



PREA Coordinator Reports to: Deputy Director Command B John Aldana	Number of Compliance Managers who report to the PREA Coordinator 0
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**Facility Information**

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

**Physical Address:** 11919 W. Sprague Avenue Airway Heights Correctional Center

**Mailing Address (if different than above):** PO Box 1899 Airway Heights, WA 99001-1899

**Telephone Number:** 509-244-6700

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

Municipal  County  State  Federal

**Facility Type:**  Jail  Prison

**Facility Mission:** To ensure staff are committed Correctional Professionals who are dedicated to providing a safe and secure environment that presents offenders with the opportunities for positive interactions and change.

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

**Warden/Superintendent**

**Name:** James Key **Title:** Superintendent

**Email:** jrkey@doc.1.wa.gov **Telephone:** 509-244-6701

**Facility PREA Compliance Manager**

**Name:** Kay Heinrich **Title:** Associate Superintendent

**Email:** klheinrich@doc1.wa.gov **Telephone:** 509-244-6764

**Facility Health Service Administrator**

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

**Email:** dmmcintyre@doc1.wa.gov **Telephone:** 509-244-6828

**Facility Characteristics**

**Designated Facility Capacity:** 2258 **Current Population of Facility:** 2186

**Number of inmates admitted to facility during the past 12 months** 2038

**Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:** 1640

<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>		1813	
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>		65	
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> 19-89	
<b>Are youthful inmates housed separately from the adult population?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>		0	
<b>Average length of stay or time under supervision:</b>		18months for minimum custody inmates and 24 months for medium custody inmates	
<b>Facility security level/inmate custody levels:</b>		Minimum/Medium/Close Custody	
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>		700	
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>		74	
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>		3	
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 43		<b>Number of Single Cell Housing Units:</b> 1	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		6	
<b>Number of Open Bay/Dorm Housing Units:</b>		2	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		64	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>			
<p>AHCC has 308 video cameras that are in a fixed position and cannot be moved in a "Panorama type movement". The video system operates on a "GenTek" software program. The camera system utilizes a main server which is located at the agency's headquarters with a supplemental server located at AHCC. The camera system has been included in the facilities vulnerability report enhancing the PREA prevention, detection, and response protocols. Additionally, AHCC provided facility schematics showing the location of every camera.</p> <p>During the tour of AHCC, video monitors were observed in staff control rooms. Staff overseeing the video camera system were able to show proficiency using the system. Questions were asked of separate staff members in multiple locations showing staff did not have the ability to edit or change the camera viewing angles of any cameras. Additionally, monitors were observed during the on-site tour and no camera was fixated on any toilet or shower which would violate standard 115.15(d). The system also included retention capabilities. AHCC provided the systems capabilities and limitations however due to safety and security of the facility, those specifics will not be included in this report.</p> <p><a href="#">Click or tap here to enter text.</a></p>			
<b>Medical</b>			

Type of Medical Facility:	Outpatient treatment, 24-bed infirmary
Forensic sexual assault medical exams are conducted at:	Deaconess Medical Center
<b>Other</b>	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	210
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	56 at AHCC

# Audit Findings

## Audit Narrative

A PREA audit was conducted of the Airway Heights Correctional Center (AHCC) by US Department of Justice Certified PREA Auditor, Darin Baker, on October 18-20, 2017. The audit process of the Airway Heights Correctional Center (AHCC) came to fruition as part of a circular audit between the Washington Department of Corrections (WADOC) and the Nevada Department of Corrections and other states participating in the western states consortium. Darin Baker, a certified US Department of Justice auditor is employed by the Nevada Department of Corrections and as part of the circular audit consortium, the Nevada Department of Corrections entered into a memorandum of understanding to audit multiple facilities within the WADOC for the year 2017. Deborah Striplin also from the Nevada Department of Corrections and a US DOJ Certified PREA auditor conducted audits of WADOC facilities before and after the audit at AHCC.

The audit of AHCC was the second audit conducted by a Certified US DOJ auditor with the first being conducted in February of 2015. AHCC was determined compliant with the PREA standards during the first ever PREA audit.

Prior to arriving at AHCC, the Nevada Department of Corrections PREA Coordinator began communicating with the PREA Coordinator from the WADOC. Such communication included developing the memorandum of understanding, identification of facilities being audited within the WADOC and the logistics of conducting the PREA audits of the WADOC facilities. Additionally, Darin Baker began communicating with the WADOC PREA Coordinator and AHCC PREA Compliance Manager prior to any policy or proof of documentation being provided to the auditor. AHCC and the agencies PREA Coordinator were open to communication with the auditor prior to the auditor arriving for the onsite audit. Communication continued after the onsite audit as needed for the auditor to make a determination of compliance vs. non-compliance with the PREA standards.

Approximately 2 months prior to the audit of AHCC, WADOC's PREA Coordinator provided AHCC's pre-audit questionnaire and documentation of agency and facility policies with proof of documentation. The large amount of material was formatted in a simple and organized manner making the review of the documentation easier for the auditor to review. In return and as required by the auditing protocol, AHCC was provided with the auditor's name, address, date of the audit, and that inmates could contact the auditor with PREA related concerns and would be treated the same as legal mail. This auditor received digital pictures of the auditor posting which was located in several housing units prior to the six-week protocol. A total of five inmates wrote the auditor with the auditor receiving the first letter a few days after receiving the digital pictures showing the facility had posted the auditor information.

This auditor utilized two assistants, Deborah Striplin and Robert Hartman, in the process of conducting the audit at AHCC. Deborah Striplin is a US DOJ certified PREA auditor who conducted PREA audits of four WADOC facilities in the months prior to the audit of AHCC and also the NDOC's PREA Coordinator. Robert Hartman, a 16 year veteran of the NDOC serving in the capacity of a Correctional Lieutenant within the NDOC overseeing a conservation camp as the facility manager. Lt. Hartman has been through two successful PREA audits of his facility. Striplin and Hartman participated in the onsite tour of all areas at AHCC and also conducted interviews with both inmates and staff.

The audit process consisted of completing a review of AHCC's policy and procedures pertaining to each standard. The audit also evaluated AHCC's proof of practice pertaining to respective policies. During the onsite audit, the audit team was able to see proof of practice pertaining to certain PREA standards and how AHCC has incorporated the PREA standards and WADOC agency policy into practice. The audit tour allowed the audit team to observe how staff at AHCC operated and how the PREA standards have been

incorporated into daily operation. The audit tour also exposed areas of concern for the auditor which were determined non-compliant with the requirements of certain PREA standards. Discussions with WADOC PREA Coordinator and AHCC facility management staff developed a corrective action plan on how to correct the areas. AHCC responding immediately developing an action plan on how to fix certain areas identified by the audit team.

During the tour, auditors toured housing units, administrative offices, programming and exercise areas at AHCC. The auditors looked for PREA information on the WADOC's PREA zero tolerance policy prohibiting sexual harassment and sexual abuse. The auditors also looked for PREA information on ways inmates could report incidents of sexual abuse and sexual harassment. Audit staff stepped aside during the tour asking inmates at random about the safety of the area and how frequent staff toured the areas. Inmates were also asked how they could report sexual abuse and sexual harassment at the facility and also outside the agency. The audit team asked AHCC staff areas of safety concerns where inmates could be sexually victimized by either other inmates or AHCC staff and how the staff prevented this from happening in those areas they identified. Staff members were also asked during the tour if any inmates in the area under their supervision could be considered vulnerable and what actions the staff member took to deter and prevent sexual victimization of those inmates perceived as vulnerable.

The answers given by both inmates and staff gave the audit team an idea of evaluating the environment at AHCC. Staff answers were consistent with following agency and facility policy. Answers provided by the inmates at the facility gave the audit team a sense staff at the facility were professional, and available to the inmates.

Interviews were conducted onsite by all members of the audit team to include specialized and random interviews with both staff members and inmates at AHCC. Agency level interviews were conducted prior to the onsite audit by Deborah Striplin as part of WADOC audits. Ms. Striplin provided the results of the interviews with this auditor allowing this auditor to make a determination of compliance vs. noncompliance in those respective areas.

The audit team did not keep accurate count of the number of inmates and staff who were asked questions randomly during the tour however an approximate conservative number was over 30 (at least 10 per auditor). Those random staff and inmates were not included in the total number of inmates and staff interviewed as required by the PREA Auditor Handbook. The audit staff conducted 29 random interviews with a broad spectrum of the staff population to include security staff, education, medical, mental health, administrative, maintenance, and supervisory staff were interviewed. The audit team interviewed staff from all three shifts. The audit team conducted a total of 22 specialized interviews as required under the audit protocol. Interviews were conducted with the Superintendent, PREA Compliance manager and PREA Specialist, AHCC's human resource manager, intermediate and higher level staff, medical and mental health staff, non-medical staff involved in cross gender strip searches, volunteers, contractors, staff who conduct the PREA risk assessment, segregation staff, incident review committee members, retaliation monitoring staff, security and non-security staff who have acted as first responders, and intake staff.

The audit team conducted a total of 30 random interviews with inmates and 17 with specialized inmates exceeding the amount of inmates needing to be interviewed as required by the PREA Auditor Handbook. Specialized interviews included, inmates identified with physical disability, hearing disability, limited English proficient, cognitive deficiency, gay, transgender, intersex, inmates who reported sexual abuse, and those who reported sexual abuse during the risk screening. Every inmate interviewed was asked the random questions as required by the PREA Auditor Handbook.

At the conclusion of the onsite audit, the audit team met with WADOC's PREA Coordinator, AHCC's Superintendent, Associate Superintendents, PREA Compliance Manager, PREA Specialist, and other staff instrumental to the daily dedication to the PREA components at AHCC. The audit team complimented the

facility on the progress and success they've had regarding PREA and the dedication to the audit preparation. The audit team also informed AHCC further review of policy and proof of practice would need to be completed by the auditor before a determination of compliance or non-compliance could be issued in the Interim report which would be provided within 45 days on the audit.

Upon completion of the onsite audit and the completion of reviewing all policies and proof of documentation provided before the onsite audit, during, and after the onsite audit, a determination was made finding AHCC was non-compliant with several standards requiring AHCC to go into corrective action period. The interim report was provided to AHCC and the PREA Coordinator. WADOC developed a corrective action plan after the auditor, PREA Coordinator, PREA Compliance Manager, Superintendent and PREA Specialist agreed upon how AHCC could show compliance with the standards as most needed more time in practice.

The auditor and AHCC PREA staff communicated monthly via email and conference calls. AHCC provided spreadsheets of monthly progress and other documentation as evidence to support AHCC was continuing to work towards compliance.

After completion of the corrective action period, AHCC has shown they have more than enough time in proof of practice and the appropriate mechanisms in place to continue to maintain compliance with the PREA standards. The PREA audit of the Airway Heights Correctional Center has been completed and found AHCC is compliant with the PREA standards.

## Facility Characteristics

The Airway Heights Correctional Center (AHCC) has minimum and medium security adult male offenders west of Spokane Washington opening in 1992 housing approximately 2200 offenders. AHCC is one of 12 prisons within the Washington Department of Corrections. AHCC is managed by Superintendent James Key with two supporting Associate Superintends. Associate Superintendent Kay Heinrich is also the facilities PREA Compliance Manager. In addition to AHCC having a designated PREA Compliance Manager, AHCC also has a designated PREA Specialist, Kathleen James who supports the facilities PREA Compliance Manager.

AHCC reported 700 staff members which includes custody, corrections industries, health services, classification counselors, and sex offender treatment staff. AHCC staff reported having approximately 70-80% convicted sex offenders at the facility and also has a component of security threat group inmates who have dropped out of their respective gang affiliations.

AHCC has two (2) minimum security housing units (MSU) which is separate from the medium custody facility and medium classified inmates. Each minimum custody housing unit has four (4) separate dormitory living quarters. Each living quarter has its own bathroom facilities consisting of toilets, urinals and showers. Referencing the Auditor Handbook, AHCC's minimum custody housing units would then translate to a total of eight (8) housing units within MSU.

AHCC has six (6) medium custody housing units consisting of cells. Each housing unit contains two (2) separate sections identified as an "A" and "B". Again, referencing the Auditor Handbook, AHCC would then have sixteen (16) medium custody housing units. Each A and B housing units have urinals, toilets, and showers. Each housing unit has a bank of telephones on the tier available to inmates when inmates are free to access the tier. Each housing unit has PREA posters with information for inmates to report sexual abuse and sexual harassment. Each housing unit also had available to all inmates grievance forms, inmate correspondence forms, and pre-addressed envelopes to the Colorado Department of Corrections in which inmates can write incidents of sexual abuse and sexual harassment outside the WADOC.

AHCC provides educational, work, vocational, and cognitive behavioral and evidence based programming to inmates at the facility. Such programs include, adult basic education, GED, English as a second language, substance abuse treatment, thinking for change , sex offender treatment, stress and anger management, victim awareness, redemption, therapeutic community aerospace composite, bindery, computer basics, computer refurbishing, food service, interactive media, job search, maintenance, bookkeeping, optical lab, teacher's aids, upholstery, reforestation and fire suppression for the Department of Natural Resources, vermiculture, gardens, bee keeping, composting, wood program, dog training and adoption program, and quilts and toys which are recycled from clothing and other materials.

In addition to the many programs, AHCC has many community partnership programs in which additional programs to the inmates include: African American Literature Program, Alcoholics Anonymous, Narcotics Anonymous, PRIDE, Toastmasters International, Communicating in English for Spanish Speaking Offenders, Freedom Project, Writers in the Community, and Yoga. AHCC also incorporates many family centered programs which incorporate face to face interaction between the inmate and family.

During the tour, the facility was clean with staff exhibiting a professional demeanor with an emphasis on following security procedures which helps enhance the facilities PREA prevention, detection, and response plan.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 2

115.21  
115.51

**Number of Standards Met:** 43

115.11, 115.12,115.13,115.14,115.15,115.16,  
115.17,115.18,115.22,115.31,115.32,  
115.33,115.34,115.35,115.41,115.42,115.43,115.52,  
115.53, 115.54, 115.61,115.62, 115.63  
115.64, 115.65, 115.67, 115.68, 115.71, 115.72, 115.73,  
115.76, 115.77,115.78,115.81,115.82,115.83,115.86,  
115.87, 115.88, 115.89, 115.401, 115.403

**Number of Standards Not Met:** 0



## Summary of Corrective Action

### 115.15(c)

AHCC was determined to be non-compliant with the element of the standard as AHCC self-reported not maintaining a facility policy "Operational Memorandum 420.310" requiring the facility staff to document strip searches of inmates conducted by cross gender staff. The auditor concedes AHCC's cross gender staff may not have been conducting strip searches of inmates however AHCC was not able to provide a minimum of six months proof of practice for evidence needed for a determination of compliance with the element of the standard. AHCC implemented a new process and corrective action began in September of 2017 prior to the onsite audit. During the corrective action period AHCC was able to provide over 6 months of proof of practice along with supporting facility procedures. At the conclusion of the agreed upon corrective action period, AHCC was determined to be compliant with the standard.

### 115.15(d)

AHCC was determined to be non-compliant with this standard due the physical lack of barriers to some urinals and the lack of height on the shower walls and doors. Without partitions to urinals, inmates' genitals are exposed to cross gender staff walking by or as part of routine security check. The urinals identified are not inside individual cells but are in large bathrooms or large strip out areas. The showers in the medium custody units had existing three walls and a door however due to the location, transgender and intersex inmates' upper torso who are of average height are left exposed due to the lack of height. Additionally, cross gender staff walking up the stairs could look down into the showers at all inmates could view the genitals of those inmates showering. AHCC added partitions to the urinals and height to the showers identified by the audit team. AHCC provided digital photographs as evidence showing the areas found non-compliant are now compliant. AHCC did go into a corrective action period until the physical barriers were added. AHCC complete the changes and are compliant with the standard.

### 115.41(f)

AHCC was determined to be non-compliant with this element of the standard. AHCC conducted a self-assessment in preparation of the audit finding only 81% of the inmates had the 30 day follow up PREA risk assessment completed. AHCC has since identified those inmates and conducted the follow up PREA risk assessment with those inmates. A corrective action period is being put into effect to ensure the procedures put into place by Superintendent Key on July 18, 2017, are able to be maintained and the percentage of completed 30 day follow up Risk assessments are as close to 100% as possible. The auditor and AHCC agreed the corrective action would have AHCC monitoring the 30 day follow up PREA risk assessment by generating a spreadsheet for all inmates coming into the facility with the date of arrival, date of the 72hr risk assessment and also the date of the 21-30 day follow up PREA risk assessment as directed by DOC policy 490.820. During the corrective action period AHCC provided a monthly spreadsheet to the agency PREA Coordinator who will in turn forwarded to the auditor. Monthly telephone calls between the auditor, AHCC administration, and the WADOC's PREA Coordinator were also part of the corrective action plan. At the close of the corrective action period, AHCC has over 6 months of proof of practice with the percentages of risk assessments getting to over 95%. AHCC has shown evidence they are able to maintain the completion of the risk assessments at as close to 100% therefore have been found to be compliant with the standard .

### 115.42(d)

AHCC was determined to be non-compliant with this element of the standard. AHCC reported to the auditor during the preparation for the audit finding not every inmate identified as transgender or intersex were not being reassessed every 6 months. AHCC utilized a pre-existing list of inmates identified as transgender or intersex inmates and has completed the six month assessments on those inmates identified from the pre-existing list on agency form 02-384. AHCC provided a spreadsheet with all inmates identified as transgender or intersex with the dates of last completed 02-384 and date of six month review on a monthly

basis to the agency PREA Coordinator who will in turn forward to the auditor. During monthly phone calls, the auditor was provided evidence AHCC was compliant on February 01, 2018, with the standard.

115.67(c)

During the preparation for the audit, AHCC reported the retaliation monitor had not been maintained. AHCC identified and put into place a new process to ensure compliance with the standard. AHCC provided a monthly spreadsheet with inmates and staff members who were identified as needing to be monitored. AHCC sent monthly spreadsheets with completed forms indicating the date of the initiation of the monitor and the dates of monitor throughout the 90 day requirement. The documentation provided did not indicate any retaliation requiring the extension past the 90 day requirement. A determination of compliance has been made with AHCC having over 6 months of proof of practice in place.

115.73(c)

During the preparation for the audit, AHCC reported finding the tracking mechanism WADOC uses to monitor the notification to inmates had not worked making the standard go into a corrective action period. AHCC and WADOC updated the tracking log and provided notification to all applicable inmates. In addition to updating the tracking log and providing notification to the inmates, AHCC had over 6 months of proof of practice meeting compliance with the standard.

115.81(a/b)

In preparation for the audit, AHCC found there was no process in place to ensure referrals were being made to mental health for those inmates who were identified to have been sexually victimized or perpetrated sexual abuse from the risk screening are referred to mental health within 14 days. AHCC may have been completing the referrals within the amount of time however was unable to provide evidence they were complying with the standard resulting in a corrective action period. Since the corrective action period was initiated, AHCC has implemented a process to better ensure the referral and tracking. During the corrective action period, the auditor was provided updated tracking logs. Since the initiation of the corrective action period, AHCC has more than six months as proof of practice and is compliant with the standard.

115.83(a-b &h)

AHCC self-reported not having a tracking mechanism in place to track referrals being made for inmates who were identified experiencing sexual victimization for medical and mental health services complicating compliance with elements "a and b". AHCC reported a new process had been put into place to ensure the referrals and appropriate medical and mental health care is provided.

Under element "h" of this standard, AHCC reported during the preparation for the audit, there was one inmate abuser who was identified who had not been offered the mental health evaluation. AHCC took immediate action conducting the mental health evaluation on the identified inmate.

The auditor and AHCC discussed letting a period of time ensue ending February 01, 2018, to capture if any new substantiated of inmate on inmate sexual abuse investigations has been concluded. At the end of the corrective action period, AHCC provided tracking mechanism's proving they were compliant with the standard.

## 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*)

The Washington Department of Corrections (WADOC) has a zero tolerance policy. Under policies 490.800, 490.850, and 490.860 with each detail how all WADOC facilities adhere to a zero tolerance

policy on preventing, detecting, and responding to all forms of sexual harassment and sexual abuse.

Policy 490.800 "Prevention and Reporting" policy recognizes offenders' right to be free from sexual misconduct. The policy states the WADOC will impose disciplinary sanctions for such conduct, to include termination of staff. Additionally the policy states incidents of sexual misconduct will be referred for criminal prosecution when appropriate. The policy also recognizes the right for both offenders and staff shall be free from retaliation for reporting sexual misconduct.

WADOC has designated a PREA Coordinator, Beth Schubach. Provided in the documentation was the agencies administrative flow chart showing the how the PREA Coordinator falls into the "upper-level" hierarchy within the WADOC. The WADOC PREA Coordinator reports to the Deputy Director of Command B who is Interim Deputy Director John Aldana. Also included in the documentation was the job description of the PREA Coordinator.

The job description includes the elements of the standard and also more to include being a subject matter expert not only for the WADOC but also to other stakeholders throughout the state. Additional duties include: implement PREA standards as promulgated by the UA Attorney General as mandated in federal legislation, assure agencies continued compliance with the PREA standards, direct PREA investigations assigned to appointing authorities throughout the WADOC, implement and maintain PREA risk assessment, oversee development and implementation of and approve all PREA training and educational materials for staff, contractors, volunteers and offenders. Communicate with all levels within the agency regarding PREA, collaborate and establish partnerships with entities external to the agency, provide PREA related information, recommendations and reports. Oversight of PREA related litigation, and other duties as assigned to include drafting related budget requests and pursue grants to name a few.

The interview with Ms. Schubach was conducted by US DOJ Certified auditor Deborah Striplin during her audit of previous WADOC facilities on August 20-30<sup>th</sup> of 2017. During the interview as reported by Ms. Striplin, Ms. Schubach exhibited a comprehensive knowledge regarding the PREA standards and how WADOC has moved forward in implementing and continuing compliance with the ever changing PREA standards. Ms. Schubach is also a Certified PREA auditor through the US DOJ. Ms. Schubach was present during the AHCC on-site audit assisting in any agency level questions this auditor had. According to Ms. Striplin, Ms. Schubach said during her interview having enough time and authority to implement and oversee the agencies efforts to comply with the many PREA standards.

AHCC designated a PREA compliance manager, Ms. Kay Heinrich, who is also the Associate Superintendent. In addition, AHCC has created an addition position, a PREA Specialist (Corrections Specialist 2) Ms. Kathleen James, to assist the PREA compliance manager in the many tasks of monitoring the many processes in place to keep AHCC compliant with the PREA standards.

Included in the documentation was a facility flow chart showing the hierarchy of the PCM and PREA Specialist at AHCC. The PCM position reports to Superintendent James Key with the PREA Specialist reporting to the PCM, Ms. Heinrich. While on-site, the job description for the PREA Specialist was obtained and added as proof of practice which was dated January 17, 2017. Also, included in the documentation was WADOC policy 490800 requiring each prison and work release center to have a designated PCM. Included in the policy was the many responsibilities for the PCM to coordinate facility PREA compliance, interact with the agency PREA Coordinator, oversee PREA vulnerability assessments, coordinate audit preparation, track PREA risk assessments related to sexual abuse and sexual harassment investigations, and to conduct monthly and quarterly checks on training, investigations, and ensuring materials are visible to inmates to enable the PREA reporting at AHCC.

Both Ms. Heinrich and Ms. James were interviewed as part of the onsite interview as the PCM exhibiting knowledge regarding the PREA standards and how AHCC has worked towards maintaining compliance with the PREA standards.

Ms. Striplin also conducted the interview with the Secretary of the Washington Department Corrections, Mr. Stephen Sinclair, during the PREA audit of the Peninsula work release facility. Ms. Striplin reported the interview with the Secretary was educational for her as Secretary Sinclair was able to answer the questions with a great amount of understanding regarding the PREA standards and how WADOC has worked towards maintaining compliance.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

WADOC has policy 490.800 that requires all contracts for the confinement of inmates include that entity to comply with the federal PREA standards and allows the WADOC to monitor their PREA compliance.

WADOC does contract with other entities for the confinement of inmates. WADOC and AHCC reported five (5) contracts for the confinement of inmates. All five (5) contracts were provided to the auditor prior to the on-site audit. In review of the five (5) contracts, all contain language requiring the entities to comply with and adopt the PREA standards. The contracts also include WADOC to continue to monitor the other entities PREA compliance.

WADOC has contacts with American Behavior Health Systems (ABHS) and has been audited by DOJ auditors for all three of their facilities with findings of 100% compliance. WADOC monitors ABHS through regular visits and addresses any issues. WADOC provided the contract with PREA language and recent DOJ PREA audits.

WADOC also contracts with two State of Washington Juvenile Rehabilitation Administration (JJRA) facilities for the confinement of youthful offenders who are sentenced as adults to the WADOC. Both facilities have been audited with one resulting in a overall finding of non-compliance. The Green Hill School finding is under appeal by the DOJ. Contract provided included PREA language requiring compliance with the federal standards and the WADOC will monitor PREA compliance.

WADOC also contracts with the Yakima County who houses female offenders on behalf of the WADOC in an overflow bed capacity. Yakima County was audited for PREA compliance in March of 2015 with a finding of 100% compliance. WADOC monitors through regular visits and communicates as needed to address any PREA related issues.

WADOC also contracts with GEO in out of state facilities operated by GEO. WADOC reported not housing any WADOC inmates in GEO facilities however the contract is in place in the event inmates are needed to be housed to address bed space issues within the WADOC. The contract was providing meeting the standard with PREA language requirements included within the contract.

WADOC also contracts with the Clark County for WADOC offenders transitioning out of prison into a work release center. WADOC reports Clark County has not been audited and is attempting to secure an auditor however has yet to be done. WADOC administrators monitor progress of Clark County being audited and also the facilities PREA compliance within that facility in addition to a facilities PREA self-assessment. WADOC provided the contract with required PREA language.

Ms. Striplin conducted the interview with the agency contract administrator reporting a vast knowledge of the standards and requirements.

## **Standard 115.13: Supervision and monitoring**

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

#### **115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
  
- Does the agency ensure that each facility has documented a staffing plan that provides for

adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

The WADOC has policies 110.100, 400.210, 490.800 requiring each WADOC Superintendent and Work Release Community Corrections Supervisor to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facilities staffing needs and established staffing model. Secondly, all facilities within the WADOC follow staffing models for both custody and non-custody staff. The custody staff is legislatively approved which was developed after reviewing national correctional practices. The staffing plan includes the makeup of the facilities design, population housed at each



facility, custody levels, age, gender, and programming at each facility. WADOC's non-custody staff is not legislatively mandated however follows similar ideology in implementation.

Included in the documentation from AHCC was not only the staffing plan but a 229 page vulnerability assessment conducted at AHCC in which the facility went through every building identifying all areas of concern including the use of video monitoring to better improve the sexual safety at AHCC. The vulnerability report identifies and addresses security concerns of inmates and staff.

Discussion with the Superintendent of AHCC and memo included in the documentation provided to the auditor confirms WADOC does take staffing levels when determining a staffing plan. Additionally, there are no judicial findings of inadequacy requiring AHCC to adjust staffing levels.

WADOC policy mandates unannounced rounds will be conducted by upper staff who conduct weekly unannounced visits in all areas of the facility and will be documented. Policy incorporates this occurs on all three shifts. AHCC provided proof of documentation supporting the policy. Policy also prohibits staff from alerting other staff when the unannounced rounds are occurring.

During the interviews with both specialized staff who conduct the unannounced rounds and with random line staff, both reported the unannounced rounds do happen, are documented, and are frequent.

## 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*)

AHCC is compliant with the elements of the standard. Youthful offenders are not housed at AHCC. Documentation was provided on how WADOC will house youthful offenders at other WADOC facilities until the youthful inmate is transferred to a juvenile rehabilitation facility. Policies provided to the auditor on how the WADOC will manage the youthful inmate until the transfer incorporate the elements of the standard.

During the onsite audit, there was no evidence of a youthful offender housed at AHCC within the last year.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

### 115.15 (c)

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

There are no female inmates at AHCC.

### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

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

WADOC has policies 420.310 and 420.312 incorporating the elements of the standard. Policy prohibits cross gender strip searches of inmates. Agency policy 420.310 incorporates the element of the standard requiring if a male inmate is being stripped searched, a male staff member will conduct the search and if a female staff member is also present, the female staff member will remove herself in a manner not to be in direct line of sight of the inmate being searched. The policy is specific to who and how the strip searches will be conducted. AHCC reported there were zero (0) instances in which exigent circumstances existed requiring a cross gender strip search to occur.

The second element “b” of the standard is not applicable to AHCC as only male offenders are housed at AHCC.

AHCC’s Operational Memorandum 420.310 incorporates the third element of the standard requiring the facility to document strip searches of inmates conducted by cross gender staff utilizing strip search logs for all searches. The strip search log requires AHCC staff to document the staff member and gender of the staff member conducting the search. AHCC reported the search logs had not been kept up to date making it difficult for the auditor to validate practice with policy. AHCC implemented a new process and corrective action began in September of 2017 prior to the onsite audit. A corrective action period has been implemented and six months proof of practice was provided meeting compliance with the element of the standard.

Under element “d” of the standard, agency policy incorporates the requirement of the standard however during the onsite tour of the facility it was found the element was non-compliant with this standard due the physical lack of barriers to some urinals and the lack of height on the shower walls and doors as required by the standard. Without partitions to urinals, inmates’ genitals are exposed to cross gender staff walking by or as part of routine security check. The urinals identified are not inside individual cells but are in large bathrooms or large strip out areas. The showers in the medium custody units had existing three walls and a door however due to the location, transgender and intersex inmates’ upper torso who are of average height are left exposed due to the lack of height. Additionally, cross gender staff walking up the stairs could look down into the showers at all inmates could view the genitals of those inmates showering. AHCC added partitions to those urinals identified during the onsite audit and also added barriers to the shower height to meet compliance with the standard in a manner not to jeopardize the safety and security of the facility. The COA area when not actively monitoring an inmate on suicide watch also leaves any inmate placed in that cell exposed to cross gender staff viewing when using the toilet inside the cell. AHCC took immediate action placing a privacy screen that can be added and moved as the circumstances dictate. No further corrective action is required to the COA area. The element of the standard is compliant.

Additionally, during the onsite tour, upon entry to a housing unit, the announcement to inmates advising female staff were entering the unit was not done. AHCC took immediate action on the failure by staff to make the announcement to inmates and provided the auditor with the corrective action. Proof of practice with documenting the “knock and announcement” was provided prior to the audit showing compliance with the standard. During the onsite facility tour, supplemental signs were observed in all housing units at AHCC in both English and Spanish advising the male inmate’s female staff members do work in the area and may enter at any point during the day supporting the announcement by staff when cross gender staff enters the housing unit.

Interviews with inmates during the onsite audit supported the frequency of the cross gender announcement. Interviews with staff also confirmed the agency policy on making the cross gender announcement.

Under element “e” of the standard, WADOC has policies 490.820 incorporating the elements of the standard prohibiting staff from solely searching an transgender or intersex inmate for the sole purpose of determining the genitalia status of the inmate.

WADOC policy 490.800 incorporates the element of “f” of the standard. AHCC provided training material on how staff conducts cross gender pat down searches of transgender and intersex inmates. Interviews with transgender and intersex inmates at AHCC confirmed staff at AHCC was consistent with agency policy and the element of the standard.

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

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

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

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

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

AHCC has met compliance with all elements of the standard. WADOC has policies 310.000, 450.500, 490.800, and 690.400 incorporating the elements of the standard. AHCC provides the following information during the orientation process: information on the prevention and reporting of sexual misconduct, response to, and investigation of sexual misconduct, WADOC's zero tolerance policy, definitions and examples of prohibited behaviors constituting sexual misconduct, sexual harassment and sexual abuse via the PREA video and written material. AHCC provides such information to limited English proficient inmates utilizing language services in helping those understand the information. Spanish inmates receive a Spanish orientation and are provided materials in Spanish. Professional interpreter or translator services including sign language are also available to offenders at AHCC. Inmates at AHCC receive PREA information via the PREA orientation video which is available in both English and Spanish with subtitles for those inmates with hearing disabilities. Visually disabled inmates can hear the PREA video. PREA posters were observed throughout the facility in both English and Spanish.

WADOC provided the auditor with the language line "Department of Enterprise Services" contract as proof of practice with the agency policy. The language line is available to all WADOC facilities 24 hours a day 7 days a week. AHCC provided documentation of identifying those inmates who needed accommodations for either an interpreter/translator noting for what specific service, language or disability showing proof of practice with complying with the standard.

WADOC policy prohibits inmates from translating for other inmates however allow staff interpreters/translators can be used in exigent circumstances.

Interviews with inmates and staff confirmed compliance with the standard.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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



- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

AHCC is compliant with the elements of the standard. AHCC conducts background checks for new employees and on all promotions. WADOC policy 490.800 prohibits hiring or promoting anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates if they: “engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S.C. 1997. 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 facilitate 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 the activity described above”.

WADOC policy 810.800 mandates staff will complete the DOC 03-502 Sexual Misconduct Disclosure form. Proof of documentation with compliance with the standard was provided to the auditor showing compliance with the standard. Proof of practice documentation included DOC 03-502 forms for new hire applicants and promotional employees requiring the applicant to answer the above and to sign acknowledging omitting information will be cause for rejection.

AHCC conducts background checks utilizing NCIC on all employees and contractors every 5 years as noted in WADOC policy 810.015. In addition, security staff have background checks conducted every year for the purpose of determining if those security staff can carry firearms.

Documentation was provided to the auditor showing proof of practice before arriving onsite at AHCC. While onsite, an interview with facility human resources staff confirmed having knowledge of the PREA

requirements pertaining to the hiring of employees and contractors. A review of random files of staff hired within the auditing period, and promotions were conducted confirming compliance with the 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*)

AHCC is compliant with the elements of the standard. WADOC policy 490.800 incorporates language where the WADOC will consider possible effects on its ability to protect offenders from sexual misconduct when designing or acquiring a new facility and when planning substantial expansions and modifications of existing facilities utilizing the use of video security monitoring systems to enhance the safety within WADOC facilities. Prior to implementing a substantial expansion or acquiring AHCC reported implementing the first phase of a capital project in which upgrades include upgrades to the facility door controls, camera coverage and the integration of a centralized video recovery system.

Proof of practice was provided prior to the onsite audit. An example was provided in the form of a memo documentation from AHCC's facility plant manager incorporated the process of planning facility upgrades. The memos include how AHCC staff discussed the implementation of camera's and moving

obstructions to enhance the view of the camera system. An additional memo explained how the integration of the centralized video recovery system will enhance the facilities ability to better protect vulnerable areas identified throughout the facility's vulnerability report.

## 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 evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No

- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

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

AHCC is compliant with all eight components of the standard. AHCC utilizes a uniform evidence protocol to assist in the collection of evidence in a sexual assault for the first element of the standard. WADOC policy 490.850 articulates how an incident is to be handled utilizing agency forms to assist in a uniform evidence protocol. AHCC's has protocols for security staff, medical staff, and transportation staff in the event of collecting any usable evidence. The agency has many forms to assist in the investigative process to include a crime scene containment/preservation/processing checklist and crime scene security log, aggravated sexual assault checklist that is part of the investigative process following the report of sexual abuse. Prior to the onsite audit, AHCC provided documentation supporting the use of the checklists confirming a uniform evidence protocol.

The second element of the standard requires the facility/agency to be developmentally appropriate for youth. AHCC does not house any youthful inmates however provided documentation to the auditor were memos explaining how the WADOC utilized the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second Edition, U.S. Department of Justice, Office on Violence Against Women, April 2013 and Recommendations for Administrators of Prisons, Jails, and Community Confinement facilities for Adapting the U.S. Department of Justice's A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents; U.S. Department of Justice, Office on Violence Against Women; August 2013, as the basis for sexual misconduct investigation evidence protocols. Included in the documentation were both manuals and with highlighted sections.

Agency policy 490.850,600.025, 610.025, and 600.000 incorporate the third element of the standard requiring the victim of sexual assault will have a forensic exam conducted only at designated health care facilities by a SAFE/SANE and the examination is at no cost to the victim. AHCC in the event of a sexual assault incident takes inmates outside the facility to the Deaconess Medical Center (DMC) to have a SANE/SAFE examination conducted. DMC has SANE/SAFE trained staff who would conduct the forensic examination. In addition, DMC contacts Lutheran Services for an approved victim advocate to accompany the victim through the examination process. Provided with proof of practice was a memo articulating how AHCC remained in contact with DMC regarding having trained SANE/SAFE staff to conduct the forensic examinations. AHCC reported taken two inmates out for forensic medical examinations during the audit period.

AHCC has policy 490.800, and 490.850, incorporating the fourth element of the standard. Information is available to inmates via PREA posters and PREA brochures detailing the role of the Office of Crime Victims Advocacy (OCVA). AHCC and WADOC provide phone numbers for victims to call and the calls are not monitored and is toll free to the inmate. The inmate is also advised to the limit of confidentiality between the inmate and OCVA support specialist and information is only disclosed by the OCVA support specialist when the inmate signs an authorization to release information. Provided as documentation as proof of practice was the interagency agreement with the Department of Commerce's Office of Crime Advocacy. A brochure with community victim advocacy phone number, victim services guide detailing coordination between facilities and community-based victim advocates. Documentation of meetings between AHCC administrative staff and community sexual assault program and documentation of victim advocates present during a forensic medical examination.

The fifth element requires the agency/facility to have a victim advocate accompany a victim through the forensic examination or any investigative interview. AHCC provided documentation as proof of practice with the element of the standard.

The sixth and seventh element of the standard requires to the extent possible when the agency is not responsible for conducting the sexual assault investigation it requests the investigative entity to comply with all provisions within this standard. AHCC provided MOU's with the Washington State Patrol and also how AHCC works with the Airway Heights Police Department, and the local sheriff's department in the investigative process of a sexual assault allegation. Also provided were standards to which the law enforcement obtains their credentials.

AHCC provided the PREA advocate qualifications as required by Community Sexual Assault Programs which is accredited through the Washington State Office of Crime Victims Advocacy. AHCC does not have agency qualified staff member as they have the Washington State Office of Crime Victims Advocacy that provides services to the inmates.

AHCC is determined to have exceeds standards in the level of processes put into place and how staff are trained in their response to preserve and collect evidence utilizing the checklist. The checklist includes how the shift commander will coordinate services with outside law enforcement, and victim advocacy.

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

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

AHCC is compliant with the standard. WADOC has policies 490.860, 490.800, and 490.850 incorporating the elements of the standard. WADOC has policy 490.860 stating sexual misconduct allegations will thoroughly, promptly, and objectively be investigated. The policy also states investigations will continue and be completed even if the inmate is no longer in the WADOC. The policy also states allegations may be referred for criminal prosecution. WADOC has PREA related policies to include 490.860, and numerous publications available on the agency website and also ways to request such policies on the website. AHCC provided the MOU between outside agency law enforcement who would conduct an investigation when a report of a criminal violation exists pertaining to aggravated sexual assault.

AHCC provided documentation of investigations of sexual abuse and sexual harassment being completed during the year leading up to the audit.

Interviews with the Superintendent, PCM, PREA Specialist, and Chief of Investigations confirmed AHCC was very knowledgeable regarding the elements of the standard and how AHCC interacts with outside law enforcement when investigating sexual misconduct allegations.

## 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*)

AHCC is compliant with the standard. WADOC policy 490.800 incorporates the elements of the standard. AHCC reported to the auditor finding errors with the WADOC on-line learning management system (LMS). The error was isolated and identified finding the system was not flagging staff correctly and AHCC was not able to verify if all staff had completed the required training. AHCC reported the staff members flagged as not completing the training were identified by LMS as “in progress” status. AHCC further reported the employees with the “in progress status” had actually taken the training however the error continues to flag the employee as “in progress”.

The LMS system requires employees, contractors, and volunteers to register to take specific classes. LMS also incorporates quizzes and scores the applicant on such tests. LMS also has functionality requiring the applicant to acknowledge and understand the material before exiting the training.

In addition to LMS, all staff go through core training when they initially hire on with the WADOC, and also receive annual in-service training. WADOC provides training to all employees annually exceeding the standard of every 2 years. AHCC provided a spreadsheet showing compliance with standard. AHCC does have a few outstanding employees who haven’t completed the training however do not have contact with inmates due to such things such as FMLA and military leave. Those on leave will receive the training upon returning to the facility.

Staff reassigned to AHCC also receive training specific to the gender if transferred from a facility housing female offenders.

## 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*)

AHCC has met compliance with all elements of the standard. The agencies PREA policy 490.800 requires volunteers and contractors to receive training on PREA upon hire, followed by annual refresher training. Additionally, if a contractor or volunteer has not received such training, before entry and contact with inmates, contractors and volunteers will sign acknowledging the agencies Zero tolerance policy. AHCC provided documentation all volunteers and contractors have received the training.

Contractors and volunteers receive the training on the elements of the standard through LMS. AHCC reported similar issues as in 115.31, however remains compliant as the errors were minimal and only affecting a minimal amount of volunteers and contractors.

Volunteers and contractors were interviewed while onsite confirming they received PREA training before providing services to inmates. All acknowledged and understood the agencies Zero Tolerance policy prohibiting sexual harassment and sexual abuse.

## Standard 115.33: Inmate education

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

### 115.33 (a)

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

**115.33 (b)**

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

**115.33 (c)**

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

**115.33 (d)**

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

**115.33 (e)**

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

**115.33 (f)**

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

### Auditor Overall Compliance Determination

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

AHCC is compliant with the element of the standard. Agency policy 490.800 states every inmate will be provided with the information how the agencies zero tolerance stance and how to report sexual misconduct and in a manner allowing the inmate to ask questions. Every inmate arriving at AHCC receives information on the WADOC's zero tolerance policy regarding sexual harassment and sexual abuse and how to report incidents. Upon arrival at AHCC inmates receive a facility handbook that includes PREA information. The facility handbook is available in both English and Spanish and is specific to the medium custody or minimum custody assignment. During the course of inmate interviews, inmates reported before even arriving at AHCC, they had received PREA information at previous WADOC facilities and watched the PREA video on the bus ride to AHCC, consistent with agency policy 490.800.

The second element of the standard requires the agency to provide comprehensive education to inmates within 30 days of arrival to AHCC. AHCC provided documentation showing substantial compliance with the standard was above 91% for a facility receiving over 2,000 offenders. In addition, AHCC's PREA specialist will continue to monitor the 30 day requirement in order to improve the overall orientation completion. While onsite, the auditor was able to observe the process and interview the staff member providing the service to the inmates. The staff member was knowledgeable regarding the elements of the standard. Inmate interviews also confirmed compliance with receiving the PREA orientation.

The third element of the standard requires inmates who have been at the facility who have not been provided the training receive such training. AHCC provided a memo from agency PREA Coordinator explaining all inmates began PREA orientation starting back in 2006 starting in the reception centers, and for offenders being transferred between facilities, and those currently housed in the facilities be provided the orientation.

AHCC provides inmates PREA orientation education in formats for inmates who are limited English proficient in Spanish. Formats include Spanish video including closed captioning, and brochures and posters. AHCC reported zero instances requiring the services of the language line. Inmates with hearing disabilities receive PREA information from the PREA video with closed caption, brochures and posters. Visually impaired inmates also receive the video. AHCC provided brochures which would be provided to inmates identified with low cognitive ability.

Once and inmate completes the orientation, a completion certificate is entered into the WADOC Offender Management Information Network (OMNI) system. AHCC provided proof of practice documenting the completion of the training noting participation in the training.

During the onsite tour, PREA information was readily available throughout the facility, in all housing units, work, and programing areas, and near telephones.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

AHCC is compliant with elements of the standard. Staff members who are assigned to conduct sexual abuse receive additional specialized training specific to confinement settings in addition to the requirements under 115.31. WADOC policy 490.800 and 490.860 states PREA investigators will be trained on crime scene management/investigation, including evidence collection in prisons and work releases, confidentiality, Miranda and Garrity warnings, compelled interviews, law enforcement referral process, crisis intervention, investigating sexual misconduct, techniques for interviewing sexual misconduct victims, and criteria and evidence required to substantiate administrative action or prosecution. AHCC provided the training curriculum to support compliance with the standard. AHCC also provided an agency wide master list of trained PREA investigators. In addition, WADOC has provided “booster” training to support the initial PREA specialized investigator training.

Interviews with the Superintendent, PCM and PREA specialist, Chief of investigations, and those identified at AHCC who are trained PREA investigators exhibited an understanding of the elements of the standard. During the interview with a PREA trained investigator, the investigator was able to walk the auditor through the investigative process.

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

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

### 115.35 (a)

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

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

AHCC is compliant with the elements of the standard. WADOC policy 490.800, 610.25, and 880.100 incorporate the elements of the standard, stating health services employees and contract staff will be trained in detecting and assessing signs of sexual misconduct, responding effectively and professionally to sexual misconduct victims, preserving physical evidence, and reporting sexual misconduct.

AHCC reported some medical practitioners had not received training as required. AHCC found the underlying issue was the on-line Learning Management System (LMS). Discussions with the agency PREA Coordinator, PCM and PREA Specialist confirmed all staff identified have received the required specialized

training however under the LMS system they are identified as “in progress”. AHCC provided documentation of medical practitioners showing the date of completion and the specialized training curriculum.

The second component of the element is not applicable to AHCC as medical staff do not conduct forensic medical examinations.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

#### **115.41 (a)**

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

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No



- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

AHCC was not in compliance with one element in the standard requiring corrective action.

WADOC policy 490.820 incorporates all the elements of the standard requiring inmates to be assessed during an intake screening and upon transfer to another facility for their risk of being sexual abused or sexual abusive towards other inmates within 72 hours of intake. Additionally the policy incorporates the use of an objective screening tool. AHCC Operational Memo 490.820 details how completion of the assessments on weekends and holidays. WADOC utilizes the objective screening tool in the OMNI.

AHCC provided screen shots of the objective screening tool in OMNI showing compliance with the fourth element of the standard.

During the interview process with inmates, a number of the inmates reported not being asked by staff during the PREA risk screening about whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (115.41-d). The PREA specialist was able to research the inmates who reported not being asked and found all had been the question marked as completed on the PREA risk assessment in OMNI. While onsite, and during the specialized interview with staff who conduct the risk assessment, the auditor was able to see how the process at AHCC and the questions as they are presented in OMNI. Based on how the classification counselor presented how the risk assessment would be done, it was this auditor's opinion the question has the potential to be solely based on the classification counselor's perception. AHCC took immediate action sending out a memo to all classification staff stating this question has to be asked to the inmate and not solely based on the classification staff's perception of the inmate and information available during the risk screening. There is no additional corrective required under this element.

AHCC was determined to be non-compliant with 115.41(f) of the standard requiring a corrective action period. AHCC conducted a self-assessment in preparation of the audit finding only 81% of the inmates had the 30 day follow up PREA risk assessment completed. AHCC has since identified those inmates and conducted the follow up PREA risk assessment with those inmates. A corrective action period is being put into effect to ensure the procedures put into place by Superintendent Key are able to be maintained and the percentage of completed 30 day follow up Risk assessments are as close to 100% as possible. AHCC monitored the risk assessments monthly generating a spreadsheet for all inmates coming into the facility with the date of arrival, date of the 72hr risk assessment and also the date of the 21-30 day follow up PREA risk assessment as directed by DOC policy 490.820. AHCC provided a monthly spreadsheet to the agency PREA Coordinator who provided to the auditor. At the close of the corrective action period, AHCC was able to provide proof of practice showing the completed risk assessments percentage had rose to over a 95% and were able to show the practice was maintainable after six months of proof of practice. Based on the new procedure of tracking and proof of practice, the element is determined as meeting substantial compliance.

AHCC is compliant with the seventh element of the standard completing a new risk assessment upon learning information that bears upon the inmate's risk of sexual victimization or abusiveness. AHCC provided documentation of completed risk assessments "for cause" as listed in OMNI showing compliance with the element in proof of practice.

WADOC policy prohibits inmates from being disciplined for refusing to answer or not fully disclosing information related to questions from the objective screening tool. WADOC policy has also implemented security control in the form of restricted access to the PREA risk assessment in OMNI.

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

AHCC was initially not compliant with one element making the facility non-compliant with the standard. AHCC took immediate action correcting the problem and was able to show proof of practice making them compliant with the standard.

The first element of the standard requires the facility to use information from the risk screening to make housing, work, and programming assignments, with the goal of separating those at risk of being sexually victimized from those identified of perpetrating sexual abuse. AHCC provided to the auditor the PREA Risk assessment for housing guide and housing curriculum with a memo explaining how information from the risk assessment is used in determining housing assignments. Agency policy 300.380 articulates any concerns regarding work, treatment, education, offender change programs, or

other activities raised after reviewing the offender's PREA risk assessment will be documented and reviewed.

While onsite and during the interview with the classification counselor it was learned not only are housing assignments taken into consideration but also when determining appropriate work and programming decisions for each individual inmate showing compliance with the second element of the standard.

AHCC is compliant with the third element of the standard providing the auditor with a list of offenders identified as transgender or intersex with corresponding DOC forms 02-284, "Protocol for the Housing of Transgender and Intersex Offenders". The protocol for the housing of transgender and intersex inmates form is a comprehensive 6 page individualized assessment taking into consideration such as medical and mental health, if identified medical and mental needs would affect housing assignment considerations, elements from the PREA risk assessment, type of incarceration, offense history, and safety issues for the inmate. These are only a few examples from form 02-0284. While onsite and during a specialized interview, the inmate's responses confirmed compliance with the standard.

AHCC was determined to be non-compliant with this element of the standard (115.42-d). AHCC reported to the auditor during the preparation for the audit finding not every inmate identified as transgender or intersex was being reassessed every 6 months. AHCC had a pre-existing list of inmates identified as transgender or intersex inmates and completed the six month review of these inmates on agency form 02-384 fixing the deficiency. AHCC provided a spreadsheet with all inmates identified as transgender or intersex with the dates of last completed 02-384 and date of six month review. During a corrective action period the PREA Coordinator provided a spreadsheet and completed documents to the auditor as proof of practice and compliance with the element of the standard. WADOC policy 490.820 incorporates the element of the standard stating review committees will reassess placement and programming assignments every 6 months to review any threats to the offender's safety. In addition, agency policy 490.820 includes how a multidisciplinary team (MDT) at the agency headquarters level will also meet to review housing assignments for transgender and intersex inmates.

AHCC was in compliance with 115.42(f) providing individualized showers for all inmates not only for those who identify as transgender and intersex. While onsite, during interviews with staff, transgender or intersex inmates requesting further separate showers would be allowed if requested. Corrective action was required under 115.15(d) to add height to the showers to provide privacy to the upper torso of an transgender or intersex inmate. The existing shower height leaves the upper torso exposed to any person viewing into the shower. AHCC was able to provide make physical changes to the showers to meet compliance with 115.15(d).

AHCC is compliant with the last element of the standard. WADOC and AHCC do not house inmate identified as lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities or housing. AHCC reports not having any legal judgment ordering specific housing of LGBTI offenders. While onsite and during specialized interviews with transgender, intersex, and gay inmates, no offender reported being housed in dedicated housing units for LGBTI inmates.

## **Standard 115.43: Protective Custody**

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

#### 115.43 (a)

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

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

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

### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

AHCC is compliant with the standard. Agency policy 490.820 incorporates the first element in the standard. "Placement in Administrative Segregation for more than 24 hours should only occur if no suitable alternative housing exists and will last only until alternative placement can be made. Each alternative considered, along with the reasons(s) it was determined unsuitable, will be documented in a PREA housing chrono log". AHCC reported zero (0) incidents in which placed a victim of sexual abuse in involuntary administrative segregation within the last year. AHCC provided a tracking log of offenders who scored as potential victims and housing placement as proof of practice with the standard. Interviews with segregation staff confirmed knowledge with the standard and did not reveal any incidents that would violated the standard.

The second element of the standard requires inmates placed in segregation shall have access to programs, education, work, to the extent possible and if unable to shall document the opportunities limited, duration and reason of the limitation. Agency policy 490.820, 320.255, and 320.260 incorporate the element and require the facility to take such actions as documenting the reasons on form DOC 05-091 and to follow a detailed process on how and who to report to. AHCC is compliant with the element of the standard.

The third element requires that inmates assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and not longer than 30 days. Agency policy 490.820 incorporates the element of the standard complying with the standard.

Agency policy incorporates the fourth and fifth element of the standard.

Interviews with segregation staff, PCM and PREA Specialist confirmed knowledge of the requirements of the standard and did not reveal any incidents which would violate the standard. Interviews with inmates also did not reveal any information which would show a conflict with the standard.

## REPORTING

### Standard 115.51: Inmate reporting



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

**115.51 (a)**

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

**115.51 (b)**

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

**115.51 (c)**

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

**115.51 (d)**

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

**Auditor Overall Compliance Determination**

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

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

AHCC is compliant with the standard. Agency policy 450.100 and 490.800 incorporate the four elements of the standard. Inmates at AHCC are provided with information when they arrive at AHCC in a brochure and receive the PREA video. Both have multiple ways for inmates to report sexual abuse and sexual harassment at the facility. Such ways include, reporting verbally to any staff member, also by submitting a written complaint on a "kite" or on a grievance, sending a message via the kiosk, calling the PREA hotline number, and writing a letter to the departments PREA Coordinator

The second element requires the agency to provide an outside of the agency. The Colorado Department of Corrections (CDOC) has agreed to accept inmate reports of sexual abuse and sexual harassment. During the onsite tour, self-addressed envelopes with the address to send the reports were available in all housing units. An MOU was provided confirming CDOC is accepting the reports. Inmates may also contact agencies outside the WADOC such as the State Attorney General or the Office of the Governor. Additionally, WADOC does not detain offenders solely for civil immigration purposes. Provided to the auditor was the log documenting allegations CDOC received and forwarded to the WADOC showing proof of practice with the element of the standard.

WADOC policy requires all staff to accept all forms of reports including reports made verbally, in writing, anonymously, and from 3<sup>rd</sup> parties. The policy also requires staff to immediately forward the report to supervisors. AHCC provided documentation on the E-learning presentation which provides staff with the manner in which to report and also includes a flow chart on how and who to report to. WADOC and AHCC are provided with multiple ways to report privately. WADOC provides the methods on a brochure to staff with names of staff to be able to contact and remain confidential along with a toll free phone number.

While onsite, interviews with inmates and staff confirmed the multiple ways available to report privately. Additionally, staff confirmed the affirmative duty to accept reports and to immediately notify a supervisor concerning the report of sexual abuse and sexual harassment. Staff were also asked if the complaint was against their supervisors who would they report the incident too. Staff did report multiple ways on how to go around and get the information too in the event such an allegation was made.

AHCC is determined to have exceeded the standard by providing numerous outlets for inmates and 3<sup>rd</sup> party reporters to report sexual abuse and sexual harassment. This is also complimented in the ways staff can privately report as well.

## **Standard 115.52: Exhaustion of administrative remedies**

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

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.52 (f)

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

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

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

AHCC is compliant with elements of the standard. WADOC policy 490.800 and 550.100 allow inmates to submit allegations of sexual misconduct including sexual abuse and sexual harassment using the grievance process to include filing emergency grievances. When the facility receives a report of sexual misconduct, the grievance is forwarded immediately to the PREA Coordinator on the PREA reporting process (DOC 490.850). The grievance is then removed from the grievance process and pending a PREA investigation when the PREA Coordinator/designee will evaluate the grievance to see if the allegation meets the definition of sexual misconduct. The offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation. The agency PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegations meet the definition of sexual misconduct. If the allegation is determined not to meet the definition, the offender may resubmit per DOC 550.100.

Either policy does not impose a time limit on filing a report of sexual misconduct using the grievance system. In addition, the policies do not have language forcing the grievance to be resolved by the staff member who is the alleged accused in the grievance nor impose the inmate to go to the staff member to resolve the grievance.

Agency policy incorporate all grievances alleging sexual misconduct are immediately forwarded to the PREA Coordinator/designee and the facility will take immediate action regarding the allegation.

Inmates at AHCC may be disciplined given the investigation into the allegation was found false and made outside of "good faith".

Interviews with staff confirmed such reports received through the grievance system are immediately reported to headquarters. Interviews with inmates confirm they are allowed to report incidents of sexual abuse and sexual harassment via the grievance system.

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

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

### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

AHCC is compliant with the standard. Agency policy 490.800 incorporates the elements of the standards detailing how any inmate may utilize a community victim advocate. AHCC provides inmates access to an outside victim advocates for emotional support services related to sexual abuse in such forms as phone numbers, toll free phone numbers, and addresses, and also in person victim advocacy. Agency policy also articulates the confidentiality and the information will only be shared back to the agency when an inmate signs a release of information. Inmates may utilize victim advocacy services through the Office of Crime Victims Advocacy (OCVA).

AHCC provides the information to inmates via the PREA orientation video, in brochures and on the PREA posters, which were observed in all housing units, programming and work areas and near telephones. AHCC also provided the agreement between the WADOC and the Department of Commerce, Office of Crime Victim Advocacy (OCVA).

During the course of the audit, OCVA was contacted and confirmed to provide such victim advocacy to victims of sexual abuse.

## 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*)

AHCC is compliant with the standard providing a method to receive 3<sup>rd</sup> party reports of sexual abuse and sexual harassment on behalf of an inmate. AHCC provides information for friends and family to report sexual misconduct via the PREA toll free hotline phone number, address to write the Washington Department of Corrections, and an email address to email the agencies PREA Coordinator. The information is available on the agencies website and also in a brochure available to friends and family that was observed in the visiting room of AHCC.

Interviews with inmates and staff confirmed the ways inmate's family and friends could report an incident of sexual misconduct confirming compliance with the 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*)

AHCC is compliant with all elements of the standard. The first element requires the agency to require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual misconduct that occurred in the facility immediately. The element includes the affirmation of staff to further report incidents of retaliation of staff or inmates who have reported incidents of sexual abuse or sexual harassment. Lastly the last component of the element requires staff to report any acts that may have contributed to an incident of retaliation. Agency policy 490.800 and 490.850 incorporates the



elements of the standard. AHCC also provided the auditor with two forms of evidence on how AHCC informs staff on the requirements to report consistent with agency policy.

The second element requires staff not to reveal any information related to a sexual abuse report to anyone other than to the supervisor and to the extent necessary as defined in agency policy. Agency policy 490.800 states, "Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed for related treatment, investigation, and other security and management decisions. Staff who breaches confidentiality may be subject to corrective/disciplinary action". WADOC policy 490.850 also contains information on the element of the standard.

The third element requires medical and mental health practitioners to report the limits of confidentiality and obligation to report incidents of sexual abuse and sexual harassment prior to the initiation of services to an inmate. Agency policy also mandates medical and mental health staff must inform offenders of the affirmative duty to report before providing treatment. AHCC provided excerpts of the statewide posters placed in health services offices with language in both English and Spanish advising the inmates of the staff member's affirmative duty to report information related to sexual misconduct. Interviews with medical and mental health staff confirmed practice with the requirement.

WADOC and AHCC met compliance with the fourth element of the standard requiring a report be made with applicable state and local agencies when an allegation a youthful offender or vulnerable adult is the victim of sexual abuse. AHCC provided the interagency agreement with the Washington State Department of Social and Health Services, Adult Protective Services. WADOC policy 490.850 and 350.550 also incorporates the element of the standard.

The last element of the standard requires the facility to report all allegations of sexual abuse and sexual harassment to the facilities designated investigators. Agency policy 490.850 incorporates the element of the standard AHCC provided the flow chart on the reporting mechanism and how an allegation is received, reported, and investigated. AHCC also included all allegations of sexual misconduct and how each allegation was triage decision and resulting case assignment for investigation.

Interviews with the Superintendent, PCM and PREA Specialist confirmed the process of how an allegation is evaluated, and investigated.

## 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*)

AHCC is compliant with the standard. Agency policy 490.820 and 490.850 incorporate the element of the standard by requiring the facilities to take immediate action when the facility learns an inmate is subject to imminent sexual abuse. AHCC provided examples taken from IMRS and corresponding PREA response and containment checklist showing how the facility took immediate action.

Interviews with custody supervisors, custody and contract staff confirmed understanding and the obligations each would take if they received information related to an inmate is subject to imminent sexual abuse.

## 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*)

AHCC is compliant with the elements of the standard. Agency policy 490.850 requires the “Appointing Authority” who is the Superintendent to make the notifications to the administrator of the applicable facility within 72 hours of receipt of an allegation. At AHCC the Superintendent will generate an email for all notifications made either by email or by telephone. The PREA specialist will be copied on the notification email and will ensure a copy is maintained with the investigative case file. AHCC provided a spreadsheet of allegations including the notification and a memo stating within the last six months there has been no new allegations requiring the Superintendent to notify another agency of a report of sexual abuse. Agency policy 490.860 incorporates the last element of the standard requiring the department to thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction of the department. AHCC provided proof of documentation confirming compliance with the element of the standard.

Subsequent dialogue between the auditor, PREA Coordinator, Superintendent, PCM and PREA Specialist confirm a process is in place to capture documenting the notifications made by the Superintendent confirming proof of practice and compliance with the standard. AHCC reported to the auditor prior to May 01, 2017, proof of documentation was difficult to find. Since the acknowledgement, AHCC developed the above process and has not received any new allegations since the development of the new process. AHCC has six months of proof of practice as required to be found in compliance with the standard.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

AHCC is compliant with the standard. Agency policy 490.850 and 420.375 incorporate the element of the standard. At AHCC the shift commander/CCS/designee will utilize the Aggravated Sexual Assault Checklist and the PREA response team conducting and coordinating a multidisciplinary response to the allegation. AHCC provided a first responder pocket guide detailing the process of an emergency response.

The second element of the standard requires that if the first staff member is not a security staff member they shall request the alleged victim not take any actions that would destroy physical evidence then notify staff. AHCC provided documentation and a memo explaining all staff are trained in emergency response procedures including the above elements and the obligation of the staff to immediately notify after taken such actions.

Interviews with security and non-security staff confirm the actions they would take in the event of an incident of aggravated sexual assault were consistent with agency policy and the PREA standards.

### 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*)

AHCC is compliant with the standard. AHCC has a written institutional plan to coordinating response plan, "PREA Response Plan" which is maintained at the shift command location in the event of an incident. The response plan incorporates all the agency policies related to the PREA standards. The PREA response plan also incorporates staff first responders, the role and medical and mental health staff, investigators, and facility leadership. The response plan designates specific staff members to specific roles, a checklist, information of community victim advocates, uniform evidence collection procedures, and outside law enforcement contact information.

While onsite and during a specialized interview, the PREA response plan was mentioned and how it is utilized in the event of an allegation of sexual abuse.

## 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*)

WADOC and AHCC are compliant with the elements of the standard. AHCC provided collective bargaining current agreements and memos noting the language in the agreements do not inhibit the agency to remove alleged staff abusers from contact with inmates pending the outcome of an investigation.

## 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 residents 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*)

During the preparation phase of the audit, AHCC reported the retaliation monitor had not been kept up to date (115.67c). AHCC went into a corrective action period implemented a new process and has shown evidence of proof of practice of over six (6) months becoming compliant with the standard.

Agency policy 490.860 incorporates the element of the standard. The policy has designated the Appointing Authority/designee of the facility to monitor and assess indicators or reports of retaliation. Agency policy also dictates such indicators of retaliation include but not limited to: disciplinary reports, changes in grievance trends, housing and programming changes and negative performance reviews. The policy states the Appointing Authority will notify the PCM and PREA Specialist who will monitor inmate's victims and reporters and also will monitor contract staff and volunteer reporters. The Appointing Authority will notify the human resources manager who will monitor employee reporters. Agency policy dictates the retaliation monitor will continue for 90 days unless directed by the Appointing Authority. The PREA specialist will document the monthly monitor on DOC 03-503 and report to the Appointing Authority. Agency policy also

allows for the retaliation monitor to occur for reports of sexual harassment however are up to the individual Appointing Authority.

During the preparation for the audit, AHCC reported the retaliation monitor (115.67-c) had not been maintained resulting in a non-compliance with the element of the standard. AHCC identified and put into place a new process to ensure compliance with the standard. The facility PREA specialist will be notified when PREA cases are initiated. The PREA specialist will notify the counselor where the inmate is housed initiating a monthly retaliation monitor. The counselor will meet with the inmate completing the retaliation monitor form and forwarding to the PREA specialist. If the reporter is a staff member, the PREA specialist will notify the facilities human resource manager who will meet with the identified staff and complete the required documentation and forward back to the PREA specialist. AHCC will provide a monthly spreadsheet with inmates and staff members who have reported an incident of sexual abuse with the dates of the retaliation monitor happening. During the agreed upon corrective action period, AHCC was able to provide spreadsheets to the auditor of the date of initiation of the retaliation monitor and the dates when monitoring the those identified needing to be placed on the retaliation monitor. During the corrective action period, AHCC provided documentation no person identified on the retaliation monitor reported retaliation requiring an extension past the required 90 days. AHCC is compliant with element of the standard.

AHCC provided proof documentation of periodic status checks complying with the fourth element of the standard. In reviewing the DOC 03-503, the report date was incorrectly entered. Dialogue between the PCM, PREA specialist, and auditor discussed how the report date would be entered as the date of starting the 90 day retaliation monitor.

The last component of the standard is present in agency policy stating the retaliation monitor may discontinue if the allegation has been determined to be unfounded.

## 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*)



AHCC is compliant with the standard. Agency policy 490.820 prohibits the placement of inmate victims of sexual misconduct be placed in involuntary segregation unless a review of alternative placement has been conducted as per standard 115.43. AHCC reported no inmates have been involuntarily placed in segregation per the standard of 115.43 during the prior 12 months leading up to the audit.

Interviews with segregation staff and specialized interviews with inmates who disclosed reporting sexual abuse denied being placed in segregation further showing compliance with the 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*)

AHCC is compliant with all elements of the standard. The first component of the standard requires an agency that conducts its own investigations do so promptly, thoroughly, and objectively investigate all allegations of sexual abuse and sexual harassment including anonymous and 3<sup>rd</sup> party reports. Agency policy 490.860 incorporates the element of the standard. AHCC provided all investigations within the 12 months leading up to the audit confirming compliance with the standard.

The second component of the standard requires the agency to use investigators who have received specialized training in confinement settings as required also under standard 115.34. AHCC is compliant with the element providing a list of staff members who have received the specialized training. AHCC provided the specialized training and curriculum under standard 115.34. In addition, when an allegation of sexual abuse or “aggravated sexual assault” has been made, AHCC contacts the Airway Heights Police Department to conduct the criminal investigation.

The third component requires the specially trained investigator shall gather and preserve physical evidence to include DNA and electronic data, conduct interviews with the victim, witnesses, and the suspect. The investigation shall also include a review of previous reports or complaints of sexual abuse of the suspect. Agency policy 490.860 incorporates the element of the standard with agency policy 420.375 incorporating the evidence collection and preservation procedures. AHCC provided a memo explaining the investigative process and a review of the investigation confirms practice with the collection of any physical evidence, video evidence, and telephonic evidence, inmate correspondence, identifying and conducting interviews with witnesses, potential victim, and suspected perpetrator meeting compliance with the element of the standard.

The fourth component requires the agency to consult prosecutors when the evidence supports possible criminal prosecution, before conducting compelled interviews. AHCC is compliant with the element of the standard as outside law enforcement conducts investigations when a criminal violation occurs. Additionally, AHCC referred three investigations to outside law enforcement when the allegation appeared to criminal further showing proof of practice with agency policy and the PREA standard. Facility investigators also receive specific training under 115.34 that includes curriculum on addressing and how to conduct compelled interviews.

The fifth component of requires the agency to hold the credibility of identified inmates involved in the investigation on an individual basis and not solely on being an inmate. The element also prohibits forcing a person alleging sexual abuse to submit to a polygraph or truth telling device. Agency policy 400.360 states the agency will not ask nor compel possible victims, witnesses, or reporters to submit to a polygraph. AHCC provided curriculum of the investigator training and the Appointing authority training showing compliance on how credibility of inmates is to be evaluated during the course of investigating sexual misconduct. Completed investigations were provided to the auditor showing compliance with the element of the standard.

The sixth component of the standard requires administrative investigations to determine if staff actions contributed to the abuse and the reports shall include testimony, credibility, and investigative facts and findings. Agency policy 490.800 incorporates the requirements of the standard. In addition, AHCC utilizes a uniform PREA Investigative checklist which incorporates the elements of the standard. AHCC provided completed investigations confirming practice of the standard.

The seventh element requires criminal investigations be documented and include evidence obtained, testimony from involved parties. Agency policy 490.860 requires if the nature of the incident appears to be criminal, outside law enforcement will be referred for investigation and the outside law enforcement report will be attached to the final completed PREA investigation report. AHCC provided completed investigations showing compliance with the standard.

The eighth element requires the agency to refer substantiated investigation of sexual abuse for criminal prosecution. Agency policy incorporates the element and AHCC provided proof of practice with investigation being referred to outside law enforcement refer for criminal prosecution.

The ninth element requires the agency maintain all investigative reports as long as the abuse is incarcerated, or employed by the agency, plus 5 years. Agency policy 490.860 includes verbiage from the standard and refers to the Washington State Archives records retention schedule which goes beyond the PREA retention of plus 5 years to 50 years. AHCC provided the retention schedule and memo explaining how reports are reviewed before being destroyed. AHCC is compliant with the standard.

The tenth element requires the agency to continue the investigation if the inmate or staff member is no longer in custody of the agency or is employed with the agency. Agency policy 490.860 incorporates language from the PREA standard requiring investigations to continue meeting compliance with the standard. AHCC provided specific investigations meeting compliance with this component.

The last two elements to the standard require any investigative entity to continue the investigation on the requirement above, and to cooperate and remained informed on the progress of the outside investigative entities investigation. AHCC provided investigation that was referred to outside agencies for investigation. One specific investigation included a staff member retiring before the completion of the investigation. Investigative reports confirm the law enforcement entity complied with the element exhausting all investigative leads before completing the investigation. AHCC is compliant as they continued to follow the investigation and provided the results of the outside law enforcements report.

Interviews with the Superintendent and the Chief of investigations confirmed compliance with the standard. Interviews confirmed how investigations are initiated, investigated, how law enforcement is contacted, and how findings of investigations are reached. The Superintendent and the Chief of Investigations spoke how having a strong relationship with outside law enforcement further enhances the ability to conduct investigations when there is a criminal component.

## **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*)

AHCC is compliant with the standard. Agency policy 490.860 incorporates the language from the PREA standards that an allegation was determined to have occurred by a “preponderance of the evidence”. AHCC provided the auditor the Appointing Authority training curriculum in determining the finding of PREA sexual abuse and sexual harassment investigations.

Completed investigations were provided to the auditor and those investigations with a finding of substantiated were reviewed. The findings were consistent with agency policy and the PREA 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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*)

AHCC reported during the preparation of the audit finding they were out of compliance with one of the elements (115.73-c) of the standard resulting in a corrective action period. AHCC identified the cause of non-compliance and implemented a new process prior to the auditor arriving onsite to meet and maintain future compliance with the standard.

Agency policy 490.860 incorporates the first element of the standard requiring the Appointing Authority (Superintendent) of the facility to notify the alleged victim of the findings of the investigation. Agency

policy also exceeds the PREA requirement by requiring the Appointing Authority to notify the alleged victim if the victim is released from the facility. The facility will notify to the offenders last known address and the notification is generic with no identifying information related to the investigation.

The second element requires an agency if they do not conduct the investigation, they request information from the investigative entity in order to inform the inmate on the requirement above. AHCC provided proof of documentation of remaining informed on investigations conducted by outside law enforcement meeting compliance with the element..

During the preparation for the audit, AHCC reported being non-compliant with element “c”. AHCC reported finding the tracking mechanism WADOC uses to monitor the notification to inmates whenever an investigation of sexual abuse against a staff member has been moved from the housing unit, employment status, indicted or convicted on charges, was not in place. AHCC and WADOC updated the tracking log and provided notification to all applicable inmates. A corrective action plan had been put into place by AHCC and as of the date of the interim report, all inmates have been notified as required under the standard. AHCC has of the date of the final report, more than six months of evidence supporting proof of practice meeting compliance with the standard.

Agency policy 490.860 incorporates the required verbiage from the PREA standards for the above three elements.

AHCC and WADOC maintain a log of notifications made as required by the standard. During the corrective action, AHCC reported going back through completed investigations and making the required notifications to the offenders.

The last element, states an agencies obligation to report to the offender the outcome of the investigation when the offender leaves the agencies custody. WADOC PREA policy requires the offender be notified when the leaves WADOC custody. AHCC provided notification to such an offender exceeding the requirement of the standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

AHCC is compliant with all elements of the standard. Agency policies 490.860 and 490.800 stating employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies. Also incidents of sexual misconduct will be referred for criminal prosecution. AHCC provided RCW 72.09.225 which describes the process the facility and agency shall take when there is reasonable cause to believe sexual intercourse or sexual contact occurred between an inmate and employee. The standard in RCW 72.09.225 is the employee will be terminated if evidence suggests such violation of the PREA policies.

AHCC reported there were no substantiated investigations causing a referral to a licensing body however one investigation was referred to law enforcement for a criminal investigation. AHCC reported the local law enforcement attempted to contact the alleged employee who had retired prior to the investigation concluding however all attempts were unsuccessful and as a result no criminal charges were brought against the employee.

Documentation provided by AHCC further shows compliance with the standard. Interviews conducted with the Chief of Investigation and the Superintendent confirmed how the facility interacts with local law enforcement when investigating allegations of sexual misconduct.

### 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*)

WADOC and AHCC are compliant with the standard. WADOC policy 490.800 and 530.100 incorporate the elements of the standard. AHCC provided state law RCW 72.09.225 that articulates the process in which Washington Department of Corrections must follow when an allegation of sexual misconduct is brought forward. The law does not prevent the agency from preventing and prohibiting the staff member, volunteer, or contractor from having contact with an offender.

Interview with the Superintendent confirmed the actions he would take in prohibiting contact between and contractor/volunteer with offenders is compliant with agency policy and the PREA standard.

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

AHCC is compliant with the standard. Agency policy 460.000 and 490.860 incorporate the elements of the standard. Policy 460.000 is the agencies policy for Disciplinary Process for Prisons which explains the process in which an offender can be “infracted” or in violation of the facilities rules when a finding of that an inmate has engaged in inmate on inmate sexual abuse. The policy explains the process in

which an offender is to be notified and the disciplinary process and hearing. AHCC provided documentation of two investigations in which two inmates were disciplined showing compliance with the standard.

AHCC provided agency policy 460.050 "Disciplinary Sanctions" and WAC 137-28, WAC 137-28-310, WAC 137-28-360 showing the disciplinary sanctions and action taken on an inmate is commensurate with the nature of the abuse committed. Documentation was provided showing compliance with the second element of the standard.

AHCC is compliant with the third and fourth component as part of the disciplinary process mental health history is reviewed and is part of the investigation process. If a substantiated case of inmate-on-inmate sexual abuse occurs, AHCC refers the offender for a mental health evaluation and considers requiring the offender to participate in programming designed to address the underlying behavior. While onsite, the process was explained and interviews with mental health staff who operate and conduct sex offender treatment at the facility spoke to how the interventions are designed to each offender. Agency policy 460.050 supports the practice at AHCC when an offender is found guilty and sanctioned to a "multidisciplinary FRMT review for consideration of available interventions (e.g. mental health therapy, sex offender treatment program, anger management".

The fifth element allows the agency to discipline an inmate who was found to have initiated the sexual misconduct when the employee did not consent. AHCC is compliant with the element noting there was not an incident of this nature during the prior 12 months. AHCC provided WAC 137-25-020 and agency policy 490.860 supporting the practice at AHCC.

The sixth element of the standard prohibits the agency from disciplining an inmate who makes a report in "good faith". Agency policy 490.860 prohibits such actions by WADOC facilities.

The last component of the standard allows an agency to prohibit all sexual activity between inmates and may discipline inmates who engage in such activity. The standard also states an agency may not discipline an inmate when the result of the finding is that the victim did not consent to the activity. WADOC policy 490.800 prohibits all consensual sexual activity and allows for inmates to be disciplined for violating agency rules when a finding of the incident was found to be consensual and not coerced. A review of investigations confirms AHCC is compliant with the element of the standard as they do not discipline inmates who are deemed victims.

## 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?  Yes  No

#### 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*)

In preparation for the audit, AHCC found there was no process in place to ensure referrals were being made to mental health for those inmates who were identified to have been sexually victimized or perpetrated sexual abuse are referred to mental health within 14 days impacting the compliance with the first three elements of the standard. Due to the inability to verify if AHCC was in fact complying with the standard, a corrective action period was required to ensure the new process was practical and maintainable with the referrals being documented within the 14 day requirement. During the corrective action period, AHCC

provided spreadsheets accompanied with completed forms required by agency policy needed for the referral process. AHCC was able to provide over six (6) months of proof of practice meeting compliance with the standard.

Agency policies 490.820 and 630.500, incorporate all elements of the standard requiring a referral be made within 14 days of learning of such information from 115.41. Information related to sexual victimization that occurred in the institutional setting shall be strictly limited to medical and mental health staff, and other staff solely for the purpose of making treatment plans, security management, housing, work, and programming assignments of the offenders. While onsite this was observed in practice by staff during the specialized and random interviews with staff.

The last element requires the agency to obtain informed consent from the inmate before reporting any sexual abuse that occurred outside the institutional setting unless the victim was under the age of 18. Agency policy 610.025 incorporates the language from the PREA standards requiring medical and mental health staff to obtain informed consent before reporting such information unless the offender is under the age of 18. Interviews with medical and mental health staff confirmed the understanding and practice of the policy. AHCC reported there were no incidents during the previous 12 months leading up to the audit. Medical and mental health staff are required to complete DOC form 13-035 "Authorization for disclosure of health information" before information can be disclosed.

## **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*)

AHCC is compliant with the elements of the standard. Agency policy 490.850 with attachment checklist incorporate the first element of the standard state inmate victims of aggravated sexual abuse received immediate, unimpeded access to emergency medical treatment, crisis intervention services with the type of services being provided be based upon professional judgment by medical and mental health professionals. DOC 490.850 attachments 1 is a checklist the shift commander will utilize in the event of a report of aggravated sexual assault. The checklist includes notification to medical and mental health, escorting the victim to the infirmary at AHCC providing emergent medical care. The checklist also incorporates contacting the community-based victim advocate. Inmates are taken outside AHCC to have forensic medical examinations conducted. AHCC provided completed checklists showing compliance with the standard. Interviews with specialized staff revealed compliance on how they would utilize the checklist in the event of an aggravated sexual assault.

The second component of the standard requires the agency to take preliminary steps to protect the inmate in the event a medical or mental health practitioner is not available. AHCC has an infirmary which is staffed 24 hours a day 7 days a week with medical personnel. DOC 490.850 attachments 1 incorporates practice of the requirement. Agency policy 490.850 incorporates the language from the PREA standard meeting compliance with the element.

The third element requires the agency to offer information about emergency contraception and sexually transmitted infections prophylaxis to inmate victims. Agency policy 610.025 meets the requirement of the standard. AHCC is compliant with the element and in addition has implemented utilizing an additional checklist "Aggravated Sexual Assault Medical Follow-up" forms to use when an inmate is returned from the Deaconess Medical Facility after the inmate was taken for a forensic medical exam. The checklist includes scheduling follow up appointments with necessary practitioners, imitating medical testing as needed per established post exposure protocol for any communicable disease exposures.

The last element of the standard requires the treatment be provided to the victim at no financial cost regardless if the victim cooperates with the investigation into the incident. Agency policy 490.850, 600.000, and 600.025 incorporate the element from the PREA standard. AHCC is compliant with the element of the standard.

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

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

**115.83 (e)**

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

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

Yes  No  NA

### **Auditor Overall Compliance Determination**

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

AHCC reported during the preparation phase to the auditor some elements of the standard were deficient as no process was in place to ensure referrals for allegations were being submitted. AHCC implemented new procedures to ensure referrals to medical and mental health were being completed to meet compliance with the standard and also provided proof of documentation supporting the new process. AHCC had already initiated the process prior to the onsite audit and provided documentation to the auditor. Additional time in showing proof of practice was required to ensure the new procedures are maintainable.

The first element of the standard requires a facility to offer medical and mental health services to an inmate who has been sexually victimized. The second element of the standard requires the evaluation, treatment, follow up services, the development of treatment plans, and making referrals for continued care are provided to an inmate who experienced sexual victimization. AHCC reported during audit preparation their practice was lacking with the elements of the standard.

A new process has been put into place to ensure the referrals and appropriate medical and mental health care is provided as required under the first two elements of the standard. AHCC developed checklists to accompany the PREA Response and Containment Checklist by being offered health services as medically necessary per the Offender Health Plan (OHP). Additionally, AHCC implemented further processes to ensure mental health services were being offered. Such processes include the primary therapist to develop a treatment plan using the OHP, release planning services, and documenting referral efforts on DOC 13-435

During AHCC's corrective action period the PREA Coordinator sent monthly spreadsheets to the auditor coupled with monthly telephone calls showing the new process is viable and the referrals are being made and supporting documentation supporting appropriate treatment plans to the inmates.

At the close of the corrective action period, AHCC was able to have over six (6) months of proof of practice meeting compliance.

Agency policies 630.500, 610.040, and 610.025 articulate inmates under WADOC custody will receive medical and mental health services. Such services will be initiated at the onset of learning information an inmate suffered sexual victimization. The policies articulate the time frames associated with providing the type and level of services. The agency policies also articulate when an inmate returns to the facility after receiving a forensic medical exam, follow up care will be provided. AHCC developed a checklist to accompany the incident showing compliance with making referrals and providing additional medical information to the inmates as appropriate meeting the second component of the standard. AHCC provided proof of practice meeting compliance.

The third element of the standard requires the facility to offer services to an inmate who suffered sexual victimization as the same type of services as community level care. Agency policy 630.500 incorporates the



element of the standard articulating what types of services will be provided to the offender based on the situation, and offender's immediate medical and mental health needs. AHCC provided investigative reports showing offenders were taken to medical and provided medical treatment. Based on the services observed while onsite at AHCC, the type of services provided and ease of access to those medical and mental health services exceeds community level care.

The fourth and fifth element applies to female offenders and is not applicable to AHCC who houses male offenders.

The sixth and seventh (f&g) element requires inmate victims shall be offered sexually transmitted infections testing and treatment services without cost to the victim regardless if the victim cooperates with the investigation. Agency policies 610.025 and 490.850 incorporate the elements from the standard. AHCC provided investigation reports that included documentation showing inmate victims were receiving such services.

The eighth element (h) of this standard, AHCC reported during the preparation for the audit, there was one inmate abuser who was identified who had not been offered the mental health evaluation. AHCC took immediate action conducting the mental health evaluation on the identified inmate.

## 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*)

AHCC is compliant with the standard. Agency policy 490.860 incorporates the requirements into WADOC policy. AHCC conducts a sexual abuse incident review (SAIR) on all investigations determined to be substantiated or unsubstantiated within 30 days of completion of the investigation. The SAIR review is completed at AHCC by a “Local Review Committee” comprised of staff members to include the PCM, Associate Superintendent, Correctional Captain, Correctional Program Manager, Psychologist, and Investigator. The review committee takes the following into consideration: “was the incident motivated by race or ethnicity, actual or perceived sexual orientation, actual or perceived transgender/intersex status, gang affiliation, or groups dynamics. The review also considers if physical barriers or physical plant layout contributed to the abuse. If the incident occurred in an area subject to video monitoring, were the department staffing models followed, was the staffing in the identified area adequate.

Additionally, the Appointing Authority has to review and comment on the reviews taking into consideration the credibility of the victim, witnesses, and suspect. Review any prior complaints or incidents of abuse of the suspected perpetrator. How long staff members or volunteers worked at the facility, and if the Appointing authority follows any recommendations from the review committee

documenting any recommendations and plans for enhancing future protection and also document any reasons the facility will not follow the recommendations.

AHCC provided investigation reports with examples of the SAIR showing compliance with the standard.

Interviews with specialized staff confirmed how the Local Review Committee meets and reviews each investigation showing compliance with the standard.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

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

WADOC and AHCC is compliant with the elements in the standard. Included in policy 490.800 are definitions that incorporate the PREA standard definitions. Agency policy 490.800 also further defines sexual misconduct to include, aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. Sexual misconduct also includes staff-on-offender sexual harassment and staff sexual misconduct.

Agency policy 490.860 incorporates the second element of the standard stating “data will be aggregated at least annually and include available information for investigation reports and incident review committees, as well as from each private facility contracted to confine or house department offenders”.

Included in the documentation was the most recently completed and submitted Survey of Sexual Violence which was submitted after being requested by the DOJ. Provided in the documentation was a memo explaining how the WADOC established a PREA allegation and case database in the Offender Management Network Information (OMNI) system. The system allows for a standardized collection of data.

## 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*)

AHCC is compliant with the standard. Agency policy 490.860 incorporates the requirements from the PREA standard. AHCC included a link to the published annual PREA report that includes the data collected as required under standard 115.87 which was signed by the Agency Secretary. The report includes all the requirements in the 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*)

AHCC is compliant with the standard. AHCC provided a memo from the agency PREA Coordinator explaining how the agency securely retains data. WADOC utilizes the Incident Management Report System (IMRS) within the Offender Management Network Information System (OMNI). "Access to any IRMS regarding PREA is restricted and confidential and limited to only those staff with a need to know. Access to this system is reviewed and approved by the agency's Emergency Operations Administrator to ensure access is essential to PREA responsibilities." Ms. Schubach reports access is strictly restricted to agency executive administrators, Appointing Authorities (Superintendents), Associate Superintendents, Captains, Intelligence and Investigation Chiefs responsible for management of investigations. While onsite at AHCC, Ms. Schubach was able to show the auditor the IRMS and OMNI system and how information was restricted. Ms. Schubach explained the levels of access were given to staff such as classification staff could review and input PREA risk assessment information however would not be able to view any investigative type information of a sexual abuse investigation.

"All investigative reports, hotline call recordings, and related allegation information is maintained within an access-restricted drive. Access to that drive is limited to the agency PREA Unit who are responsible for managing all allegations and maintaining related information."

WADOC has a website making available aggregated sexual abuse data from facilities under its control and private facilities with whom they contract with complying with the second element of the standard.

The third element requires the facility or agency to remove all personal identifiers from the data published on the website or when making available to the public. A review of the data on the website and from its Annual PREA report did not include any personal identifiers.

The last component requires the agency to retain such data for a period of 10 years. WADOC exceeds this element of the standard as the agency is required by the Washington Secretary of State Office of Archives to maintain electronic data for 50 years.

## 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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes  No  NA

##### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

##### 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*)

The audit of the Airway Heights Correctional Center was the second in AHCC's history since the DOJ implemented the PREA standards in 2012. AHCC provided the information to the auditor in a very organized and easy to evaluate manner assisting the auditor in reviewing the documentation. Information was available on the agencies website with information on other facilities PREA audits and published the final reports under each facility.

The first day of the audit included a tour covering the large campus and made available any area the auditors requested to go. AHCC staff were professional and took the time to educate the audit staff on what programs were in the area, how staff conducted their job in their respective areas and how security was implemented.

AHCC assisted the audit staff on preparing areas for private interviews with staff and inmates. During the tour, staff assisting with the tour stepped away for the audit staff to ask random questions with staff and inmates.

The auditor received 5 letters from inmates within the facility. The letters were treated like legal mail and the auditor met with 4 of the authors of the letters. 1 letter was unrelated to PREA and the author was not interviewed by audit staff.

### **Standard 115.403: Audit contents and findings**

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

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### **Auditor Overall Compliance Determination**

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



The Washington Department of Corrections has published on its website the previous PREA audit conducted at the Airway Heights Correctional Center. In addition, other WADOC facilities that have been audited also have the final PREA audit report published on the agencies website.

## 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.

Darin Baker \_\_\_\_\_

04/16/18 \_\_\_\_\_

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.