, who have contact with offenders, were interviewed. (Some by telephone, some in person) All indicated they have received training on their responsibilities under PREA. All indicated that training stresses that they are required to report to a custody officer any allegations they are made aware of or if they observe this type of behavior. They must keep the victim safe until they can be relinquished to a custody staff member.

In addition, lists of all contractors and volunteers were provided that showed the most recent training date for each. Due to COVID-19, most Volunteer training was out date but would be performed prior to them returning to the institution.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Intake staff
  - Random Offenders
- Facility Orientation Booklet
- Facility PREA Brochure
- On-site review of physical plant, PREA poster locations, educational material within housing units, common areas, education areas and work/recreation stations.

The policy requiring PREA education for offenders is in WADOC Policy 490.800 which states that offenders will be provided PREA related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manner allowing offenders to ask questions of the staff member facilitating the orientation. It requires that if an orientation video is presented in-transit, offenders will be provided an opportunity to ask questions of the facilitator during on-site facility orientation.

Policy on inmate education in accessible formats is found in WADOC 490.800 which states:

### Offender Accommodations

A. Professional interpreter or translation services, including sign language, are available to assist offenders in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders.

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

B. Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Offenders with Disabilities.

Policy on consistently available information for inmates is also found in WADOC 490.800 which states:

### Coordinate monthly checks to verify:

- a. The PREA hotline telephone number is posted on or near all offender telephones.
- b. Posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services areas and Classification Counselor/Community Corrections Officer (CCO) offices.
- c. Report of Prison Rape Elimination Act (PREA) Allegation forms are available for offenders to access.

- 1) In Prisons, forms will be maintained in the living units and/or library.

WADOC Policy 310.000, Orientation, states:

All newly received incarcerated individuals will participate in a program of interviews, testing, and other activities related to the admission process at the receiving facility per DOC 310.150 Reception, Initial Classification, and Custody Facility Plan.

1. Initial reception and orientation will be completed within 4 weeks of admission to the RDC unless medical, mental health or behavioral issues prevent completion of this process.

#### Orientation

A. Incarcerated individuals arriving at or transferred to a Work/Training Release or Prison, including transfers between an Intensive Management Unit (IMU), will receive an orientation to the new facility unless:

1. Medical, mental health or behavioral issues prevent completion of this process.
2. The individual has violated a condition of their community supervision and is returning to a facility within 90 days of receiving an orientation.

B. Prison orientation will be conducted within one week of admission. Work/Training Release orientation will be conducted within 48 hours of admission.

1. Employees will conduct the orientation by reviewing the contents of the orientation handbook/handouts and responding to questions.
2. Information will be provided, both orally and in writing, in a manner that is clearly understood.

C. Prison orientation will, at a minimum, include information on:

8. The PREA Individuals in Work/Training Release will be notified of all appropriate policies and procedures that affect them, employees will document orientation in the incarcerated individual's electronic file and the individual will acknowledge receipt of orientation and the Statewide Inmate Orientation Handbook/facility specific handbook by signing:

1. DOC 21-992 Prison Orientation Checklist in Prison, or
2. DOC 05-512 Work/Training Release Orientation Checklist in Work/Training Release.

The auditing team was walked-through the entire Intake process to include the objective Screening Tool and video, that is completed for each individual offender that comes into the Airway Heights Corrections Center. Afterwards, we reviewed 25 offender files that showed the date the offender arrived at the institution and had received the required information with a signed receipt indicating their name and their Washington Offender Identification number, on the Offender Education Program check off, on the Prison Rape Elimination Act Video acknowledgement form, 30-minute video, and on the Information Brochure Receipt form, stating the received and understood what they were given. The offender was also notified that there would be a follow-up meeting held within the next 30-days.

During the site visit, the team observed various Prison Rape Elimination Act contact posters available for viewing around the institution in housing units and other areas.

During interviews with Intake staff, they shared those offenders are provided with orientation upon intake at their facility. Offenders sign an acknowledgement form which is maintained in the offender's file. The orientation is generally provided on the same day, most times within one hour, in the intake area, as the offender arrives, or in rare cases, the following day. Staff in charge of the Intake Process indicated that offenders receive the Prison Rape Elimination Act brochure and a Prison Rape Elimination Act complete education, upon arrival to the Airway Heights Corrections Center, during intake.

All of the common areas had posters, in English and Spanish, explaining the Washington Department of Corrections PREA zero tolerance policy and how to report sexual abuse/sexual harassment visible to the

inmate population. Additionally, the posters with the zero-tolerance policy and the telephone numbers to report sexual abuse to an outside agency are near the inmate telephones.

During the 21 formal interviews, all of the offenders remembered receiving some type of written materials (Offender handbook and brochure) the same day they arrived at the institution by a caseworker. The offenders interviewed that had been at the facility for more than 12 months indicated that they saw a video and had seen information in the offender handbook. All of the offenders formally interviewed remembered the information provided. The offenders were asked to explain what they were trained on and we received the following generalized responses: to be free from harassment and abuse, who they can talk to, what phone numbers to use in case of incident, where the numbers and address were located (posters).

### 115.33 Inmate education

**Concern:** In the Department of Natural Resources, there were no PREA informational or notification posters posted where offenders work and gather together. Informational postings under Standard 115.33 would be required to come into compliance.

**Update:** On July 29, 2021, I received a memorandum and photographs, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that PREA informational posters had been posted in the Department of Natural resources area. This documentation and photographic evidence bring this Sub-Section of the Standard into compliance.

**Concern:** Through interviews and file reviews, it appeared that Parole Violators were not given their comprehensive education within 30 days of intake. Case reviews under Standard 115.33 would be required to come into compliance.

**Update:** On July 29, 2021, I received a memorandum and documentation, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that case reviews were completed on the limited number of offenders at Airway Heights Corrections Center for parole violations. It was found, and documented, that most of the offenders do not stay at Airway Heights Corrections Center the full 30 days from intake, so the comprehensive education was not able to be completed. Documentation was also shown that those that were still at the facility, had their comprehensive education within the 30-day timeline. This documentation and process review bring this Sub-Section of the Standard into compliance.

**Corrective Action:** No additional corrective action was required for this standard.

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Investigative Services staff
- Training curriculum
- Training verification certificates for investigators

The policy outlining agency training is in WADOC Policy 490.800, PREA Prevention and Reporting which states:

PREA investigators will be trained in:

1. Crime scene management/investigation, including evidence collection in Prisons and Work Releases,
2. Confidentiality of all investigation information,
3. Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process,
4. Crisis intervention,
5. Investigating sexual misconduct,
6. Techniques for interviewing sexual misconduct victims, and
7. Criteria and evidence required to substantiate administrative action or prosecution referral.

WADOC Policy 880.100, Corrections Training and Development, states: Staff Training and Tracking Information System will be used to document all official Department training.

According to Policy 490.800, PREA Prevention and Reporting, the current training requires that all PREA Investigators be trained in: Crime scene management and investigation, including evidence collection in Prisons and Work Releases; Confidentiality of all investigation information; Miranda and Garrity Warnings, compelled interviews, and the law enforcement referral process; Crisis intervention; Investigation sexual misconduct; Techniques for interview sexual misconduct victims; and Criteria and evidence required to substantiate administrative action or referral for prosecution.

WADOC has established specialized investigator training that provides information regarding the conduct of all PREA related investigations. This includes, but is not limited to; how to conduct an investigation in confined settings, techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity, and evidence collection.

Any individual assigned a PREA investigation must have completed 14 hours formal investigator training. The Appointing Authority responsible for the investigation is required to identify an appropriate investigator from the list of qualified individuals based on successful course completion. Other factors taken into consideration prior to investigator assignment include, but are not limited to:

- 1) Complexity and sensitivity of the investigation;
- 2) Experience of the Investigator; 3) Impartiality of the investigator in light of the allegation itself (e.g., outside of the investigator's chain of command, any indications of potential conflicts of interest, etc.).

A copy of the lesson plan was provided to the auditor. It was reviewed and the information contained in the lesson plan meets the requirements of the standard.

The three investigators, one administrative and two criminal, interviewed indicated they received training specific to conducting sexual abuse investigations in confinement settings. They indicated the class was

given by the National Institute of Corrections. One of the investigators also participated in the institutional refresher training last year and in the agency's annual training. They indicated the training curriculum included: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.35: Specialized training: Medical and mental health care

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (b)

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

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Medical staff
  - Mental Health staff
- Training curriculum and certificates

The policy outlining specialized medical/mental health training is in WADOC Policy 610.025 Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault. This policy states that if the report is made within 120 hours of the alleged sexual assault and the case involves penetrations and/or exchange of bodily fluids, the Department will transport the offender to the designated community health

care facility. Agency staff and contractors are prohibited from conducting any forensic medical examinations. Since community health care facilities are external to and independent of the agency.

WADOC Policy 490.800, PREA Prevention and Reporting, requires that Health Service employees/contract staff, with exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment program, will be trained in: Detecting and assessing signs of sexual misconduct; Responding effectively and professionally to sexual misconduct victims; Completing DOC 02-348 Fight/Assault Activity Review; Preserving physical evidence; Reporting sexual misconduct; and Counseling and monitoring procedures. Additionally, all of the contract medical staff must attend the same PREA training that all employees receive every year.

WADOC Policy 880.100, Corrections Training and Development, states: Staff Training and Tracking Information System (STATIS) will be used to document all official Department training.

The lesson plan “DOC PREA for Health Services” was provided to the auditor. The lesson plan was reviewed and found to contain all required content.

WADOC utilizes the Learning Management System (LMS) to document and track official department training for employees and contractors. Facility training managers enter official department training for their facility into LMS. The Training and Development Unit, oversees and manages the LMS for the state.

During the on-site visit, audit team members reviewed and verified attendance at Prison Rape Elimination Act staff training through the facility’s training records.

Both Medical and Mental Health staff were interviewed on-site at the Airway Heights Corrections Center. All four shared that they have been through the Airway Heights Corrections Center’s annual training and one time specialized training.

**Corrective Action:** No corrective action was required for this standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Staff responsible to screen for risk of victimization
  - Random Offenders
  - PREA Coordinator
  - PREA Compliance Manager
- Offender electronic files
- Risk Screening tool: Electronic
- Mental Health Referral forms

The policy addressing screening for risk of victimization and abusiveness is in WADOC Policy 490.820 PREA Risk Assessments and Assignments. It states:

#### Assessments

A. All PREA Risk Assessments will be completed in the offender's electronic file. PREA Risk Assessments must be completed in person with the offender.

1. In the event the PREA Risk Assessments cannot be completed in the offender's electronic file, Classification Counselors and Community Corrections Officers (CCOs) may use DOC 07-019 PREA Risk Assessment to document PREA Risk Assessments information and update the electronic file as soon as practical.

2. The PREA Risk Assessments may be postponed if exigent circumstances make the offender unable to participate in the PREA Risk Assessments process (e.g., significant medical/mental health issues, critical incident at the facility), provided the PREA Risk Assessments is completed as soon as the offender is available. A chronological entry will be made documenting the reason for the PREA Risk Assessments delay.

a. Professional interpreter or translation services, including sign language, are available to assist offenders with the completion of PREA Risk Assessments per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. Certified staff interpreters may be used to assist with PREA Risk Assessments as needed.

3. The Superintendent/Community Corrections Supervisor (CCS) will establish a process to ensure PREA Risk Assessments are completed in the event an offender is not assigned

to a Classification Counselor/CCO or the assigned Classification Counselor/CCO is not available to complete the PREA Risk Assessments within required timeframes.

4. If an offender's PREA Risk Assessments indicator changes from "No Risk" to "Potential Victim", "Potential Perpetrator", or "Dual Identifier" (i.e., score as both a potential victim and potential predator), the Classification Counselor/CCO will immediately review the occupants of the offender's assigned cell/room to ensure the offenders remain an appropriate match based on available information.

5. All required PREA Risk Assessments must be completed as outlined in this policy, regardless of the offender's housing assignment (e.g., single person cell, infirmary).

a. Once a PREA Risk Assessments has been initiated, it must be completed within 72 hours, to include any override approvals needed.

#### Initial and Intake PREA Risk Assessments

1. Classification Counselors and designated Work Release employees will complete a PRA within 72 hours of arrival for all offenders arriving at any Department facility. This includes offenders returning to a facility from unescorted leave (e.g., out-to-court). Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays.

a. Initial assessments will be completed within 72 hours of arrival of the facility in which an offender is received (e.g., new commitment, violator, boarder).

b. Intake assessments will be completed within 72 hours of transfer of any offender between Department facilities.

c. Facilities will take into account all available information (e.g., previous PRAs, medical/mental health assessment information).

WADOC Policy 490.800 requires a follow-up PREA Risk Assessments be completed between 21 and 30 calendar days of the offender's arrival at the facility.

The policy on reassessments for cause is also in WADOC Policy 490.800. It states:

#### For-Cause PREA Risk Assessments

1. For-cause PREA Risk Assessments will be completed within 10 business days by the assigned Classification Counselor/CCO:

a. When additional information is received suggesting potential for victimization or predation (e.g., reports of behavior while in jail or on the bus in transit, court documents, Pre-Sentence Investigations).

b. If the offender self-discloses information that could impact assessed risk (e.g., previously unreported prior abuse, sexual orientation/identity).

c. When there is a finding of guilt on certain infractions listed in the PRA, including violent infractions and infractions for sexual assault/abuse.

d. When an employee/contract staff observes offender behavior suggesting potential for victimization or predation.

e. For substantiated allegations of offender-on-offender sexual abuse/assault or staff sexual misconduct.

1) The Appointing Authority will develop local procedures for notifying the assigned Classification Counselor/CCO and PREA Compliance Manager/Specialist of substantiated allegations. The PREA Compliance Manager/Specialist will be notified upon completion of the required PREA Risk Assessments.

2) In Prisons, PREA Risk Assessments will be completed for all substantiated offender victims and perpetrators.

a) The assigned Classification Counselor(s) will refer both the perpetrator and victim to Mental Health using DOC 13-509 PREA Mental Health Notification, which will include the reasons for the referral.

- 3) In Work Releases, the perpetrator will be transferred to a Prison if s/he has not transferred during the investigation, released, or is already being held in a county jail. Once the Work Release Administrator/designee notifies the Superintendent of the substantiated allegation, a mental health evaluation will be requested at the Prison using DOC 13-509 PREA Mental Health Notification. The victim will be provided with community mental health contact information.
- 4) If the offender is transferred to another facility before the PREA Risk Assessments is completed, the sending Appointing Authority/designee will notify the receiving Appointing Authority/designee of the substantiated allegation, and the receiving facility will complete the PREA Risk Assessments
- 5) The PREA Coordinator/designee will ensure all for-cause PREA Risk Assessments have been completed in response to applicable substantiated investigations. The offender's name, DOC number, case number, and role in the investigation (i.e., victim or perpetrator) will be documented in a restricted SharePoint site.

For-cause PREA Risk Assessments will not replace required initial, intake, or follow-up PREA Risk Assessments.

WADOC Policy 490.860, PREA Investigations, states that all PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Electronic Data Classification. WADOC Policy 280.515, states:

Category 4 Data:

Restricted Information - Data containing information that may endanger the health or safety of others or that has especially strict handling requirements by law, statute, or regulation.

- a. Staff must receive authorization from the data owner prior to accessing Category 4 data.
- b. Category 4 data requires Appointing Authority approval and a data sharing agreement approved through the Contracts Office to be released outside the Department, except for public disclosure or discovery/litigation hold requests or as covered in other Department policy. Electronic data will be stored and transmitted consistent with their classification per the Data Classification Standards unless a more restrictive data sharing agreement is in place.

### Staff Responsibilities

Staff is responsible for electronic data in his/her care, and will:

1. Protect data at all times to avoid unauthorized access, loss, theft, or improper disclosure,
2. Access, use, and release of Department electronic data as necessary to satisfy the business need,
3. Handle non-Department electronic data in compliance with applicable laws and data sharing agreements, and will not request electronic data unless necessary to satisfy a business need,
4. Identify the classification of electronic data in his/her care, and maintain/release the data consistent with its classification per the Data Classification Standards.

### Obligation to report

- A. Staff will immediately report to the Chief Information Security Officer any:
  1. Unauthorized access or release of Category 2, 3, and 4 data.
  2. Lost or stolen computer equipment or portable electronic storage media (e.g., laptop, USB drive, flash drive) that contains Category 2, 3, or 4 data.

### Violations

3. Failure or refusal to perform assigned responsibilities or willful violation of data classification policy or standards may result in disciplinary action, up to and including termination.

B. In addition to Department action, wrongful release of Department data which constitutes a violation of federal or state law may be prosecuted and could result in civil or criminal penalties, including fines or imprisonment

The screening instrument will consider, at a minimum, the following criteria for risk of sexual victimization:

- whether the offender has a mental, physical, or developmental disability;
- the age of the offender;
- the physical build of the offender;
- whether the offender has previously been incarcerated;
- whether the offender's criminal history is exclusively nonviolent;
- whether the offender has prior convictions for sex offenses against an adult or child;
- whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- whether the offender has previously experienced sexual victimization; and
- the offender's own perception of vulnerability.
- whether the inmate is detained solely for civil immigration purposes

Of the 21 formal offenders interviewed, all indicated they had been asked questions about sexual abuse when they arrived at this facility. Of the offenders which remembered participating in an intake screening, all indicated that it occurred either on the day they arrived or the next day.

Auditors interviewed intake and classification staff regarding this process. They were very knowledgeable about the classification process and verified that the screening/assessment was completed in a prompt manner. Auditors also interviewed screening staff regarding this process. They verified that the screening/assessment was generally completed within one hour of the offender's arrival and that the risk screening is completed utilizing a standardized Prison Rape Elimination Act Intake/Transfer Assessment Tool. Intake staff also indicated that all offenders are reassessed well within 30 days of arrival, by a caseworker, at their facility based on criteria outlined in standard provision.

Offenders are provided with the Offender Orientation handbook, as well as, a brochure which outlines the Washington Department of Correction's Prison Rape Elimination Act policy. The offenders also watch a video on Prison Rape Elimination Act and are asked if they understood the content. Finally, the offender signs an Acknowledgement form stating they received and understood the information given during intake.

Classification staff reviews the offender's history and flags, then assigns the offender housing. The case worker or case manager screens the offender and provides them Prison Rape Elimination Act education.

During the on-site visit, auditors observed the entire intake process which began in Intake staff going through medical and mental health reviews and ended after the Intake process in the assigned housing unit by the caseworker. The screening/assessment process is completed as part of an overall intake assessment and the standardized Prison Rape Elimination Act Intake Assessment Tool was being used.

25 offender file hard copies or electronic versions of the Intake and Screening records were also reviewed by the audit team to demonstrate accurate process of this screening practice. It was noted that PREA Intake Assessment Tool forms were present in the offender files that were reviewed.

**Corrective Action:** No additional corrective action is required for this standard

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

### **Evidence Reviewed (documents interviews, site review)**

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Staff responsible for Risk of Victimization
  - PREA Coordinator
  - PREA Compliance Manager
  - Offenders who Identify as Gay or Bisexual
  - PREA Compliance Manager
- Offender electronic file
- Risk Screening tool: Electronic form
- Mental Health Referral form

The policy that addresses the use of screening information and transgender housing assignments is in WADOC Policy 490.820 PREA Risk Assessments and Assignments. It states:

#### **Job/Programming Assignments**

- A. PRA information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review.

#### **Housing Assignments**

- A. Before placing the offender in a multi-person cell/room, employees responsible for making housing assignments will review the PRA identifier to ensure the compatibility of cell/roommates.
  1. For offenders who have not had a PRA, either at the sending facility or on a prior incarceration, a mental health employee/contract staff will review the completed DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening for information impacting the offender's housing assignment.
  2. Employees will document the review in a PREA Housing chrono entry for each cell occupant.
- B. Housing compatibility reviews and related PREA Housing chrono entries are not required for offenders being placed in dedicated single-person cells (e.g., Intensive Management Unit, segregation, mental health units) unless more than one offender is placed in the cell.
- C. If an offender is transferring between facilities, housing reviews can be completed in advance of the offender's arrival as long as a review is done to ensure the offenders assigned to the designated cell have not changed before the arriving offender is placed in the cell.
- D. An offender who scores at potential risk for sexual victimization will not be housed in the same cell/room as an offender who scores at potential risk for sexual predation or as a dual identifier.
  1. An offender who scores as a dual identifier can only be housed in the same cell/room with an offender who scores as no risk identified.
  2. Facilities with dormitory/open housing will establish procedures for appropriate bed assignments for at risk offenders.

Housing and programming will be reviewed, initially and prior to any transfer, by a local review committee for all offenders who identify as transgender or intersex. Reviews will be documented on DOC 02-384 Protocol for the Housing of Transgender and Intersex Offenders, which will be scanned into a secure site

in the electronic imaging system accessible only by the PREA Compliance Manager/Specialist and the Correctional Program Manager/CCS or higher rank.

1. Initial housing reviews will be completed within 10 business days of disclosure by the offender of transgender or intersex status.

2. In Prisons:

- a. The review committee will be chaired by the PREA Compliance Manager/Specialist and will include, but will not be limited to:
  - 1) The Captain at major facilities or Lieutenant at stand-alone minimum security facilities,
  - 2) The Correctional Program Manager,
  - 3) A representative from medical,
  - 4) A representative from mental health, and
  - 5) The assigned Classification Counselor, or Correctional Unit Supervisor if the Classification Counselor is not available.
- b. At a minimum, the assigned Classification Counselor, representative from medical, and representative from mental health, if available onsite, will meet individually with the offender in a location where confidentiality can be maintained before the review committee meets.
- c. The committee will meet, either in person or by phone, to discuss the case and determine its recommendation.

3. In Work Releases, the review committee will include the CCS and assigned Classification Counselor/CCO.

- a. The committee will meet, either in person or by phone, to discuss the case and determine its recommendation.

4. Housing placement recommendations will be submitted to the PREA Coordinator, who will review and forward the submission to the Prisons Command-A Deputy Secretary for final review and approval. Local FRMT processes will be suspended until the housing review has been approved. DOC 02-384 Protocol for the Housing of Transgender and Intersex Offenders is approved by the Prisons Command-A Deputy Secretary indicating transfer to a facility, the receiving facility will complete Part II of the form.

- a) The receiving facility review committee will conduct an interview with the offender, arranged by sending facility staff. The interview may be conducted telephonically or in person, as applicable.
- b) If placement within the facility has not been approved by the Prisons Command-A Deputy Secretary before the offender arrives at the facility, the offender will be housed as follows:
  - 1) In Prison, the offender will be housed in the infirmary or Extended Observation Area until the Prisons Command-A Deputy Secretary makes a final housing decision.
    - a) Exceptions to infirmary housing are permitted with approval of the Prisons Command-A Deputy Secretary. Requests must be accompanied by a written statement from the offender that he/she feels safe remaining in general population.
    - b) If the assigned facility's infirmary is full, the offender will be transferred to another facility's infirmary. The final housing decision will be based on recommendations from the local review committee.

- 2) In Work Release, the offender will be housed in a single person room or a room with an offender(s) assessed as "No Risk".

5. A confidential PREA hold will be established in the electronic file as soon as an offender identifies as transgender or intersex. This hold will remain in effect until the offender releases or his/her status as a transgender or intersex offender has been revised.

6. Review committees will reassess placement and programming assignments every 6 months using DOC 02-385 Protocol for Housing Review for Transgender and Intersex Offenders to review any threats to the offender's safety.

7. A Headquarters Multidisciplinary Team (MDT) will meet to review housing assignments as determined and chaired by the Prisons Command-A Deputy Secretary. Housing decisions requiring

review by the MDT will be completed within 30 days. The MDT may include the following individuals or their designees:

- a. PREA Coordinator,
- b. Assistant Attorney General,
- c. Chief Medical Officer,
- d. Chief of Psychiatry,
- e. Emergency Operations Corrections Specialist,
- f. Selected stakeholders from the community, and
- g. Others as identified on a case-by-case basis.

Transgender and intersex offenders may appeal housing review decisions in writing to the:

1. Prisons Command A Deputy Secretary for decisions made based on facility recommendations, or
2. Applicable Assistant Secretary for decisions made after a Headquarters MDT review.

F. Facilities will develop local procedures to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders. This may include individual shower stalls, separate shower times, or other procedures based on facility design.

WADOC Policy 300.380, Classification and Custody Facility Plan Review, states that Committee members will review each offender on the transfer manifest before they arrive at the receiving facility.

The screening will include, at a minimum...PREA information per DOC 490.820. It further indicates that any concerns regarding work programs, treatment, education, evidence-based programs, or other activities presented after reviewing the offender's PRA will be documented in the Summary/Statement field in the Classification Review section of the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies

During the tour of the facility, the auditors noted that all shower facilities are individual showers with only one shower head in each. Each shower stall has a shower curtain which covers the open front of the shower stall.

The caseworker indicated the information gathered from the risk screening is used to separate potential victims from potential aggressors. They stated that transgender inmates would be reassessed once each six months. For a transgender inmate a new PREA Risk Assessment would also be done. The caseworker said that transgender and intersex inmate would be able to shower separately because the Airway Heights Corrections Center has individual shower stalls with curtains.

If the assessment indicates that an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Based upon this assessment, the offender shall be placed in the appropriate housing; however, no facility shall place lesbian, gay, bisexual, transgender or intersex offenders in dedicated units solely on the basis of such identification or status. If staff determines that an offender is a potential aggressor or potential victim, the offender's record shall be appropriately flagged in the offender information system and/or juvenile data system.

Offenders identified as Intersex or Transgender shall receive an initial placement and programming assessment with subsequent reassessments conducted every six months. In deciding whether to assign

a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider, on a case-by-case basis, whether a placement would ensure the offender's health and safety; and whether the placement would present management or security problems. Serious consideration shall be given to such an offender's own views with respect to his or her own safety. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

Offenders who are identified as a 'likely PREA aggressor' shall not be housed in the same cell as or in a bed adjacent to offenders who are identified as a 'likely PREA victim.' Offenders who have been identified as a "likely PREA victim" shall not be housed in the same cell as, or in a bed adjacent, to an offender identified as a "likely PREA aggressor" and may be housed in Protective Custody or other assignment that reduces the likelihood of sexual victimization.

Policy states that transgender and intersex offender's own views are seriously considered when determining housing placement and programming assignments. The Airway Heights Corrections Center reassesses all offenders twice a year.

Staff responsible for risk screening stated that transgender and intersex offender's views of their own safety would be taken into serious consideration in housing placement and programming assignments and that they would be allowed to shower separately from other offenders. Housing units have individual bathroom stalls in a common area and individual shower stalls/curtains on the main tier.

Offenders identified as Gay or Bisexual stated they are not housed in a designated facility and that they feel safe being housed where they currently are.

Random staff interviewed also indicated that if a transgender or intersex offender asked to shower separately, when other offenders are not utilizing the bathroom area they would be allowed to, however, all showers are individual showers.

**Corrective Action:** No additional corrective action is required for this standard.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Reviewed (documents interviews, site review)**

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
- Physical layout of the facility

The policy that addresses protective custody is in WADOC Policy 490.820, PREA Risk Assessment and Assignment. It states that offenders, who score as potential risk for sexual victimization, may be placed in Administrative Segregation if necessary to separate potential victims from potential predators. This placement shall only occur if no alternative housing is available. In the rare case that the offender is in Administrative Segregation for more than 30 days, a review will be conducted every 30 days to determine continued placement. Offenders on this type of placement will have access to programming and job assignments to the extent possible. When unavailable, the reason and duration will be documented in the offender's electronic file.

WADOC Policy 320.255, Restrictive Housing, states:

Offenders assigned to Restrictive Housing will be provided the following COCs, unless safety or security considerations dictate otherwise. If any of these conditions are refused or not provided, it will be documented on DOC 05-091 Daily Report of Segregated Offender. COCs will contain the following:

- 8) limited program access due to risk level;
- 15) Access to the following:
  - a. Religious guidance
  - b. Education
  - c. Self-help programs
  - d. Library and Law Library
  - e. Grievance Program, and
  - f. Offender Policy and Operational Memorandum Manuals.

WADOC Policy 320.260 Secured Housing Units, states:

Stand-alone minimum-security facilities will, when necessary, confine offenders in the Secured Housing Unit for up to 14 days, with an extension of up to 3 days in limited circumstances as approved by the appropriate Deputy Secretary to accommodate transportation needs. Offenders will then be returned to general population or transferred to a more secure facility, as appropriate. Offenders assigned to a SHU will be provided the following COC, unless safety or security considerations dictate otherwise:

- Limited program access due to program level
- Access to health care services
- Access to the following: Religious guidance, Education, Self-help programs, Library and Law Library, Grievance Program, and Offender Policy and Operational Memorandum manuals Program Management Activities System

G. The Superintendent/designee will receive routine updates on all offenders assigned to a program modification status.

The Superintendent indicated that inmates who are at high risk of sexual victimization or who have alleged sexual abuse are housed in the least restrictive housing appropriate to their classification and needs. He stated that inmates may be placed in involuntary segregated housing only until other means of separation from likely abusers can be identified. Additionally, he confirmed that the Airway Heights Corrections Center did not place offenders who are at high risk of sexual victimization in segregated housing during the past 12-months.

During the on-site tour, it was noted that there were no offenders currently housed in any type of segregated housing due to Prison Rape Elimination Act related victim concerns.

**Corrective Action:** No corrective action was required for this standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  
 NA

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Random Staff
  - Random Offenders
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning Prison Rape Elimination Act issue that the offenders can access.

The policy addressing offender reporting is in WADOC Policy 490.800, PREA Prevention and Reporting, which states:

Offenders may report PREA allegations in the following ways. Reporters may remain anonymous:

1. Through the confidential PREA hotline at 800-586-9431, or at 844-242-1201 for teletypewriter
  - a. The toll-free number will be posted on or near all offender telephones in Prisons and Work Releases and in the lobby/offender reception area in all Field Offices. Telephones will be accessible to Prison/Work Release offenders only during their free time hours.
    - 1) The facility/office will not record or monitor calls to the hotline.
    - 2) An IPIN will not be required to place a call to the hotline.
  - b. Headquarters will record and monitor all calls to the hotline. Messages will be checked by Headquarters personnel each regular workday.
2. Verbally to any staff.
3. In writing, through the following processes:
  - a. Offender kites.
  - b. Written notes or letters to staff.
  - c. Legal mail addressed to the State Attorney General, the Office of the Governor, law enforcement, and/or the PREA Coordinator, per DOC 450.100 Mail for Prison Offenders or DOC 450.110 Mail for Work Release Offenders. Legal mail to the PREA Coordinator should be sent to P.O. Box 41131, Olympia, WA 98504.
  - d. Offender grievances, including emergency offender complaints, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual.
    - 1) Copies of grievances alleging sexual misconduct will be forwarded immediately to the applicable authority per the PREA Reporting Process attached to DOC 490.850 Prison Rape Elimination Act (PREA) Response.
    - 2) The offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation.
    - 3) The PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct
      - a) If the allegation does not, the offender may refile the grievance per DOC 550.100 Offender Grievance Program.
  - e. Written report to an outside agency for Prison and Work Release offenders
    - 1) These reports will be made using DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation. The offender can remain anonymous by not identifying him/herself on the form.

The forms will be available:

- a) In areas accessible to offenders in Prisons, with pre-addressed envelopes attached.
  - b) On bulletin boards in Work Releases.
- 2) In Prisons, the offender will place the completed form in the provided pre-addressed envelope and place it in any offender grievance box. When grievances are retrieved, the Grievance Coordinator will forward the form to the mailroom to be processed without opening, even if there is no return address identifying the author on the envelope.
- a) Upon request, offenders placed in restrictive housing will be provided with DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation and a pre-addressed envelope.
- (1) Offenders can submit the completed form and envelope inside a grievance/medical envelope, which staff will place in the grievance box for processing.
- (2) When the grievance/medical envelope is opened by grievance staff, the preaddressed envelope inside will be promptly processed through the facility's mailroom to be processed without being opened or examined.
- 3) If an offender places DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation in a grievance/medical envelope or in the facility grievance box without placing it in the pre-addressed envelope, it will be forwarded to the Shift Commander and processed the same as any other PREA allegation received.

4) Once received, the outside agency will forward the report to the PREA Coordinator, who will respond to the allegation per DOC 490.850 Prison Rape Elimination Act (PREA) Response.

WADOC Policy 450.100, Mail for Prison Offenders, states:

Legal Mail

A. Offenders have the ability to correspond by means of legal mail. Legal mail must meet the following requirements and is subject to inspection to ensure the contents qualify as legal mail:

1. Legal mail must be correspondence to or from one of the following, as indicated in the mailing address or return address on the front of the envelope:

a. Any court or opposing attorney/party, the Washington State Bar Association, the Board, the Washington State Department of Enterprise Services Office of Risk Management, PREA auditors certified by the United States Department of Justice, the Headquarters PREA Coordinator, and/or the Headquarters Ombudsman.

DOC 490.850, PREA Response, requires staff to immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a department facility. It also requires staff report incidents of retaliation and knowledge of staff actions or neglect that may have contributed to an incident. It mandates that any information must be delivered confidentially and immediately to the shift commander or hiring authority. The policy contains a flow chart for Staff to follow.

WADOC Policy 490.850, PREA Response requires staff to immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. It also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process. Staff are required to report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor. Staff may report any PREA allegation directly to the Duty Officer or the Appointing Authority if they felt that it is a conflict of interest to report to their supervisor.

The state's definition of legal mail includes correspondence to and from the agency's PREA Coordinator. Reporting methods are addressed in the offender orientation video, are detailed in offender brochures, and are included in offender handbooks.

WADOC provides several methods to report sexual abuse and sexual harassment, retaliations for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The Offender's handbook lists four different options for offenders to report a PREA allegation. These options include:

- Report verbally to a staff member;
- Call the PREA hotline toll free;
- Tell a third party (family or a friend) who can report it for them.

All of these reporting options are addressed in Policy DOC 490.800, Prison Rape Elimination Act Prevention and Reporting, section XIII B. This information is provided to the offenders during orientation and in the handbook.

WADOC has a contract in place with the Colorado Department of Corrections to serve as each other's external reporting entity. If the offender chooses to report to an agency outside of the State of

Washington, they complete the DOC 21-379 form. This form is pre-addressed to the Colorado Department of Corrections PREA Unit. Once Colorado receives the form, they would then inform Washington State PREA Coordinator, providing enough information so that the allegation can be investigated without violating confidentiality. This contract with Colorado State was initiated in 2014 and, with the amendment, is valid until March 1, 2022. This information is posted in the main lobby of the facility.

Several of these methods of reporting allow the offender to remain anonymous. When calling the headquarters' PREA Unit, offenders do not need to utilize their IPIN to identify the caller

Additionally, if an offender chooses to report utilizing the DOC 21-379, they are not required to give their name.

The audit team reviewed the various forms of reporting. The information on how to report is posted in different locations, in various formats throughout the Airway Heights Correction's Center. The PREA hotline and the Office of Crime Victim Advocacy are posted on the wall above the offender telephones and in all housing units and program areas. Both phone lines were tested by the audit team. Both phone numbers worked and did not require identification of funds to make the calls.

Policy DOC 490.850, Prison Rape Elimination Act Response, section I. A., states staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Staff are required to report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor.

Staff may report any PREA allegation directly to the Duty Officer or the Appointing Authority if they felt that it is a conflict of interest to report to their supervisor. Policy DOC 490.850, Prison Rape Elimination Act Response, section I. E., states "Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process". The PREA training syllabus explains to staff on how to report a PREA allegation confidentially.

All reports of sexual abuse and sexual harassment shall be documented in an Incident Report prior to the end of the shift.

During the 30 formal staff interviews, staff indicated they would accept any type of report from the offender and document on a memorandum to be forwarded to their supervisor.

They shared that offenders can report several different ways including verbally reporting to any staff, calling the number on the posters, internal voice mail to the Prison Rape Elimination Act Compliance Manager, external calls to the Washington Department of Corrections Ombudsman's office, writing letters to staff, writing a confidential letter to, or calling the, the Washington Coalition Against Domestic Violence, telling a peer and telling family. Staff who were interviewed stated that they can privately report sexual abuse or harassment of offenders. In all cases, staff believed they could report to a supervisor, and it would be kept private.

The 21 offenders that were formally interviewed reported that there are several ways they could report. These include telling staff, use the telephone number from the posters or the painted numbers near the telephones, victim advocates, tell family, tell staff, and put a note in the mail box or confidential appeals or medical box. Most indicated they would just tell staff if anything was to happen.

During the tour, the audit team noted the posters information for the Washington Department of Corrections and Rape Crisis Center contact information, providing reporting information in English and Spanish. The audit team were also given brochures that are provided to offenders. The audit team tested the numbers posted. On the call to the Rape Crisis Center telephone line, a person answered the call and explained the call is monitored 24 hours a day, 7 days a week.

Washington Department of Corrections does not house any inmates solely for civil immigration purposes.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

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

#### 115.52 (f)

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

- Does the initial response document the agency's action(s) take in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) take in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Offenders that reported Sexual Abuse
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

Policy outlining exhaustion of administrative remedies and inmate grievances of sexual abuse is addressed in WADOC Policy 490.800, which states:

Offenders may report PREA allegations in the following ways. Reporters may remain anonymous. In writing, via an offender grievance, including emergency offender complaints, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual.

Offender grievances, including emergency offender complaints, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual.

- 1) Copies of grievances alleging sexual misconduct will be forwarded immediately to the applicable authority per the PREA Reporting Process attached to DOC 490.850 PREA Response.
- 2) The offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation.
- 3) The PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct.
  - a) If the allegation does not, the offender may refile the grievance per DOC 550.100 Offender Grievance Program.

WADOC Policy 550.100, Offender Grievance Program, states:

Grievances alleging sexual misconduct will be forwarded to the PREA Coordinator per DOC 490.800 PREA Prevention and Reporting and will not be reviewed through the grievance process.

The audit team was provided with a memorandum dated December 20, 2016, signed by the Secretary of the WADOC, which states that WADOC does not process PREA-related allegations through the offender grievance process.

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

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

A Caseworker explained the process of screening out PREA appeals to the audit team. Appeal forms are available to all of the offenders. An offender can fill out the form and hand it to staff or place it in the appeals box. This box is checked daily and all appeals are reviewed. If the appeal contains a PREA allegation, or they are unsure if it is a PREA allegation, they report it to the PREA Compliance Manager. Then the PREA Unit in Headquarters determines that it is a PREA allegation and an investigator is notified and investigation is initiated. If the PREA Unit deems that the appeal is not reporting a PREA allegation, it is returned to the institution to handle through the normal appeals channel.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.53: Inmate access to outside confidential support services**

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

### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers,

including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

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

#### 115.53 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Random Offenders

- Offenders who reported sexual abuse
- Director of Advocacy and education of the Victim Advocate staff from the Sexual Assault Crime Victim Advocate's, in Washington.
- Observations of the physical plant during our on-site review rounds, to include available information concerning Prison Rape Elimination Act issues that the offenders can access, to include Rape Crisis Center telephone numbers

WADOC has entered a contract with the Washington Certified Sexual Assault and Crime Victim Advocates. When an Offender wishes to speak to a victim advocate, the offender calls the toll-free number and the Certified Sexual Assault and Crime Victim Advocate, which operates 24 hours a day, directs the call to the Rape Crisis Center designated to work with that particular facility.

After the initial consultation, the Certified Sexual Assault and Crime Victim Advocate will work with the offender so that the victim advocate will be available at a pre-determined time to receive follow-up phone calls from the offender. If needed, arrangements would be made with the facility to provide on-site support for the offender. Offenders are also provided a list of community rape crisis centers throughout the State of Washington in the event that they wish to seek these services when they are released from WADOC. All of the information is provided in both English and Spanish.

The information on how to contact the Certified Sexual Assault and Crime Victim Advocate is provided to the offenders during the offender orientation, on posters throughout the facility and via pamphlets. The Certified Sexual Assault and Crime Victim Advocate pamphlet states that the calls are toll free, offenders are not required to use their personal identification number to make the call and these calls are not recorded. This information is available in both English and Spanish.

The PREA Manual indicates that inmate access to outside confidential support services:

1) The Department provides inmates (via MOU) information for emotional support services on sexual abuse and how to access outside victim advocates through use of posters, flyers and handouts that includes the mailing address and telephone numbers of available, local, State or national victim advocacy and/or rape crisis organizations.

a) The communication between inmates and the outside victim advocacy or rape crisis organization is confidential and only available on a need-to-know basis by the PREA Management Team staff.

b) Information about the level of confidentiality of the communication between inmates and the outside advocacy or rape crisis center will be provided to the inmates prior to accessing by the inmate.

Copies of advocacy posters were provided to the auditors in English and Spanish. During the audit, it was noted that these posters were displayed in several locations around the facility.

Most of the inmate phone calls are recorded; however, phone calls to the Rape Crisis Center are not. This information is included on the posters and the PREA Education and Information Sheet. Any mail to the Rape Crisis Center is treated as legal mail and not read by the staff. When the call is received, it is answered by a volunteer 24 hours a day, 7 days a week.

SANE from a contracted hospital and staff that controlled the Rape Crisis Centers were interviewed, via telephone. They shared process and procedures on how the work with the Airway Heights Correctional Center.

The audit team interviewed 21 offenders during formal interviews concerning the topic of allegations of sexual abuse or harassment. Overall, the offenders knew about the outside victim advocate for support

services and how to contact them. The offender population explained how the information is 'posted everywhere' if they needed it and were given the information at Intake.

**Corrective Action:** No corrective action was required for this standard

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
- Offender Orientation Booklet
- Observations of the physical plant and visiting areas during our on-site review rounds, to include available information concerning PREA issue that the offenders can access concerning 3rd party notification

Policy DOC 490.800, PREA Prevention and Reporting, assigns responsibility to the PREA Coordinator for ensuring that the WADOC website is current with information on how friends and families can report sexual abuse and sexual harassment. The PCM is responsible to ensure that posters are viewable by

visitors and the public providing information on how to report an allegation of sexual abuse or sexual harassment. WADOC provides information on its web-site on how family, friends or visitors can report sexual abuse or sexual harassment on behalf of an offender. The information is also posted in the visiting room. Staff are required to forward any allegation of sexual abuse and sexual harassment to their supervisor upon receiving the information.

Policy DOC 490.850, Prison Rape Elimination Act Response, section I. A., states staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Staff are required to report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor.

The policy that addresses third party reporting is in WADOC Policy 490.800, PREA Prevention and Reporting, states:

The PREA Coordinator will maintain PREA content for the Department website, including publication of required information and documents. A PREA Compliance Manager will be identified by the Superintendent for each Prison, and the Work Release Administrator will assign a PREA Compliance Manager for each Work Release. The PREA Compliance Manager will be an employee outside of any Intelligence and Investigation Unit, who will coordinate local PREA compliance and coordinate monthly checks to verify:

- a. The PREA hotline telephone number is posted on or near all offender telephones.
- b. Posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services areas and Classification Counselor/Community Corrections Officer (CCO) offices.

Visitors, offender family members/associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to [DOCPREA@doc.wa.gov](mailto:DOCPREA@doc.wa.gov).

The auditor was provided with copies of the publicly distributed information along with the PAQ.

Every random staff interviewed indicated they would accept reports from third parties to include family members and other inmates.

The Airway Heights Corrections Center also has Prison Rape Elimination Act information available to the public in the visiting area. This poster contains several ways an offender can report and two ways an offender's friends or family, outside the facility, can report. This information is in English and Spanish.

During offender interviews, all offenders were aware that third party reporting was an acceptable method for receiving a report of sexual abuse or sexual harassment, but none of them believed their friends or family had used it. Additionally, the PREA Compliance Manager explained that the Offender handbook and Prison Rape Elimination Act Resource Guide informs the offender population of these numbers and addresses that they can share with their family and friends.

The facility provided the auditor with a copy of the Visitor Information Brochure. The brochure was reviewed and the required information was also included. During the tour of the Airway Heights

Corrections Center, the audit team observed Prison Rape Elimination Act posters and Prison Rape Elimination Act information posted in the designated visiting room.

**Corrective Action:** No corrective action was required for this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

## 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - PREA Coordinator
  - Random staff
  - Medical staff
  - Mental Health staff
- Internal Investigative reports

Policy DOC 490.850, PREA Response, requires that staff immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

Staff, volunteers and contractors are trained to report any PREA allegation to their supervisor confidentially. The Staff, Volunteer and Contractor PREA Handbook states that staff must immediately report any knowledge, suspicion, or information received regarding an incident of sexual abuse, sexual solicitation, sexual harassment or sexual coercion, or any staff neglect or violation of responsibilities that may have contributed to such an incident. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately to the shift commander (prisons), the work release/residential program administrator/duty officer (work release) or the appropriate appointing authority/duty officer. Any knowledge of retaliation must be reported in the same manner. All of the staff interviewed stated that they would contact the Work Release Administrator or Facility Supervisor if they received any information about a PREA incident.

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

DOC 490.860, Prison Rape Elimination Act (PREA) Investigation, requires that all allegations, including third party and anonymous reports are reported to the PREA Unit. The PREA unit then refers the case to the designated facility manager for investigation. The facility manager assigns the investigation or refers it to local law enforcement for criminal investigation.

During the staff interviews, staff knew their responsibility to report all allegations of sexual abuse and sexual harassment. They stated that they would report the information immediately to their supervisor or the PREA Compliance Manager. They also explained that they would not share any information about a PREA incident with any other staff except of those that have a need to know (such as an investigator). The Shift Commander stated that he makes sure that all PREA allegations are entered into the Washington Offender Tracking Information System. They would receive any PREA allegation entered in the system and immediately initiate a response by contacting the facility to provide direction or obtain additional information

During interviews with medical and mental health staff, they shared their understanding of the policy and their duty to report. They also stated that they explain to the offender the limitations of confidentiality prior to the initiation of services. Further, the staff provided me with the forms they use to document any reports.

During an interview with the Superintendent, he informed the audit team that the Airway Heights Corrections Center does not house offenders under the age of 18 and has not anytime during this audit period. Additionally, there have been no cases of vulnerable adults as alleged victims of sexual abuse or sexual harassment in the past 12 months.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### **Evidence Reviewed (documents interviews, site review)**

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Secretary
  - Superintendent
  - Random staff

Policy DOC 490.850, PREA Response, states that upon receipt of an allegation of offender-onoffender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses. The accused may be placed in restrictive housing. Placement decisions will be based on the seriousness of the allegation. Least restrictive housing should be considered. In the event that the allegation involves staff sexual misconduct, the one-on-one contact between the accused and alleged victim is prohibited while the allegation is investigated. The Appointing Authority can redirect or modify the duties of the staff member during the investigation. If the accused is a contract staff or volunteer, the Appointing Authority may restrict their entrance into the institution until the conclusion of the investigation.

During the interview, the Secretary indicated that if he received such information, he would notify the facility where the offender is housed and direct the staff to take immediate action to protect the offender. All of the actions taken would be documented in Washington Offender Tracking Information System.

During the interview with the Superintendent, he stated that if he received an allegation, he would take immediate action to protect the offender. This may require that they move the offender to a place where he would be safe until the suspect is identified and the investigation was concluded. As a last resort, this may require that the offender be transferred to another institution. All of the actions taken would be documented in Washington Offender Tracking Information System.

Through 30 random staff interviews, they indicated that if they received an allegation, they would immediately separate and protect the victim and suspect, (if known) then notify their supervisor and the Prison Rape Elimination Act Compliance Manager.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.63: Reporting to other confinement facilities**

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

#### **115.63 (a)**

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Secretary
  - Superintendent
  - Investigative Services staff
  - PREA Compliance Manager

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

During the interview with the Secretary, he stated that if any such allegation is received, it is referred to the Investigations Department with a copy to the Statewide PREA Coordinator. Contact is made with the PREA Compliance Manager of the involved facility and an investigator is assigned to conduct the review.

Both the Superintendent and the PREA Compliance Manager indicated that once an allegation of sexual abuse is received from another agency, it is assigned to an investigator to conduct the investigation.

During the interview with the Superintendent, he stated that when the notification comes, via email, from the Superintendent/Superintendent/Commander of the other facility, to him, it is acted upon immediately as it were other allegations. A follow-up phone call is made if needed.

During the interview with two of the Investigators, they indicated that work closely with all other outside agencies, to include the local law enforcement, other Washington Department of Corrections institutions and the local District Attorney's office, to name a few. Staff indicated they continually monitor any open casefile for any follow-up information needed. Investigative staff stated they make telephone calls or send emails weekly to ensure timelines are not delayed and information is sent to the right department when required.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - First Responder staff
  - Random staff
  - Offenders that Reported Abuse
- First Responder training curriculum

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

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

Most of the first responders that were interviewed during this audit were all able to explain their responsibility during a Prison Rape Elimination Act incident including: separating the suspect from the victim; taking steps to preserve any potential crime scene; requesting the victim not perform any activity that may destroy physical evidence; and placing suspects, under constant supervision, while awaiting transfer to the Sexual Assault Nurse Examiner to avoid destruction of evidence or further action.

Non-custody staff First Responders said they would notify custody staff and urge the alleged victim to not destroy evidence. Through those interviews, staff stated they would protect the offender, separate him from the alleged perpetrator, call the supervisor or security staff for further direction and notify investigators. All would be kept confidential except for staff that has a need to know.

During the interviews with staff from different disciplines, all of them knew their responsibilities when responding to a sexual assault. Each one knew their responsibility to separate the victim and suspect as well as immediately notify their supervisor. They would summon for emergency medical aide if needed..

During the interview with the Superintendent, he stated that all staff are trained on the entire Prison Rape Elimination Act policy and procedures.

During training, staff, from all work categories, are given the information verbally and in written form. Then, at the completion of class, they are asked what they have learned and how they would respond.

### 115.64 Staff first responder duties

**Concern:** In approximately 70% of staff interviews, staff indicated they would make sure to collect any and all evidence and would ensure the Alleged Victim or the Alleged Suspect did not take action to destroy that evidence in actions such as taking shower, brushing their teeth, drinking anything, etc. until they have been processed. Training of staff under Standard 115.64 would be required to come into compliance.

**Update:** On July 29, 2021, I received a memorandum and training documentation, via email, dated July 27, 2021, authored by the PREA Compliance Manager indicating that the staff of Airway Heights Corrections Center had received refresher training about the proper process of a First responder under Standard 116.64. This training brings this Sub-Section of the Standard into compliance.

**Corrective Action:** No additional corrective action is required for this standard.

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - First Responder staff
  - PREA Compliance Manager
- PREA Incident Operational Plan
- Various First Responder Checklist

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

Airway Heights Corrections Center has a response plan in place that outlines the duties of each individual when responding to a PREA sexual assault. This plan is maintained at Shift Command so that it is available during all hours. The audit team reviewed this plan during the on-site portion of the audit.

The plan includes separating the alleged victim from the alleged perpetrator, preserving the crime scene, notifying the supervisor, contacting local authorities, medical and victim advocate. All of the staff were aware of this plan and where it was located if needed.

The Superintendent stated that the facility has a local procedure which describes the coordinated actions to be taken by the facilities Sexual Assault Response Team members. This response procedure mirrors the agency policy.

The PREA Compliance Manager was able to tell the auditing team, step by step, how the Airway Heights Corrections Center staff would respond to a Prison Rape Elimination Act incident. In addition to the policy and check list, the Shift Commander has contact information for managers who play a more significant role in the response to Prison Rape Elimination Act so that they can be reached at any time of day or night. All of the staff, volunteers, and contractors interviewed knew what their specific role was when responding to a Prison Rape Elimination Act incident.

**Corrective Action:** No corrective action was required for this standard.

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

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

#### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from

contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Secretary
  - Superintendent

In a memorandum, authored by the Superintendent on August 20, 2020, and in effect during the time of this audit states:

The Washington State Department of Corrections functions under the interest only arbitration system as the impasse procedure for negotiations over changes in mandatory subjects of bargaining. This process has no impact on the agency's ability to remove an alleged staff abuser from contact with any offender during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted.

**Corrective Action:** No corrective action was required for this standard.

### Standard 115.67: Agency protection against retaliation

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

### 115.67 (a)

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

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Secretary
  - Superintendent
  - Staff charged with Monitoring Retaliation
  - PREA Compliance Manager

The policy outlining agency protection from retaliation is addressed in WADOC Policy 490.860, PREA Investigations, which states:

Retaliation

A. Retaliation against anyone for opposing or reporting sexual misconduct or participating in an investigation of such misconduct is prohibited. Individuals may be subject to disciplinary actions if found to have engaged in retaliation, failed to report such activities, or failed to take immediate steps to prevent retaliation.

B. Staff and offenders who cooperate with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority will take appropriate measures to address the concerns.

C. When an investigation of offender-on-offender sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters. If another Appointing Authority is assigned to investigate, s/he or his/her designee will notify the applicable Appointing Authority to initiate monitoring.

1. Indicators of retaliation may include, but are not limited to:

- a. Disciplinary reports,
- b. Changes in grievance trends,
- c. Housing/program changes and reassignments, or
- d. Negative performance reviews.

2. The Appointing Authority of the facility where the alleged victim is housed will notify the following employees, as applicable, when monitoring is required, but will not provide specific details regarding the allegation and investigation:

a. The PREA Compliance Manager/Specialist at the facility where the report was made will ensure alleged victims and offender reporters are monitored and met with at least monthly.

b. The local Human Resource Manager/Community Corrections Supervisor will monitor employee reporters.

c. The PREA Compliance Manager/Specialist at the facility where the report was made will monitor contract staff and volunteer reporters.

3. Any report of retaliation expressed or indicated during the monitoring period will be immediately reported to the Appointing Authority, who will take appropriate action.

4. Retaliation monitoring will continue for 90 days following notification, or longer if the Appointing Authority determines it is necessary.

a. The PREA Compliance Manager/Specialist will complete and submit DOC 03-503 PREA Monthly Retaliation Monitoring Report to the Appointing Authority each month. No monitoring-related activities will be documented in chronological entries or supervisory files.

b. If a reporter or alleged victim transfers to another facility during the monitoring period, the PREA Compliance Manager/designee at the sending facility will notify the PREA Compliance Manager/designee at the receiving facility. The receiving facility will assume monitoring responsibilities and provide monthly monitoring documentation to the sending facility.

c. Monitoring activities may be discontinued if the allegation is determined to be unfounded or the offender is released from incarceration.

d. The Appointing Authority will notify the PREA Compliance Manager/Specialist or Human Resource Manager when monitoring activities are no longer required.

D. For allegations of sexual harassment, retaliation monitoring for reporters and alleged victims may occur at the discretion of the Appointing Authority.

The staff member charged with monitoring retaliation is the PREA Compliance Specialist. At times, she completes the retaliation monitoring and at other times, she assigns it to the Corrections Unit Supervisor assigned to the housing unit where the offender lives.

The designee for the agency head indicated that facility staff will monitor offenders and staff who report or witness an incident of sexual abuse or sexual harassment for a minimum of 90 days. If retaliation is suspected, they will separate the individuals involved and investigate the information. She stated that if someone who cooperated with the investigation expresses a fear of retaliation, they will be monitored for

a minimum of 90 days. The facility Superintendent will ensure the safety of the individual and take disciplinary action, if needed.

The Superintendent stated, during his interview, that if the monitoring is for a staff member, human resources staff checks on them to ensure there is no disciplinary or corrective action taken. If it is an offender who is being monitored, staff will be assigned to ensure there are no grievances filed against the offender, no changes to jobs or housing, and/or no inappropriate infractions filed against the offender. He indicated that if he believes retaliation is occurring, he will ensure the individual being retaliated against is safe and initiate an investigation.

The staff member interviewed indicated that she monitors for a minimum of 90 days or longer if the investigation is taking longer. She has a set of questions that she asks and reports responses to the PCM. In determining if retaliation is occurring, she looks to see if they are being singled out in any way, infractions, punished, changes in job or housing or negative behavior observations. She also looks for changes in their baseline behavior. She indicated she will initially talk with them on the day she is notified of her monitoring duties. She will set up future contacts based on her initial discussion with the offender. She lets them know she is available to speak with them, at any time.

The facility or division's responsibility to monitor retaliation can be terminated if the facility or division is notified that the allegation is unfounded.

Auditors used the blank investigation template that would be used if an allegation is made and a Protection Against Retaliation is needed. This form contained the following:

- Date of meeting
- Date of time period covered
- Those in attendance
- Notification numbers
- Annual Review updates
- Number of allegations that were reported for the particular month
- Number of allegations currently open
- Reviews of each allegation
- Protection Against Retaliation form (If needed)

Auditors also requested and received blank copy of the Prison Rape Elimination Act Retaliation Monitoring Data Sheets. This contains the time frames on when to monitor, what to look for and how to respond to actions taken. This form will have information for both offender and staff monitoring.

The checkoff at the bottom of the page shows the Monitoring Results to include:

- No Retaliation Found
- Continue Monitoring
- Retaliation Found and Addressed with Protective Measures
- Monitoring Ended due to result of allegation investigation being Unfounded

This form will have information for both offender and staff monitoring.

Interviews with the PREA Compliance Manager and Staff charged with Monitoring Retaliation stated that all offenders and/or staff will be monitored for a minimum of 90 days, unless the allegation becomes Unfounded. If staff believe the monitoring should extend past 90 days, they will document their reason and end date.

In the case of transfer, the other institution will continue the process and send the copies back to the original institution.

During the interview with the Secretary, he stated that the facility will use the Protection Against Retaliation process to follow-up with victims who report. Staff will take appropriate action if there appears to be any retaliation. Once follow-up is completed, the documents are maintained in the offender's packet. If retaliation is suspected or confirmed, possible actions may include additional monitoring, transfer of housing or work location and possible discipline for the individual (staff or offender) who is retaliating.

During his interview, the Superintendent indicated the different measures used to protect offenders and staff from retaliation includes monitoring for appropriate changes in housing or work assignment, disciplinary actions, etc. The Superintendent also stated that retaliation is not acceptable and those who retaliate would be disciplined.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire and supporting documentation provided.
- Interviews with the following:
  - Superintendent

The policy addressing post-allegation protective custody is in WADOC Policy 490.850, PREA Response, which states:

D. The Appointing Authority/designee will attempt to minimize any disturbance to the alleged victim's housing location, program activities, and/or supervision during the investigation.

1. In Prisons, an alleged victim will be placed in Administrative Segregation/Secured Housing per DOC 320.200 Administrative Segregation or DOC 320.260 Secured Housing Units only:

a. At his/her documented request, or

b. If the Appointing Authority/designee has specific information that the alleged victim may be a danger to him/herself or in danger from other offenders.

1) The placement should only be made when no suitable alternative housing exists and last only as long as necessary for the offender's protection.

2). In Work Releases, an alleged victim will be transferred to a Prison only at his/her documented request, or when community medical or mental health services are insufficient to meet his/her needs.

Manager and Prison Rape Elimination Act Committee shall review the record and history of those offenders receiving a Sexual Violence Assessment Tool flag of Potential Aggressor or flag of Potential Victim as a recommended override by staff completing the assessment. The committee shall then reach a consensus on the Prison Rape Elimination Act flag status of those offenders in question. Offenders identified as a "likely Prison Rape Elimination Act aggressor" may be considered for housing in Administrative Restrictive Status Housing.

During document reviews and on-site tours, the audit team did not observe any Airway Heights Corrections Center offender, who alleged to have suffered sexual abuse, being held in involuntary segregated housing in past 12 months.

The Superintendent stated that the facility has not housed any offenders in protective custody/restricted housing, who have alleged to have suffered sexual abuse, during the past 12 months. During the audit tour and document review, the audit team could not find any cases where this had occurred.

**Corrective Action:** No corrective action was required for this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?   
Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

### 115.71 (i)

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

### 115.71 (j)

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

### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - PREA Coordinator
  - PREA Compliance Manager
  - Investigative staff
  - Offender who Reported Abuse

- Investigative Reports
- Training Records for Investigators

The policy addressing criminal and administrative agency investigations is in WADOC Policy 490.800, PREA Prevention and Reporting, which states:

PREA investigators will be trained in:

1. Crime scene management/investigation, including evidence collection in Prisons and Work Releases;
2. Confidentiality of all investigation information;
3. Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process;
4. Crisis intervention;
5. Investigating sexual misconduct;
6. Techniques for interviewing sexual misconduct victim; and
7. Criteria and evidence required to substantiate administrative action or prosecution referral.

WADOC Policy 490.860, PREA Investigations, states:  
Investigations

A. The Prison Rape Elimination Act (PREA) Coordinator/designee will review all allegations, determine which allegations fall within the definition of sexual misconduct, and forward those allegations to the appropriate Appointing Authority for investigation.

1. The Appointing Authority will develop local procedures to ensure the alleged victim is notified of formal review decisions (e.g., case initiated, appended to existing case, not PREA). a. The Work Release Administrator will make notifications if the alleged victim is housed in a Work Release. If notification cannot be made in person, the United States Postal Service will be used to make notification.
2. The Appointing Authority/designee may review the allegation with the PREA Coordinator/designee if s/he disagrees with a decision to open an investigation.
3. All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation. a. Investigation reports received from law enforcement will be an attachment to the final PREA investigation report submitted.

L. When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify:

1. Law enforcement, unless such referral was made previously during the course of the investigation, and
2. Relevant licensing bodies.

The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.

A. Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department.

B. Allegations may be referred to law enforcement agencies for criminal investigation. Investigators will submit the investigation report and DOC 02-382 PREA Data Collection Checklist to the appropriate Appointing Authority/designee. All reports will follow DOC 02-351 Investigation Report Template.

1. Photocopies/photographs of all physical evidence and evidence cards will be included in the investigation report.
2. Electronic evidence (e.g., video recording, JPay message, telephone recording) used as part of an investigation will be submitted with the investigation report.

D. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.

Record Retention

A. Records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule.

1. PREA records may include, but will not be limited to:
  - a. Incident reports
  - b. Investigation reports
  - c. Electronic evidence
  - d. Investigation findings/dispositions
  - e. Law enforcement referrals
  - f. Criminal investigation reports
  - g. Required report forms
  - h. Documentation of:
    - 1) Local PREA Review Committees,
    - 2) Completed DOC 02-382 PREA Data Collection Checklists, and
    - 3) Ongoing notifications.

B. The Appointing Authority/designee will maintain original PREA case records as general investigation reports per the Records Retention Schedule.

C. The PREA Coordinator/designee will maintain electronic PREA case records per the Records Retention Schedule.

1. Prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If a review of the investigation records reveals that the accused individual does not meet this 5 year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule.

WADOC Policy 420.375, Contraband and Evidence Handling, states:

Evidence Handling

A. The Shift Commander/investigator will ensure evidence collected is handled using standard precautions. Employees/contract staff must wear gloves whenever handling evidence.

1. Suspected illegal/unauthorized drugs will be handled per DOC 420.385 Presumptive Drug Testing.
2. Each facility will develop procedures for drying damp/wet (e.g., body fluid) evidence. Evidence will be dried at room temperature and in a secure location immediately after being collected.
  - a. Plastic bags or containers may only be used to transport damp/wet evidence from the collection area to the drying location.
  - b. Areas used to dry evidence will be cleaned using a 10 to one water and bleach solution.
3. Clothing evidence must be removed while the individual is standing on a large sheet of clean paper.
4. Dry evidence will be completely wrapped in paper and packaged in a paper evidence bag. Only one piece of evidence will be secured in each bag.

C. Investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800 PREA Prevention and Reporting.

Investigators will:

1. Interview alleged victims, accused offenders/staff, and witnesses. Individuals interviewed will be provided and asked to sign DOC 03-484 Interview Acknowledgment.
2. Refer the offender for mental health assessment using DOC 13-509 PREA Mental Health Notification if the investigation uncovers new information that the offender was the victim of any physical and/or emotional trauma of a sexual nature, whether in an institutional setting or in the community.
3. Collect any additional evidence per DOC 420.375 Contraband and Evidence Handling, DOC 420.365 Evidence Management for Work Release, or DOC 420.395 Evidence/Property Procedures for Field, as applicable.

E. The Appointing Authority will review the report and prior complaints/reports of sexual misconduct involving the accused, when available, and ensure DOC 02-382 PREA Data Collection Checklist is completed.

1. Previous complaints/reports of sexual misconduct involving the alleged victim may be reviewed, as applicable.

All PREA allegations that appear to be criminal in nature are referred to local law enforcement or the Washington State Patrol for a criminal investigation per DOC Policy 490.860 - PREA Investigation. Referrals are documented utilizing DOC Form 03-505 Law Enforcement Referral of PREA Allegation. Subsequent referrals for prosecution are made by the responding law enforcement agency. WADOC investigators will only conduct compelled interviews after the local enforcement or the Washington State Patrol have completed their investigation; or if they have declined to investigate.

The WADOC does not have statutory authority to conduct criminal investigation as no staff members are authorized for law enforcement certification. As a result, WADOC conducts only administrative investigations.

Criminal allegations are referred to law enforcement officials as follows: • Referral to city law enforcement officials if the facility is within city limits

- Referral to county law enforcement officials if
  - (1) The facility is not within city limits, or
  - (2) City law enforcement has declined the referral for facilities within city limits and the facility wishes to pursue the matter further.

The only state entity that would conduct criminal investigations is the Washington State Patrol. Referral to the State Patrol will occur only after the investigation has been declined by local law enforcement. No Department of Justice component conducts investigations within WADOC.

WADOC Policy 400.360, Polygraph Testing of Offenders, states that offenders who are alleged victims, reporters, or witnesses in PREA investigations will not be asked or required to submit to a polygraph examination regarding the alleged misconduct under investigation.

Evidence the investigator would be responsible for gathering might include DNA evidence from the forensic exam, video recordings, sign-in sheets, housing unit logs, correspondence, phone calls and mail.

They indicated that they judge credibility of the involved individuals on a case-by-case basis and the things they take into account include their history and how they present themselves during the interview process. When questioned about their efforts, during an administrative investigation, to determine whether staff actions or failure to act contributed to the sexual abuse, both investigators indicated they review the evidence to try and determine if staff did their job. At the conclusion of an administrative investigation, they complete a written report which includes all of the same items they include in a criminal investigation. They ensure they address who, what, where, when, why (if known), witness statements, and evidence collected. Both investigators indicated that they refer any substantiated case of sexual abuse for criminal prosecution and that they continue all investigations until completed, regardless of the employment status of the staff member who has been accused or incarceration status of the accused inmate.

Additionally, all allegations of sexual abuse and sexual harassment shall be investigated even when the alleged perpetrator or alleged victim have left the Department's employment, or are no longer under Department authority. Sexual abuse reports shall be investigated by the facility's Investigations and Intelligence staff. Sexual harassment reports shall be investigated by staff designated by the

Superintendent to conduct administrative investigations. Staff conducting either sexual abuse or sexual harassment investigations shall be trained in conducting sexual abuse investigations in a confinement setting, preserving evidence, maintaining chain-of-custody, and staff and offender sexual misconduct.

Investigators must be trained as Sexual Assault Response Team members prior to completing investigations of sexual abuse or sexual assaults.

Offenders who allege sexual abuse will not be required to submit to a polygraph examination as a condition for proceeding with the investigation of an allegation.

Policy also states that Sexual Incident Reports and investigation reports shall be retained for five years beyond the abuser's incarceration or employment.

The agency conducts both administrative and criminal sexual abuse investigations for sexual harassment, sexual abuse, and staff sexual misconduct. The facility-based investigators conduct all investigations to including those arising from third party and anonymous reports.

Interviews indicated that reports of investigations of alleged sexual abuse and sexual harassment shall be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

The PREA Statewide Coordinator, stated she works closely with all of Washington Department of Corrections PREA Compliance Managers. She communicates through telephone and email to ensure all allegations are investigated thoroughly and properly documented. Additionally, she stated that maintains the sexual abuse data for ten years after collection. During her interview, the Statewide PREA Coordinator confirmed that all investigative staff receive specialized training which meet this provision of the standard.

During interviews and discussion with investigative staff, each of them stated that the credibility of the individual being interviewed is not based on their status as an employee or offender, it is based on an individual basis.

Investigative staff said when they are assigned and contacted for a Prison Rape Elimination Act allegation investigation, they respond directly to the scene/facility. They investigate and gather evidence whether the allegations are against staff or offenders and review past history and prior complaints. They do not use any type of truth telling device as a condition of proceeding with an investigation. The local Investigator would confer with Headquarters staff, during case reviews, if needed. Investigators further stated that they continually keep in contact with any outside agency if they are needed during an investigation. Finally, Investigators stated that all investigations continue even if a staff leaves the facility or retires or if an offender is transferred to another facility or is paroled.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.72: Evidentiary standard for administrative investigations**

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

### **115.72 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - Investigative staff
- Any Investigative reports for allegations of Sexual Abuse

The policy outlining evidentiary standards for administrative investigations is in WADOC Policy 490.860, PREA Investigations, which states:

For each allegation in the report, the Appointing Authority will determine whether the allegation is:

1. Substantiated: The allegation was determined to have occurred by a preponderance of the evidence,
2. Unsubstantiated: Evidence was insufficient to make a final determination that the allegation was true or false, or
3. Unfounded: The allegation was determined not to have occurred.

Policy states that Sexual misconduct by state employees or contractors, states: (

1) When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between an employee and an inmate has occurred, notwithstanding any rule adopted under chapter 41.06 RCW the secretary shall immediately suspend the employee.

(2) The secretary shall immediately institute proceedings to terminate the employment of any person:

- (a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the inmate; or
- (b) Upon a guilty plea or conviction for any crime specified when the victim was an inmate.

Both administrative investigators who were interviewed indicated the standard of evidence utilized for PREA investigations is preponderance of the evidence or 51%.

During the interview with the Superintendent, he stated the outcome of all allegations is based on the evidence presented, in totality, of the reports. After the investigation is completed, they will be one of three conclusions:

- Substantiated: The allegation was determined to have occurred by a preponderance of the evidence. The training that all Appointing Authorities attend, teaches that substantiation is 51% that they are sure that the event occurred.
- Unsubstantiated: Evidence was insufficient to make a final determination that the allegation was true or false.
- Unfounded: The allegation was determined not to have occurred.

During interviews with Investigative staff, they confirmed that no evidentiary standard higher than a preponderance of evidence is utilized when determining whether allegations are substantiated for administrative investigations.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:

- Superintendent
- Investigative staff
- Any Investigative reports for allegations of Sexual Abuse

The policy outlining inmate notifications is in WADOC Policy 490.860, PREA Investigation, which states:  
VIII. Ongoing Notifications to Alleged Victims

A. The Department will make the following notifications, in writing, to alleged victims until they are no longer under Department jurisdiction:

1. Offender-on-Offender Allegations of Sexual Assault or Abuse
  - a. The alleged victim will be notified if the Department learns that the accused has been indicted on or convicted of a charge related to sexual assault or abuse within the facility.
  - b. The PREA Coordinator/designee will track all cases and make required notifications.
2. Substantiated/Unsubstantiated Allegations of Staff Sexual Misconduct against employees
  - a. The alleged victim will be notified:
    - 1) When the accused employee is no longer regularly assigned to the offender's housing unit,
    - 2) When the accused employee no longer works at the same facility as the offender, and
    - 3) If the Department learns that the accused employee has been indicted on or convicted of any charge related to staff sexual misconduct within the facility.
  - b. The appointing authority/designee will track all cases, make required notifications, and forward copies to the PREA Coordinator.

B. Notifications will be provided to alleged victims in a confidential manner through legal mail or by another method determined by the Appointing Authority.

G. Once the Appointing Authority has made a determination, the alleged victim will be notified of the findings.

1. The Appointing Authority/designee of the facility where the offender is housed will inform the offender of the findings in person, in a confidential manner.
  - a. Notification may be provided in writing if the offender is in restrictive housing.
2. If the offender has been released, the Appointing Authority will inform the offender of the findings in writing to the offender's last known address as documented in his/her electronic file.

Two staff who conduct PREA investigations were interviewed. Both indicated the investigation is initiated as soon as possible. The allegation is sent to the PREA Triage Unit and the facility typically receives notification to initiate the investigation within one to two days. Both indicated that anonymous and third-party allegations are handled in the same manner as any other investigation.

Any criminal investigation conducted by a law enforcement entity is forwarded to the Appointing Authority responsible for the investigation. The Appointing Authority will also ensure an administrative investigation is completed. The Appointing Authority will then determine investigation findings based on evidence, witness testimony, prior complaints and reports, and witness credibility. These findings are documented on the investigative finding sheet along with documentation of notification to the victim offender.

During interviews with Investigative staff, they indicated that they have a local liaison with law enforcement if they are investigating any cases. Also, they maintain the allegation/incident file and review it daily for any needed information, or notifications required.

During the interview with the PREA Compliance Manager, she stated that once the offender is notified of the outcome of any investigation, that process and notification is, at a minimum, written into the

Investigation Report. The auditor was provided with several Investigation Reports that indicated the date the offender was informed of the outcome and which staff member spoke to them.

During the interview with the Superintendent, he stated he regularly receives information from the Investigators, the PREA Statewide Coordinator and the PREA Compliance Manager as to updates on any Prison Rape Elimination Act concerns.

**Corrective Action:** No corrective action is needed for this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Reviewed (documents interviews, site review)**

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent

The policy that addresses staff disciplinary sanctions is WADOC Policy 490.800, PREA Prevention and Reporting, which states:

The Department recognizes the right of offenders to be free from sexual misconduct.

- A. The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate.

WADOC Policy 490.860, PREA Investigations, states:

When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify:

1. Law enforcement, unless such referral was made previously during the course of the investigation, and
2. Relevant licensing bodies.

Staff Discipline A. Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies.

WADOC Policy 450.050, Prohibited Contact, states:

Restriction Process for Staff Sexual Misconduct/Harassment

A. Presumptive restrictions for contact between an individual found to have engaged in staff sexual misconduct and any offender, except an offender who is the staff's non-victim family member, are as follows:

1. Substantiated allegations of sexual intercourse, as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, will result in:
  - a. Permanent restriction on visitation, which may be appealed after 3 years.
  - b. An 18-month restriction on telephone and mail communication, including e-Messaging.
2. All other substantiated allegations of staff sexual misconduct will result in a one-year restriction on telephone and mail communication, including e-Messaging, and a 2 year restriction on visitation.

B. At the time the allegation is substantiated, the Appointing Authority will ensure notification is made to the mailroom, Visiting, and the Intelligence Officer to ensure the restrictions are put in place.

C. With Deputy Director approval, the Appointing Authority may grant a request for an exception to the presumptive restrictions, but only when extraordinary circumstances support the request and granting

the requested exception will not undermine the Department's zero tolerance of all forms of sexual misconduct.

1. Before exception or lifting of restriction will be considered, the offender must submit a signed DOC 21-067 Request for Visitation/Release, confirming s/he is freely participating in communication with the individual.

2. Appointing Authorities will consult with the Deputy Secretary for possible pursuit of a no contact order between the individual and the offender.

D. Violation of restrictions may result in an extension of the restriction.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - PREA Compliance Manager

The policy outlining contractor/volunteer notification requirements is in WADOC Policy 490.860, PREA Investigation, which states:

When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify:

1. Law enforcement, unless such referral was made previously during the course of the investigation, and
2. Relevant licensing bodies.

### Staff Discipline

A. Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies.

B. Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with offenders. For any other violations of Department PREA policies, appropriate actions will be taken.

1. For contract staff terminations:

- a. The Appointing Authority will notify the contract staff/organization in writing with a copy to the PREA Coordinator/designee, who will alert all facilities of the termination.

- b. Facilities will establish procedures to track contract staff terminations and notify appropriate control points to ensure facility access is not granted to terminated individuals.

2. Volunteer terminations will be tracked per DOC 530.100 Volunteer Program

### Restriction Process for Staff Sexual Misconduct/Harassment

A. Presumptive restrictions for contact between an individual found to have engaged in staff sexual misconduct and any offender, except an offender who is the staff's non-victim family member, are as follows:

1. Substantiated allegations of sexual intercourse, as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, will result in:

- a. Permanent restriction on visitation, which may be appealed after 3 years.

- b. An 18 month restriction on telephone and mail communication, including e-Messaging.

2. All other substantiated allegations of staff sexual misconduct will result in a one year restriction on telephone and mail communication, including e-Messaging, and a 2 year restriction on visitation.

B. At the time the allegation is substantiated, the Appointing Authority will ensure notification is made to the mailroom, Visiting, and the Intelligence Officer to ensure the restrictions are put in place.

C. With Deputy Director or Work Release/Residential Administrator approval, the Appointing Authority may grant a request for an exception to the presumptive restrictions, but only when extraordinary circumstances support the request and granting the requested exception will not undermine the Department's zero tolerance of all forms of sexual misconduct.

1. Before exception or lifting of restriction will be considered, the offender must submit a signed DOC 21-067 Request for Visitation/Release, confirming s/he is freely participating in communication with the individual.

2. Appointing Authorities will consult with the Deputy Secretary for possible pursuit of a no contact order between the individual and the offender.

D. Violation of restrictions may result in an extension of the restriction.

During the interview with the Superintendent, he confirmed that any/all allegations against contractors and volunteers would be immediately investigated and the contractor or volunteer would be suspended from facility grounds pending completion of the investigation and its finding. (Gate Closure). Additionally, the Superintendent stated that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

## 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - Medical staff
  - Mental Health staff

The policy addressing inmate disciplinary sanctions is in WADOC Policy 490.860, PREA Investigation, which states:

Offender Discipline A. Prison and Work Release offenders may be subject to disciplinary action per DOC 460.050 Disciplinary Sanctions or DOC 460.135 Disciplinary Procedures for Work Release for violating Department PREA policies.

1. For substantiated allegations against an offender, an infraction must be written against the perpetrator for the applicable violation listed:
  - a. 635 - Committing sexual assault against another offender, as defined in Department policy (i.e., aggravate sexual assault or offender-on-offender sexual assault)
  - b. 637 - Committing sexual abuse against another offender, as defined in Department policy
  - c. 659 - Committing Sexual harassment against another offender, as defined in Department policy.
2. If the accused offender transfers to another facility before a hearing is held, the sending Appointing Authority/designee will forward an electronic copy of the investigation report to the receiving Appointing Authority/designee.

3. Hearings on PREA-related infractions will be heard by the primary Hearing Officer. a. The Superintendent/designee may assign one alternate Hearing Officer per DOC 460.000 Disciplinary Process for Prisons.

4. The Hearing Officer may request access to review the investigation report from the Appointing Authority/designee. The review will be conducted in the location where the records are maintained. Copies will not be made for this purpose.

5. Appeals of findings or sanctions imposed for PREA-related violations will be submitted to the Prisons Command B Deputy Director. The offender will be notified of the appeal decision on DOC 09-197 Disciplinary Hearing Appeal Decision. B. Alleged victims are not subject to disciplinary action related to violating PREA policies except when:

1. An investigation of staff sexual misconduct determines that the staff did not consent to the contact.
2. The formal PREA investigation resulted in a determination that the allegation was unfounded.
  - a. A 549 violation may be written and served upon completion of the investigation.
  - b. 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.

WADOC Policy 460.000, Disciplinary Process for Prisons, requires offenders to be notified of the hearing at least 24 hours before the hearing. It requires the offender be provided a copy of the infraction report, supporting non-confidential documents, and summaries of supporting evidence and any confidential information. It describes, in a thorough manner, the steps to be completed including scheduling timeframes, the processes required to conduct the hearing, the process to be followed by the Disciplinary Hearing Officer in reaching a decision, and requirements for reporting to law enforcement.

WADOC Policy 460.050, Disciplinary Sanctions, states: General Requirements

A. The Disciplinary Hearing Officer will determine the appropriate sanction(s) when an offender is found guilty of a violation.

1. The following will be used to determine appropriate sanctions:
  - a. Disciplinary Violations for Prison and Work Release provides the categories and levels of violations, including loss of classification points.
  - b. Prison Sanctioning Guidelines provides guidelines for imposing sanctions based on the number and frequency of violations received during a designated time period.
2. The offender's disciplinary record, prior conduct, mental status, overall facility adjustment, and employee/contract staff recommendations may be considered.
3. For any offense, up to the maximum sanction allowed may be imposed per WAC 137-28-240, WAC 137-28-350, regardless of whether it is a first or subsequent offense.

PREA Violations

A. For substantiated PREA allegations against an offender, an infraction report must be written against the accused per DOC 490.860 PREA Investigation.

B. An offender who is found guilty of a 611, 613, 635, or 637 violation may be sanctioned to a multidisciplinary Facility Risk Management Team review for consideration of available interventions (e.g., Mental Health therapy, Sex Offender Treatment and Assessment Program, Anger Management).

The Disciplinary Violations Chart and the Violation Categories and Range of Sanction Options chart were provided to the auditor

Victims have the right to refuse Medical and/or Mental Health Services, after receiving counseling about the potential value of the services they would receive and information about confidentiality. Should the offender refuse or decline medical treatment the offender shall sign a, "Refusal and Release of

Responsibility for Medical, Surgical, Psychiatric and Other Treatment,” which shall be documented in the offender’s Health Services record.

During interviews with Mental Health staff, they indicated that their actions, if needed, would comply with state policy. They shall conduct a mental health evaluation of the known offender abuser within 60 days of learning of such abuse history and offer treatment when deemed appropriate. Additionally, the auditors were told the facility offers specialized therapy, counseling and other interventions to address underlying reasons for abuse. The offender’s issues would be addressed during regular counseling sessions, group counseling sessions or individual counselling sessions, as needed. At the Airway Heights Corrections Center, participation in this type of counseling is not made a condition of access to programming or other benefits.

When interviewed, the Superintendent said that offender discipline is based on the level of the violation and penalties are imposed comparable to other offender’s penalties. Penalties might include placement in restricted housing, program reassignment, individualized behavior plans and prosecution. He also added that if the offender has a mental health history, mental health staff will be involved throughout the process. Additionally, the Superintendent stated that Mental Health concerns are always considered when the investigation and adjudication occur.

The Superintendent also stated that the Airway Heights Corrections Center has never disciplined an offender for reporting a potential Prison Rape Elimination Act related case in good faith, even if the findings in the case were unsubstantiated or unfounded. However, if warranted, an offender would be disciplined or received sanction as a result of a Prison Rape Elimination Act case that was investigated and an offender was determined to have potentially committed a crime.

**Corrective Action:** No corrective action was required for this standard.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

### 115.81 (c)

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

### 115.81 (d)

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

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Medical staff
  - Mental Health staff
  - Staff who screen for Victimization
- Offender Custody file

The policy outlining medical/mental health treatment is in WADOC Policy 490.820, PREA Risk Assessments and Assignments, which states:  
Prison Mental Health Services

A. At the time the PRA is completed, Classification Counselors will complete referrals for mental health services using DOC 13-509 PREA Mental Health Notification if the screening indicates that the offender has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institutional setting or in the community.

B. The referring employee will ask the offender if s/he wishes to meet with a mental health provider as a result of the PRA information and will document the offender's response on the DOC 13-509 PREA Mental Health Notification.

WADOC Policy 630.500, Mental Health Services, states:

Routine Mental Health Services

A. Assessment

a. A mental health employee/contract staff will complete DOC 13-376 Mental Health Appraisal per DOC 610.040 Health Screenings, Appraisals, and Status.

1) In order for an offender to qualify for outpatient mental health services or admission to a Residential Treatment Unit (RTU), DOC 13-376 Mental Health Appraisal or DOC 13-476 Mental Health Update must be completed and the offender must have a qualifying condition as defined by the OHP.

WADOC Policy 610.025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, states:

Any offender in partial or total confinement alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury and provide treatment and follow-up care. The offender will be offered medical and mental health treatment services that are clinically indicated based upon the evaluation. All forensic medical examinations will be provided at a health care facility in the community.

Reporting

Medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

Medical and Mental Health Treatment Services A. When an offender reports that s/he has been a victim of sexual misconduct, s/he will be offered medical and mental health treatment services as follows:

1. If a report of aggravated sexual assault is made within 120 hours of the alleged assault and involves penetration and/or exchange of bodily fluids, the facility will attempt to transport the offender to the designated community health care facility within 2 hours of the report, unless an appropriate health care provider determines a forensic medical examination is not needed due to the nature of the alleged assault.

a. In facilities with health care services employees/contract staff onsite, the offender will be assessed in person by an appropriate health care provider before transport. The health care provider will:

1) Only provide emergency medical care per DOC 890.620 First Aid Emergency Medical Treatment to identify potential medical and mental health needs.

2) Make every effort to preserve forensic evidence during the initial response.

3) Give the offender information regarding the need for further medical evaluation to determine the:

a) Extent of injuries,

b) Testing for and treatment of sexually transmitted infections,

c) Need for post-exposure prophylaxis for sexually transmitted infections, and

d) Need for pregnancy prevention, if applicable.

4) Advise the offender if a forensic medical examination to collect evidence is indicated, and explain to the offender the procedures used.

- 5) Request the alleged victim not destroy physical evidence on their bodies (e.g. no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by medical or as needed for transport.
  - b. The offender will be evaluated at the community health care facility according to their established sexual assault protocol. Department employees of the opposite gender will not be present during the examination unless security concerns require otherwise.
  - c. Information about the examination and treatment provided at the community health care facility will be returned with the offender or communicated electronically to Department Health Services.
  - d. Upon return to the facility from the forensic medical examination:
    - 1) The offender will be offered a mental health appointment and, unless the patient declines, will be seen by mental health within one business day.
    2. If a report of sexual assault or staff sexual misconduct is made more than 120 hours after and within 12 months of the alleged incident, offenders will be referred for medical follow-up. The health care provider will evaluate and treat the offender as medically necessary, including testing for and treatment of sexually transmitted infections and prevention of pregnancy, if applicable. The offender will also be offered a mental health appointment and, unless the patient declines, will be seen by mental health within 14 days.
    3. For all other sexual misconduct related reports (.e.g., assault outside of 12 months, abuse, harassment), the offender will be offered a mental health appointment and , unless the patient declines, will be seen by mental health within 14 days.

#### Follow-Up Procedures

- A. Follow-up appointments with a health care practitioner and mental health professional will be offered within a clinically appropriate timeframe to:
  1. Assess the offender's physical and emotional status.
  2. Review the consultation sheet from the community health care facility to determine if all the medical aspects of the evaluation were completed.
  3. Provide any additional evaluation and treatment that is medically necessary, including testing, prophylaxis, and treatment of sexually transmitted diseases. [4-4406]
  4. Offer pregnancy testing and other lawful pregnancy-related medical services, if applicable.
  5. Provide additional crisis intervention, mental health treatment, and follow-up for trauma as clinically indicated.

WADOC Policy 490.800, requires information related to allegations/incidents of sexual misconduct be treated as confidential and only be disclosed when necessary for related treatment, investigation, and other security and management decisions. It states that staff who breach confidentiality may be subject to corrective and/or disciplinary action.

The facility reported that in the past 12 months, 100% of offenders who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Some of the examples showed the offender refusing follow-up services with mental health; therefore, the forms were not sent to MH and in some examples the inmate accepted the referral and the referral was forwarded to mental health. In all examples provided, the offender was seen within the required 14 days.

During interviews with the Medical and Mental Health staff, they stated that they obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. They ask each offender for their consent to inform other, non-medical or mental health staff due to the nature of the information. This consent is obtained on a Disclosure of Victimization form. All interviewed stated there were limitations with information as they are mandatory reporters. According to the mental health clinicians, they do offer mental health treatment to inmates who have been a victim of sexual abuse or perpetrated a sexual abuse if the inmate wants it. These treatments are not mandatory and the inmates are not charged for them.

The PREA Compliance Manager indicated that any of the above listed information is kept confidential and only certain classifications can view the information.

Policy further states all services provided for the above related treatments shall be free of charge.

**Corrective Action:** No corrective action is required for this standard

## **Standard 115.82: Access to emergency medical and mental health services**

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

### **115.82 (a)**

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

### **115.82 (b)**

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

### **115.82 (c)**

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

### **115.82 (d)**

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

## **Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - First Responders
  - Medical staff
  - Mental Health staff

The policy addressing medical/mental health treatment for sexual abuse is in WADOC 490.850, PREA Response, which states:

#### Response to Allegations of Sexual Misconduct

A. For all allegations except aggravated sexual assault, the Shift Commander/Community Corrections Supervisor (CCS)/designee will implement appropriate security procedures and initiate the PREA Response and Containment Checklist.

B. For allegations of aggravated sexual assault, the Shift Commander/CCS/designee will initiate the Aggravated Sexual Assault Checklist and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation.

3. Prisons and Work Releases will maintain PREA response kits for responding to allegations of aggravated sexual assault, which contain the items listed in Attachment 6. The PREA Compliance Manager/designee will immediately replace any used items and inspect the kits regularly.

4. In Prisons, forensic examinations will be conducted per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.

5. Work Releases will develop local procedures to ensure alleged victims of aggravated sexual assault are provided with emergency medical care to include forensic medical examinations, as applicable.

6. Victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental health services per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.

7. Each Prison, Work Release, and Field Office will develop procedures for victims to receive ongoing medical, mental health, and support services as needed.

#### Medical and Mental Health Services

A. All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.

1. Offenders housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.
2. Medical and mental health services for all other offenders will be coordinated by the Work Release Administrator or applicable Field Administrator or their designees.

WADOC Policy 600.000, Health Services Management, states:

Offenders will be provided health services per RCW 72.10 and in accordance with:

- A. All applicable Department policies, and
- B. The Health Services Division Standard Operations and Procedure Manual, including the Offender Health Plan and DOC-DOH Health, Environmental, & Safety Standards established under RCW 43.70.130(8).

1. Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 PREA Prevention and Reporting will be provided at no cost to the offender.

WADOC Policy 600.025, Health Care Co-Payment Program, states that medical and mental health services related to sexual misconduct as defined in WADOC Policy 490.800, PREA Prevention and Reporting, are exempt from a co-payment.

Offenders at the Airway Heights Corrections Center that need emergency medical care that cannot be provided at the facility are transferred to a local hospital. Washington Department of Corrections does not have a contract with any particular hospital in the area. Inmates can be sent to any hospital in the local network that Washington Department of Corrections is a member of. All of the hospitals in this network have emergency rooms.

All services provided for the above related treatments, shall be free of charge regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident

During interviews with Medical and Mental Health staff, they shared that staff respond immediately when noticed of any incident, to include an incident of sexual abuse. The medical care is their priority and all treatment are based on their professional judgement. Offender victims of sexual abuse, while incarcerated, are offered, without financial cost, timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

All Medical and Mental Health staff interviewed stated they have received the 'Specialized Training for Medical and Mental Health training. Random certificates were provided electronically to the auditors.

During interviews with Custody staff, who acted as first responders stated that when an incident call is received, the staff isolate the victim and immediately secure the area. Staff stated their first concern is the safety, medical and mental health of the victim. If needed, medical staff is summoned to the scene to treat the victim or the victim is transported to the medical service area. Either way, treatment will occur in a private area.

During interviews with the SANE staff at the Deaconess Medical Center, the Supervising Registered Nurse stated that they provide 24/7 service to victims. She stated there is always someone on call, but in a rare occasion that a SANE nurse was not available, the Emergency Room Doctor will perform the forensic exam.

**Corrective Action:** No corrective action was required for this standard.

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

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

### 115.83 (a)

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

### 115.83 (b)

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

### 115.83 (c)

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

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (f)

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

### 115.83 (g)

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

## 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Medical staff
  - Mental Health staff

The policy outlining on-going medical and/or mental health treatment for victims and abusers is in WADOC Policy 490.850, PREA Response, which states:

#### Medical and Mental Health Services

A. All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.

1. Offenders housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.
2. Medical and mental health services for all other offenders will be coordinated by the Work Release Administrator or applicable Field Administrator or their designees.

WADOC Policy 600.000, Health Services Management, states:

Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 PREA Prevention and Reporting will be provided at no cost to the offender.  
Health Services

A. The Health Services Division Standard Operations and Procedure Manual, approved by the Assistant Secretary for Health Services and Chief Medical Officer, includes the current operational procedures and standards that are expected practice for health services employees and contract staff. The Manual includes, but is not limited to:

1. Offender Health Plan WADOC Policy 610.025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, directs that when a report of sexual assault or staff sexual misconduct is made more than 120 hours after and within 12 months of the alleged incident, offenders be referred for medical follow-up. The health care provider will evaluate and treat the offender as medically necessary including testing for and treatment of infections and prevention of pregnancy, if applicable.

WADOC Policy 610.040, Health Screening and Assessments, states:

Health Services at Release

A. Primary care practitioners will review health records and current medications for each individual scheduled for release.

1. Release prescriptions will be ordered per DOC 650.035 Medications for Transfer and Release.

B. Medically necessary durable medical equipment and applicable 30 day supplies will be provided.

C. The Headquarters Nurse Desk and/or psychiatric social worker will assist with release planning for community supervision violators with extraordinary medical or mental health needs.

WADOC Policy 630.500, Mental Health Services, states: Mental Health Services Provided Under the Offender Health Plan

A. Crisis Services

1. Crisis services are provided for offenders with symptoms of an acute mental disorder that impair the offender's ability to function in areas such as self-care, social functioning, communication, and/or judgment. The offender may pose a safety risk to themselves and/or others. In addition to the services that are provided under DOC 630.550 Suicide Prevention and Response, crisis services may include:

- a. Emergent/urgent mental health crisis screening, which will be the basis for prioritizing the offender for further mental health assessment.
- b. Immediate access to services if a crisis exists at the time of evaluation.
- c. Delivery of emergent/urgent psychiatric services and/or psychotropic medications per DOC 610.010 Offender Consent for Health Care and/or DOC 630.540 Involuntary Antipsychotic Administration.
- d. Delivery of brief crisis counseling services.

B. Routine Mental Health Services

1. Assessment-A mental health provider will assess the need for mental health services in cases where the offender reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services. Release Planning for Offenders with Serious Mental Illness

A. Six months prior to the offender's Earned Release Date (ERD), the mental health employee/contract staff designated to facilitate care coordination will review seriously mentally ill offenders, along with supporting information, to determine which offenders will need community mental health aftercare.

1. For offenders identified, the mental health employee/contract staff designated to facilitate care coordination will:
  - a. Assist with referrals to community supports and appropriate benefits or entitlements, and
  - b. Collaborate with Classification Counselors and Community Corrections Officers in planning and preparation for offender transition into the community.

B. Three months prior to ERD, the mental health employee/contract staff designated to facilitate care coordination, in collaboration with the supervising psychologist, will identify offenders that may be eligible for Department of Social and Health Services (DSHS) disability-based benefits and will:

1. Assist identified offenders in completing their application for expedited Medicaid eligibility for medical benefits as required in RCW 74.09.555 by submitting an application through DSHS.

2. Coordinate with the offender to identify mental health services in their community and schedule an intake appointment with a mental health provider.

C. Release planning for offenders who are designated for the ORCS Program must be provided per DOC 630.590 Offender Reentry Community Safety (ORCS) Program Review. This includes participation in the planning meetings and responding to all information requests by ORCS Program employees/contract staff.

Upon intake and as needed, the offender who notifies staff of prior victimization is offered a mental health referral. When the PRA is being completed, and “yes” is marked to the question about prior victimization, the referral form automatically pops up on the screen.

Mental health referrals are made by use of DOC 13-509 PREA Mental Health Notification forms, which also documents the offender's declination of services.

In addition, the following mental health process has been implemented to ensure continuity of care for offenders:

- The Primary Therapist will develop and implement a treatment plan consistent with the OHP, if/as medically appropriate. In the event the patient is scheduled for transfer or release prior to completion of the treatment plan, the Primary Therapist will offer release planning services per mental health services policy.
- For patients who are releasing and who are screened as eligible for Department of Social and Health Services (DSHS) benefits, a Behavioral Health Discharge Summary will be completed and uploaded into SharePoint.
- The Primary Therapist or social worker will document referral efforts and results via a Primary Encounter Report entry in the patient's medical record.
- For S3 (current, active symptoms of mental illness, moderate severity with some noted problems with functioning) cases being referred to another DOC facility, the Primary Therapist and Psychologist 4 will complete and distribute the transfer form.

During interviews with Custody staff, who acted as first responders stated that when an incident call is received, the staff isolate the victim and immediately secure the area. Staff stated their first concern is the safety, medical and mental health of the victim. If needed, medical staff is summoned to the scene to treat the victim, or the victim is escorted to the medical services area.

During interviews with Medical and Mental Health staff, they shared that staff respond immediately when noticed of an incident of sexual abuse. The medical care is their priority and all treatment are based on their professional judgement. Offender victims of sexual abuse, while incarcerated, are offered, without financial cost, timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

**Corrective Action:** No corrective action was required for this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

### 115.86 (a)

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

### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - PREA Compliance Manager
  - Incident Review Team Members
- Meeting notes, with sign-in sheets

WADOC policy 490.860, as it pertains to PREA Investigations, states:

#### Multidisciplinary PREA Review

- A. For each substantiated or unsubstantiated finding of offender-on-offender sexual assault/abuse and staff sexual misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case.
1. Investigations that result in a determination that the allegations were unfounded and any investigation of sexual harassment may be reviewed the discretion of the Appointing Authority.
  2. For Prisons, if the Superintendent of the facility where the allegation took place is not the Appointing Authority, the Superintendent or his/her designee will be on the committee.
- B. The committee will meet every 30 days, or as needed.
- C. The committee will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners.
1. Hearing Officers cannot serve as a PREA Review Committee member for any violation(s) for which they conducted the hearing.
- D. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

- Examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Prepare a report of its findings, including but not limited to determinations made pursuant to the above paragraphs of this section, and any recommendations for improvement and submit such report to the facility head and PCM.
- The Review Team shall implement the recommendations for improvement or shall document the reasons for not doing so.

Interviews with the PREA Compliance Manager and one of the facility's Prison Rape Elimination Act Meeting committee members indicates that the committee will review each investigation and address each of the criteria required per the standard.

The minutes will be submitted to the Superintendent by the PREA Compliance Manager to ensure any modifications recommended by the committee are completed. Following these facility-based actions, a final examination of the Incident Review documentation is conducted by PREA Statewide Coordinator to ensure full standard compliance and process integrity.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.87: Data collection

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

### 115.87 (a)

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

### 115.87 (b)

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

### 115.87 (c)

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

### 115.87 (d)

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

### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Coordinator
  - PREA Compliance Manager
- 2019 & 2020 Annual Report posted on the Washington Department of Corrections website

The policy outlining sexual abuse data collection is in WADOC Policy 280.310, Information Technology Security, which states:

Department Information Technology resources are Department property, and the department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and Department policies and IT Security Standards.

#### Access Rights and Privileges

A. Mandatory criminal history background checks, as required in DOC 810.015 Criminal Record Disclosure and Fingerprinting, must be completed and cleared prior to granting access to IT resources.

B. Access rights and privileges to IT resources will require prior authorization.

1. New or transferred employee user accounts and deletion of employee user accounts will be generated by the Human Resources Management System (HRMS) through the IT service request process.

- a. If the request has not been generated before the employee needs access, the supervisor, Appointing Authority, or Logon Identification (LID) Coordinator may send an email to the Account Administrative Unit to request.
  - b. DOC 08-076 Information Technology Security Data Request will be used if immediate deletion of an employee's user account is required.
2. The LID Coordinator will use DOC 08-012 IT-DOC Systems Access Request (SAR) to request user account creation or suspension for contract staff and volunteers.
  3. For other non-Department personnel, authorization to use IT resources requires approval from the appropriate Appointing Authority and the Chief Information Officer (CIO)/designee. Access to electronic data will be considered a release of data outside the Department and requires a data sharing agreement per DOC 280.515 Electronic Data Classification.

#### Authentication Process

A. Passwords or other means of authenticating user identity will be required for access to IT computer resources. At a minimum, every user accessing a Department computer will be required to authenticate with a unique login name and password.

#### Obligation to Protect

- A. Passwords, keys, or any access control device will be stored in a secure manner and will be used only by the person to whom they are assigned.
- B. Removal of IT resources from Department premises must be authorized by the supervisor.
- C. Employees who are assigned mobile computing devices must take reasonable precautions to protect the devices from potential theft and misuse.
- D. All users with access to confidential Department data must maintain the integrity of the data per DOC 280.515 Electronic Data Classification.

WADOC Policy 490.860, PREA Investigation, states:

#### Data Collection and Reporting

- A. All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Electronic Data Classification.
- B. Data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct.
  1. Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders.
  2. Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices.
- C. The PREA Coordinator will generate an annual report of findings. The report requires Secretary approval. Approved reports will be made available to the public through the Department website. a. Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.

#### Record Retention

A. Records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule.

1. PREA records may include, but will not be limited to:

- a. Incident reports
- b. Investigation reports
- c. Electronic evidence
- d. Investigation findings/dispositions
- e. Law enforcement referrals
- f. Criminal investigation reports
- g. Required report forms

h. Documentation of:

- 1) Local PREA Review Committees,
- 2) Completed DOC 02-382 PREA Data Collection Checklists, and
- 3) Ongoing notifications.

B. The Appointing Authority/designee will maintain original PREA case records as general investigation reports per the Records Retention Schedule.

C. The PREA Coordinator/designee will maintain electronic PREA case records per the Record Retention Schedule.

1. Prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If a review of the investigation records reveals that the accused individual does not meet this 5-year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule.

The audit team was provided with the agency's Survey of Sexual Victimization State Prison Survey form. They also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there. This auditor reviewed the aggregated data for years 2019 and 2020.

The Washington Department of Corrections publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, on its public website.

During the interview with the PREA Compliance Manager, she stated that each individual Sexual Incident Report will be submitted to her and discussed at the next facility Prison Rape Elimination Act Committee meeting. The Prison Rape Elimination Act Compliance Manager also stated and provided documentation, that he will maintain a record of all reports of sexual abuse at the facility. The PREA Compliance Manager also discussed and provided the Monthly Prison Rape Elimination Act Incident Tracking Logs that are reviewed by the Superintendent and Prison Rape Elimination Act Coordinator, monthly.

During the interview with the Statewide PREA Coordinator, she stated that the facilities have access to the agency's Sexual Incident Reporting system. This is the system utilized to collect Prison Rape Elimination Act data. The information is then compiled and reported to the Department of Justice, annually.

The audit team was provided with the agency's current Annual Assessments and also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there.

**Corrective Action:** No corrective action was required for this standard

## Standard 115.88: Data review for corrective action

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

### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent

- PREA Coordinator
- PREA Compliance Manager

In a memorandum, authored by the Superintendent, on August 10, 2020, states:

The Annual Agency PREA report from the previous calendar year including identified agency and facility level issues and corresponding action/strategic plans are accessible at:  
<http://www.wa.gov/corrections/prea/resources.htm#reports>.

Reports beginning with calendar year 2013 are also available.

It is noted that none of the PREA annual reports published to date include information for which redaction was indicated due to security and safety. Aggregate data did not include any personal identifying information, but statistical data regarding investigations and demographics. Data is included in annual reports in its entirety.

WADOC policy 490.860, as it pertains to PREA Investigations, states:

The PREA Coordinator will generate an annual report of findings.

1. The report will include:
  - a. An analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis.
  - b. Findings and corrective actions at facility and Department levels.
  - c. An assessment of the Department's progress in addressing sexual misconduct, actions from previous years.
2. The report requires Secretary approval. Approved reports will be made available to the public through the Department website.

Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Airway Heights Corrections Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Coordinator
- Washington Department of Corrections website

WADOC Policy 490.8600, as it pertains to Record Retention states:

A. Records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule.

1. PREA records may include, but will not be limited to:
  - a. Incident reports
  - b. Investigation reports
  - c. Electronic evidence
  - d. Investigation findings/dispositions
  - e. Law enforcement referrals
  - f. Criminal investigation reports
  - g. Required report forms
  - h. Documentation of:
    - 1) Local PREA Review Committees,

- 2) Completed DOC 02-382 PREA Data Collection Checklists, and
  - 3) Ongoing notifications.
- B. The Appointing Authority/designee will maintain original PREA case records as general investigation reports per the Records Retention Schedule.
- C. The PREA Coordinator/designee will maintain electronic PREA case records per the Records Retention Schedule.
1. Prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If a review of the investigation records reveals that the accused individual does not meet this 5 year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule.

Additionally, WADOC Policy 490.8600, as it pertains to Data Collection and Reporting, states:

- A. All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Electronic Data Classification.
- B. Data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct.
  1. Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders.

All of the PREA data is maintained in the State of Washington's PREA Office. According to policy, the data is to be maintained 5 years. The aggregated data is maintained on the Washington Department of Corrections website. There are no personal identifiers included in the information posted.

According to the PREA Coordinator, they maintain the documents in their headquarters for over ten years. A review of the data, that is available to the public, indicated that there was no personal identifier included in the information.

A review of the website demonstrates aggregated sexual abuse data from facilities under its control to the public is posted, as required. Information displayed on the agency website, contains no personal identifiers. All offender copies of sexual incident reports are maintained in the confidential section of the offender's file. No federal, state or local law was provided by the agency to indicate there was a law in place to require a data maintenance procedure which would supersede standard provision 115.89(d).

The Washington Department of Corrections publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, on its public website at the following: <https://www.doc.wa.gov/corrections/prea/default.htm>

**Corrective Action:** No corrective action was required for this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Reviewed (documents interviews, site review)**

During the prior three-year audit period, the agency ensured that each facility was audited at least once. Airway Heights was audited in February 2015, October 2018 and now, in June 2021.

This is the second year of the current audit cycle, August 20, 2020 to August 19, 2021 and the agency ensured that at least one-third of each facility type will be audited during the first, second and third year of this current audit cycle.

The auditor had access to and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with staff and offenders.

Offenders, staff and/or Third parties were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

During the on-site audit, auditors were able to speak with any staff member or offender, at any time, in a confidential setting. We were also provided any and all documentation requested/required in a timely fashion. Finally, the auditors were able to walk throughout all areas of the institution, under escort, that were requested/required.

During offender interviews, auditors were informed that offenders had access to send confidential mail to the posted auditors address at any time during the pre-audit, on-site audit and post audits. It should be noted, I did receive two written correspondences from offenders/family or staff at the Airway Heights Corrections Center, at this time.

This commitment to Prison Rape Elimination Act related issues, by the Washington Department of Corrections, was reiterated and confirmed during interviews with the Secretary, Superintendent and Agency Prison Rape Elimination Act Coordinator.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.403: Audit contents and findings**

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

### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years preceding this audit.
- The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

The agency has published, on its agency website, all Final Audit Reports within 60 days of issuance by auditor. The review period is for prior audits completed during the past three years preceding this agency audit.

The completed Washington Department of Corrections Prison Rape Elimination Act Audit reports are located and available to be reviewed on the department's website.

The Washington Department of Corrections website contains a copy of the previous audits conducted at the Airway Heights Corrections Center. It can be found by going to the WADOC PREA home page at the following link: <https://www.doc.wa.gov/corrections/prea/default.htm>

The past audit, dated October 20, 2018 which was finalized and posted on the agency website, was reviewed prior to this audit.

**Corrective Action:** No corrective action was required for this standard.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Roger Lynn Benton

November 8, 2021

**Auditor Signature**

**Date**

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