

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

Interim       Final

**Date of Report**    March 10, 2020

## Auditor Information

<b>Name:</b> John Katavich	<b>Email:</b> john.katavich@cdcr.ca.gov
<b>Company Name:</b> California Department of Corrections and Rehabilitation	
<b>Mailing Address:</b> 1515 S St	<b>City, State, Zip:</b> Sacramento. CA 95811
<b>Telephone:</b> (916) 324-6688	<b>Date of Facility Visit:</b> August 28-29

## Agency Information

<b>Name of Agency:</b> Washington State Department of Corrections		<b>Governing Authority or Parent Agency (If Applicable):</b> State of Washington, Office of the Governor	
<b>Physical Address:</b> 7345 Linderson Way SE		<b>City, State, Zip:</b> Tumwater WA 98511	
<b>Mailing Address:</b> PO Box 41100		<b>City, State, Zip:</b> Olympia WA 98504-1100	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> <a href="http://www.doc.wa.gov/corrections/prea/default.htm">http://www.doc.wa.gov/corrections/prea/default.htm</a>			

## Agency Chief Executive Officer

<b>Name:</b> Stephen Sinclair, Secretary	
<b>Email:</b> sdsinclair@doc1.wa.gov	<b>Telephone:</b> 360-725-8810

## Agency-Wide PREA Coordinator

<b>Name:</b> Beth Schubach	
<b>Email:</b> blschubach1@doc1.wa.gov	<b>Telephone:</b> 360-725-8789
<b>PREA Coordinator Reports to:</b>  Deputy Director of Prisons Command A	<b>Number of Compliance Managers who report to the PREA Coordinator</b>  24

## Facility Information

**Name of Facility:** Mission Creek Corrections Center for Women

**Physical Address:** 3420 NE Sandhill Road

**City, State, Zip:** Belfair, WA 98528

**Mailing Address (if different from above):**  
Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

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

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

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

ACA

NCCHC

CALEA

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

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Wash. St. Department of Health Audit, Emergency Mngt. Assessment, Operations Inspection, Safety Audit

### Warden/Jail Administrator/Sheriff/Director

**Name:** Dennis E. Tabb, Superintendent

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

**Telephone:** 360-277-2401

### Facility PREA Compliance Manager

**Name:** Beth Rietema, Correctional Program Manager

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

**Telephone:** 360-277-2420

### Facility Health Service Administrator N/A

**Name:** Paul Clark, Health Services Manager 1

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

**Telephone:** 253-858-4278

### Facility Characteristics

Designated Facility Capacity:	321	
Current Population of Facility:	255	
Average daily population for the past 12 months:	245	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	22-70	
Average length of stay or time under supervision:	657 days	
Facility security levels/inmate custody levels:	MI2 and MI1 (minimum)	
Number of inmates admitted to facility during the past 12 months:	369	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	245	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	396	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	114	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	20
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	22
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	151
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	Click or tap here to enter text.
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	6
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	4
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )	
<b>Investigations</b>		
<b>Criminal Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A	
<b>Administrative Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1080	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A	

# Audit Findings

## Audit Narrative

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

Mission Creek Correctional Center for Women (MCCCW) is located at 3420 NE Sandhill Road, Belfair, Washington. MCCCW is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of August 28-29, 2019. Following coordination, preparatory work and collaboration with management staff at MCCCW, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

### PRE-AUDIT PHASE

On July 15, 2019, the CDCR provided the audit notice to Washington State Department of Corrections' (WADOC) PREA Coordinator (PC) with instructions to post copies in the housing units and other places deemed appropriate by facility staff. Photographs were provided showing that the audit notices were placed in various areas around the facility, including living quarters and program areas on July 16, 2019. During the on-site phase of the audit, it was observed that notices were posted in areas accessible to offenders, visitors and staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from WADOC- MCCCW on July 17, 2019.

Pre-audit section of audit: On July 17, 2019 the State of Washington PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. The information provided included policies, procedures, contracts, contact information, samples of documents and statistical data needed to demonstrate compliance with the standards. The information received was well organized and easy to review. This auditor started compiling pre-audit notes using the compliance tool as a guideline. This auditor reviewed information from the pre-audit questionnaire and from supporting documentation making notes of how the information was or was not in compliance with PREA. Policies and procedures were reviewed for compliance with the PREA. The auditor took notes to follow-up on any questions about policies that were unclear or did not appear to address the standard adequately. Supporting documentation was reviewed for relevance to the standards and notes were taken to request clarification or to verify the accuracy of the information during the on-site tour. This auditor did not receive any letters from offenders at the facility prior to arrival at the institution.

Prior to the on-site visit, telephonic contact was made with Just Detention International (JDI) to ascertain if there had been any concerns reported to their organization. This auditor was informed by JDI that they have not received any correspondence regarding MCCCW in the past twelve months. The local rape crisis center and victim advocacy agency were also contacted to find out if there had been any allegations or complaints reported to them relative to MCCCW. The rape crisis center/victim advocate Staff stated that they had a positive working relationship with MCCCW and had no issues. They have not had a request for any services within the past twelve months from MCCCW.

Because criminal cases are investigated by outside law enforcement agencies, an Investigator with the Mason County Sherriff's Office was interviewed prior to visiting the facility. He stated that they have meet with the staff at MCCCW on a regular bases, however have not had any requests for investigations of PREA incidents in the past twelve months.

## ON-SITE PHASE

On august 28, 2019, the audit team comprised of Ms. N. Hardy, certified auditor, Dr. K. Burkhardt, certified auditor and I arrived at MCCCW. The audit team met with the Warden, the PCM, the PREA Coordinator for the State of Washington and several support staff for greetings, introductions and information sharing.

Prior to arrival at MCCCW, the audit team requested that a roster of all of the staff employed at MCCCW, including the names of the employees assigned in the management and specialized staff positions that might be interviewed during the on-site portion of the audit, be available upon arrival. The audit team also requested and received a roster of all offenders at the facility with identification numbers and assigned bed numbers, sorted by housing unit. Additionally the auditor requested a list of offenders classified into any of the following specialized categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Lesbian & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization During Risk Screening

The audit team also received a list of all custody staff scheduled to work on the days of the on-site review, sorted by shift. MCCCW custody staff work 8 hour shifts. Most of the staff work 10:00 PM-6:00 AM, 6:00 AM-2:00 PM or 2:00-10:00 PM. The auditor explained that these rosters were required for the audit team to select random custody staff and offenders for interviews. The audit team selected the names of random and specialized staff, as well as random offenders and offenders who had been classified in special categories who would be interviewed. The names were chosen by highlighting different names on the list in a non-sequential order.

**On-site Review:** The audit team conducted a thorough site review of the facility. The audit team was provided a map of the facility. MCCCW is comprised of five buildings inside the perimeter fence, three of which are housing units, and three buildings outside of the fence. The three housing units are of similar design. They have a central day room with either three or four wings (tiers) extending outward on either side. Each tier has smaller living units (dorms) that house two to six offenders, depending on the size of the dorm. The amount of dorms on each tier varies, even within the same housing unit. Mission Housing Unit is part of the main building at MCCCW. This building is where the administration is located as well as the culinary, medical clinic, training, segregation and the main entrance. The facility has a large gymnasium and an Education Building. The Education Building has a library and several classrooms. This is also where religious programs are held. Outside the fence is the maintenance building and the construction trades classroom. Two of the auditors toured the facility while the third started reviewing documentation. The tour was conducted by the Warden and was accompanied by the PCM and the Chief of Plant Operations. The tour included all of the living areas, program area, including religious services, education services, the medical clinic, the library, food services and administrative offices. As the tours moved through the facility, the team would make a notation on the map indicating that that area had been visited. Additionally staffing levels were observed to insure that there was adequate security coverage and the offenders could not move around the facility unsupervised.

During the tour, we asked impromptu questions of staff and offenders. The audit team also noted the placement and coverage of surveillance cameras, identified potential blind spots, inspected bathrooms, showers and strip search areas to identify potential cross gender viewing concerns. The team also noted the placement of PREA information posters in offender housing areas and placement of the PREA audit notice provided to the facility. The video monitors were reviewed to insure security coverage and confirm that offenders can change clothes, shower and toilet without being viewed on the monitors. Housing unit logs were reviewed as well as other on-site documentation that would be relevant to demonstrating compliance with the PREA Standards.

**PREA Management Interviews:** The audit team members split up the interviews of the Warden, PREA Coordinator, Director of the Washington Department of Corrections, Contract Administrator and PCM. The auditors worked with facility staff to schedule a time for each of these interviews; audit team members were escorted to the office of the respective manager and conducted the interviews using the applicable interview protocols and recorded the responses by hand. The Contract Administrator and the Director of Corrections were not at the facility, these interview were conducted over the telephone prior to arriving at the facility.



Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager, the audit team members utilized private offices to conduct confidential interviews.

The audit team identified specialized staff to be interviewed. Interviews included the following:

- Medical and Mental Health
- Incident Review Team Members
- Staff who Conduct Intake Screening
- Case Workers
- Investigations and Intelligence Staff (facility level investigations)
- Sexual Assault Nurse Examiner (telephonic)
- Human Resources
- Person Responsible for Contractor, Volunteer and Vendor Clearances
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisors
- Volunteers/Contractors
- First Responders
- Training Director
- Grievance Coordinator

During the interview with the grievance coordinator, the team learned that offender grievances alleging PREA are removed from the grievance process. If the grievance alleges PREA, the information is forwarded to the state's PREA Unit for review. If it meets the prima fascia for PREA, it is referred to the Superintendent. The Superintendent then assigns a local investigator for administrative investigations or contacts the Sherriff's Department for criminal investigations. If the grievance is deemed not to be PREA, it is returned to the Grievance Coordinator and logged as a grievance. The assigned investigator than investigates the allegation and completes a report. The members of the audit team interviewed one of the local investigators (Administrative) and the investigator for the Mason County Sherriff (criminal).

Where the circumstances dictate, the interviewer would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards. Copies were made of relevant documents to demonstrate proof of practice.

The PCM explained how training was tracked and logged to make sure all of the staff, volunteers and contractors receive PREA training annually. Full time employees are scheduled for two days of training each year. The employee is pulled off post during their training days. If the employee misses the training, they are rescheduled and their supervisor is notified.

The Intake staff were interviewed and asked to explain the intake process for the offenders. The intake process happens the day of arrival and includes medical and mental health screening, PREA and Facility Orientation, PREA Risk Assessment and initial housing. Even though WADOC policy does not require that the offender education be conducted on the date of arrival, supporting documents indicate that at MCCCW, it does.

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and various shifts. Staff who were working overtime from the night shift were interviewed during the day. The random interviews included line staff, supervisory staff, managers and non-custody staff. The interviews were conducted in the privacy of offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications when needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 14 random staff interviews were conducted.

Random Offender Interviews: The auditor determined that at least one offender from each housing unit would be interviewed. All three members conducted various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders from each housing unit. The audit team members completed the interviews in private offices. During the interviews the audit team member introduced themselves, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random offender interview protocols and recorded the offender answers by hand using the designated form. Clarification was requested, as needed to ensure the offender's responses were clear. A total of 14 offenders were interviewed as part of the random offender interviews.

PREA-Interest Offender Interviews: All three audit team members interviewed offenders identified based upon their relevance to specific PREA standards. These categories are:

- Disabled Inmates (two interviewees)
- Limited English Proficient Inmates (one interviewee)
- Transgender and Intersex Inmates (two interviewees)
- Gay & Bisexual Inmates (three interviewees)
- Inmates in Segregated Housing for Risk of Sexual Victimization (none)
- Inmates who Reported Sexual Abuse (two interviewees)
- Inmates who Disclosed Sexual Victimization during Risk Screening (four interviewees)
- Inmates who wrote letters (none)

The auditors were advised by the PCM that there were not any offenders that had been placed in segregation as a result of being classified as a risk for victimization or offenders who had been identified as developmentally disabled. There were only two offenders identified as transgender at the time of the audit and only two offenders currently housed at the facility that had filed a PREA allegation. The audit team member selected offenders from the list received from the PREA Compliance Manager. The interviews were conducted in a private office. The auditors introduced themselves, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. These offenders were also asked the same interview questions as the random offender interviewees. The audit team member also conducted these interviews if a random offender interviewee disclosed information suggesting that one of the above categories of PREA interest applied to him. A total of 14 offenders were interviewed based upon these interview categories.

During these interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand.

Document Reviews: The document review process was completed by all three of the auditors. The auditors reviewed documents related to allegations of sexual abuse (including investigation files). A total of eleven investigation files were reviewed. One auditor made a list of random staff names and reviewed all training, personnel, contractor and volunteer records for these staff members. 20 personnel files were reviewed. A list of offender names was generated using the list of selected and randomly interviewed inmates. These inmate's files were reviewed by the audit team. A total of 15 inmate files were reviewed, including the records maintained through the offender intake process, classification records and relevant medical documentation. The audit team was provided copies of the documents to support the audit findings.

A list of approved volunteers and contractors was provided with the pre-audit materials. Documents were requested and reviewed to check with compliance with training and background checks for 4 contractors and volunteers.

All of the relevant information from the investigation, training, personnel and offender files was transferred to the PREA Audit Documentation Review Tracking Sheets.

The PREA Coordinator provided summary for all 21 allegations received during the past 12 months. The report included the report number, date of report, name of the victim, name of the suspect, and disposition or status of the case. There were a total of six inmate-on-inmate sexual harassment allegations, six inmate-on-inmate sexual abuse allegation, five staff-on-inmate sexual misconduct allegations. The remaining four cases were either deemed not PREA or where allegations of a PREA occurring at a different facility. The audit team selected eleven cases at random to review. These reports were reviewed using a PREA audit investigative records review tool to record the following information for the eleven investigative reports reviewed:

- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Disposition
- Is Disposition Justified
- Investigating Officer
- Outcome Notification Given to Inmate
- How the information was reported
- Retaliation monitoring

The audit team recorded this information for the case reviewed and provided additional relevant information in the space provided for additional notes. There were five case that resulted in unfounded, seven cases were unsubstantiated, two substantiated and seven either forwarded to a different facility or are still under investigation.

Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. The team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent

information. The audit team held a close-out discussion with the Warden, PREA Coordinator, the PCM and other administrative staff on August 29, 2019. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

## POST-AUDIT PHASE

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

The auditor and PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via e-mail and provided by the PREA Compliance Manager.

On-site audit notes: The auditor reviewed onsite documents and notes, staff and offender interview notes and site review notes and began the process of completing the interim audit report. This auditor used the audit section of the compliance tool and the PREA standards as a guide to determine which question(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking the notes for each applicable subsection of each standard, this auditor made an overall determination at the end of the standard indicating whether or not the facility's policies, procedures and practices exceeds, meets or does not meet standard. Where the auditor found the facilities policies and procedures did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

Interim Audit Report: Following completion of the audit notes, this auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility's policies and procedures exceed, meet, or does not meet the standard.

The interim audit report was sent to the Warden, PCM and State PREA Coordinator on October 2, 2019. A teleconference was held on October 3, 2019, with all interested parties to discuss the results of the interim report and a Corrective Action Plan (CAP). MCCCW was found out of compliance on four items (115.22, 115.41, 115.67 and 115.71) at the time of the interim report. These four issues are discussed in more detail in the Summary of Audit Findings in this report. The items on the CAP were all completed prior to March 1, 2020.

Regular correspondence was maintained with the PCM and PC during the corrective action period. As documents to demonstrate compliance were received, this auditor would review them to ensure that they met the standards and satisfied the CAP agreement. The information

provided by WDOC and MCCCW during the corrective action period, established MCCCW's compliance with PREA.

This final audit report was completed once PREA compliance was established.

## Facility Characteristics

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

Mission Creek Correctional center for Women (MCCCW) is located at 3420 NE Sand Hill Road, Belfair Washington. MCCCW Mission Creek was opened in 1960 as a youth camp on land leased from Department of Natural Resources. Prior to construction of the camp, the site was forest land. The facility sits deep in the Tahuya Peninsula woods. The Mission Creek Youth Forest Camp originally housed 45 male juveniles. After the juvenile facility closed down, it was reopened on April 13th, 2005, as a camp for women offenders starting with 80 offenders.

The facility has the capacity to house 321 female offenders. All of the offenders are deemed low risk through the classification process. At the time of the audit there were 256 offenders housed at the facility. The facility has a staff of 114 employees, including custody, medical, mental health, classification, administrative and support staff.

The physical design of MCCCW consists of five main buildings inside the perimeter and three main buildings outside the perimeter fence. The administration building is part of the Mission Creek Housing Unit. It includes the entrance, administrative offices, visiting, culinary (kitchen and dining room), the Segregated Housing, the medical clinic, training, the warehouse and the Mission Creek Housing Unit.

Mission Creek Housing Unit has a day room with three wings or tiers branching off of it. Each tier has six, seven or nine dorms on either side of the hall. The dorms house three to six offenders. Mission Unit houses up to 81 offenders. The Segregation Unit has four, two person cells. Two of the cells are "wet" and two are "dry". These cells were empty at the time of the audit.

Bear Creek Housing Unit has a central dayroom, with laundry distribution, restrooms and staff offices. Four tiers branch off of the dayroom. Two of the tiers have 9 dorms and two of the tiers have 5 dorms. Each dorm houses four offenders. This unit houses up to 112 offenders.

Gold Creek Unit is a similar design as Bear Creek, except it has two tiers with seven dorms and two tiers with nine dorms. Each dorm houses four offenders. The capacity of the Gold Creek Housing Unit is 128 offenders.

The other two buildings inside the perimeter are the gym and the education building. The gym has a full sized basketball court, showers, restrooms, offices, bleachers and an exercise area. The work change and Trade Related Apprenticeship Coaching (TRAC) office are also part of this building. The education building houses the library, classroom, education offices, and religious services.

Outside the perimeter fence is the maintenance shop, the mailroom and the TRAC training room. There are also smaller buildings, such as the butterfly rehabilitation area and the sweat lodge for Native American Religious Services.

MCCCW has over 40 self-help and religious programs available to the offender population. There are also educational and career building programs including, basic education, GED, college courses, and construction trade certifications. The facility has a butterfly program that nurtures the endangered Checkerspot Butterfly. Once the butterflies are fully grown they are released back into their natural habitat. MCCCW also has beehives for honey production.

## Summary of Audit Findings

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

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

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff were attentive to the needs of the auditors and were extremely hospitable. The audit team thanks the Warden, PREA Compliance Manager and the entire staff at Mission Creek Correctional Center for Women.

Overall, it is evident that Mission Creek Correctional Center for Women’s staff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with a significant number of the standards.

Some of the positives observed by the audit team included:

- o The Warden appears to be committed to ensuring offender and staff safety and the prevention, detection, and responding to sexual assault and sexual harassment of inmates.
- o Staff are open and appear to have a positive view toward their jobs and the role they play in security and rehabilitation
- o PREA posters were in place in all housing units, and common areas.
- o Supervisory and management staff have a clear understanding of the policy.

- o Supervisory and management staff ensured the audit team had access to staff and inmates for interviewing. Any documentation requested was received promptly.
- o The facility was clean, and inmate movement was well monitored.
- o Communication between the staff and inmates appeared open and professional. The offenders stated that they feel sexually safe at MCCCW and that they could report any issue to staff and it would be addressed quickly and professionally.
- o MCCCW has an inmate Peer Support Group. This is a group of 15 offenders who receive 20 hours of crisis training to support other offenders for any crisis situation that they are going through. Involvement is voluntary for both the offender providing the support and the offender receiving the support.

The following corrections were made while the audit team was still at MCCCW:

### **115.13 Supervision and Monitoring**

There was an offender restroom that locked from the inside creating victimization concerns and a staff restroom that was labeled for both offenders and staff. Both of these issues were corrected prior to the audit team leaving the facility.

### **115.15 Limits to Cross Gender Viewing and Searches**

There is a set of showers that created a cross gender viewing situation in the offender restroom in visiting. These are not used, however the water was still on and there was no signage to inform offenders not to use the shower. The water was permanently shut off prior to the audit team leaving the facility.

The following areas were found to **exceed** the PREA Standards:

### **115.17 Hiring and Promotional Decisions**

All of the personnel files that the audit team reviewed had the required documentation. Every employee signed the self-certification stating that they have not had any sexual misconduct while working in a correctional setting. All of the files had background checks completed after 2014 (five years ago). Each time an applicant disclosed prior employment in an institutional setting, the previous employer was asked if the candidate had any substantiated or pending sexual abuse investigations in their employment history. During the interview with the Human Resources Manager, she was extremely knowledgeable and thorough.



### **115.31 Employee Training**

MCCCW employee training was 100%. All of the employees received the required Cross Gender Pat-Down Search Training, PREA Training and the refresher training. The training department is efficient and provided the documents needed to prove compliance without any delay. A review of the training process demonstrated a well-controlled tracking system to ensure compliance with all training every year. All of the staff that the audit team interviewed know the PREA Policy and their responsibility toward preventing, detecting, reporting and responding it.

### **115.33 Inmate Education**

WADOC has several methods to provide the PREA information to the offenders. They use a video, staff presentations, written material in two languages and picture format for slow learners. Each offender file reviewed contained a document, signed by the offender, acknowledging that they received the education. All of the offenders that the audit team interviewed knew WADOC's zero tolerance policy toward sexual abuse/sexual harassment of offenders. They knew several different methods to report a PREA and knew that they could not be punished for reporting it.

As a result of this audit, Mission Creek Correctional Center for Women was found to be non-compliant in the following four standards prior to the submission of the interim report (All have since been corrected):

### **115.22 Policies to Ensure Referrals of Allegations for Investigations**

A review of the investigations revealed that potential criminal investigations are not referred to the local law enforcement agency for investigation. There were four PREA allegations that should have been referred to the Sheriff's office for possible investigation. Two of these cases alleged staff had physical contact with offenders that was sexual in nature (both were unfounded). None of these allegations appeared serious enough that it would have likely would have to have led to any form of prosecution; however, these cases still should be referred to the local law enforcement agency.

As a result of this audit, MCCCW discussed the referral expectation with Mason County Sheriff's Office. An agreement was reached, that once the SO was notified of a PREA incident, if they did not contact the facility within eight days, the facility would continue with an administrative investigation. Both allegations that appeared criminal in nature during the CAP period were referred to the Mason County SO. MCCCW demonstrated compliance with section 115.22.

## **115.41 Screening for Risk of Victimization and Abusiveness**

Five of the twenty-eight offenders interviewed, could not recall being asked about their sexual safety a second time. A list of offender's arrival dates and dates of evaluations demonstrates only 90% compliance with the 30 day follow-up screening.

During the corrective action period, the PCM sent this auditor copies of the intake lists and all the PREA Assessment Follow-up reviews. If the offender had not had a follow-up review within 30 days, a note was provided explaining why (usually the offender was not at the facility for 30 days). The facility demonstrated 100% compliance with section 115.41 during this CAP period.

## **115.67 Agency Protection Against Retaliation**

It appears that retaliation monitoring is being conducted in some form at MCCCW, based on offender statements and staff interviews, however it is not being adequately documented. The staff member that is responsible for monitoring, should document all of the different steps taken to monitor for retaliation. This would include, but not limited to, housing reviews, disciplinary reviews, job assignment and performance reports and interview notes. The documentation should include the date and results of the reviews.

During the corrective action period, the PCM provided copies of the retaliation monitoring that she conducted. Each of the entries in the log explained what she reviewed to determine if retaliation was occurring and, in each instance, she included what the alleged victim had to say regarding retaliation. All monitoring was conducted for a minimum of 90 days. MCCCW demonstrated compliance with section 115.67.

## **115.71 Criminal and Administrative Agency Investigations**

WADOC does not conduct criminal investigations. Four of the PREA investigation cases reviewed for this audit contained allegations of criminal conduct. Even though, in this auditor's opinion, the institution conducted an adequate investigation, based on PREA standards and WADOC policy, the cases should have been referred to the local law enforcement agency. Additionally none of the investigations that MCCCW investigator conducted addressed whether or not staffs actions, or inactions, contributed to the sexual abuse.

During the corrective action period, all completed investigations were forwarded to this auditor for review. On November 22, 2019, MCCCW and Mason County Sherriff's Office (MCSO) agreed that, when a potential criminal PREA is alleged, MCCCW would forward the case to MCSO for review. If MCSO does not respond within eight days, MCCCW could assume that the MCSO was not interested in investigating the case and MCCCW would continue the investigation administratively. Both of the potential criminal cases reviewed from the corrective action period were forwarded to the MCSO. None of the cases were considered severe enough to warrant criminal investigation. As a result of this audit, WADOC changed the PREA Investigation Check List that is completed by the Superintendent. This new check list includes a section to address

whether or not staff's actions or inactions contributed to the incident. All of the cases reviewed from the corrective action period addressed whether staff's actions or inactions contributed to the PREA incident. MCCCW demonstrated compliance with this standard.

### **Standards Exceeded**

**Number of Standards Exceeded:** 3

**List of Standards Exceeded:** 115.17, 115.31, and 115.33

### **Standards Met**

**Number of Standards Met:** 42

### **Standards Not Met**

**Number of Standards Not Met:** 0

**List of Standards Not Met:** N/A

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

DOC 490.800, Prison Rape Elimination Act Preventing and Reporting Policy, Page 2, Section I. A. states the Department has zero tolerance for all forms of sexual misconduct. Page 3 of this policy defines sexual misconduct as aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. Additionally staff-on-offender sexual harassment and staff sexual misconduct are defined as sexual misconduct. This policy addresses the departments approach toward preventing, detecting and responding to such conduct.

The responsibilities of the Washington Department of Corrections PREA Coordinator's duties are defined on page 3 and 4 of this policy. The PREA Coordinator for WADOC is Beth L. Schubach. Ms. Schubach's classification is a manager and she reports directly to the Deputy Secretary. During the audit process Ms. Schubach was available to clarify some of the questions about the WADOC's PREA policies that this auditor had. She is extremely knowledgeable and well versed in PREA. She appears to know how to effectively manage PREA in a correctional setting.

Policy requires each prison to have a PREA Compliance Manager (PCM) appointed by the Superintendent of the prison. The duties of the PCM are addressed in this policy on pages 4 and 5. MCCCW's PCM is Beth Rietema, Correctional Program Manager, as appointed by Superintendent D. Tabb. As the PCM, she reports directly to the Superintendent and has the authority to coordinate the facilities efforts to comply with the PREA standards. Ms. Rietema has been the PCM for MCCCW for about nine months. Ms. Rietema worked with the audit team though out the process. She provided the required documentation to prepare for the audit and provided the audit team with access to all of the areas at MCCCW that we requested during the tour. Ms. Rietema and her assistant insured that all of the supporting documents were provided upon request during the onsite visit. Additionally her and her staff made sure that the audit team had access to all of the staff and offenders that we needed to interview. Even though Ms. Rietema is relatively new to the position, she has a firm grasp on the goals of the PREA Compliance Managers responsibilities. She explained what her responsibilities are to ensure that the facility maintains compliance with the PREA standards.

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

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

### 115.12 (a)

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.800, section IX, page 9, requires that any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with DOJ PREA standards and that the WADOC be allowed to monitor the PREA compliance.

According to a memorandum signed by MCCCW Superintendent, there are currently three public/private agencies that are contracted to house WADOC offenders. These agencies include American Behavior Health Systems, State of Washington Rehabilitative Administration and Yakama County. Copies of all three contracts were reviewed by this auditor. All three contained language specific to the requirement that the facility/agency comply with the DOJ PREA standards. All three contained a clause allowing for WADOC to inspect the facility/agency for PREA compliance.

According to documentation provided, all three agencies that WADOC has contracts with have had all of their facilities audited for PREA compliance within the past three years. Two of the 12 facilities under the jurisdiction of State of Washington Rehabilitative Administration have not

passed their most recent PREA audit, however they are in the corrective action phase. The corrective action is being monitored by representatives of WADOC. Additionally WADOC has Interstate Compact Agreements with the State of Iowa and Wisconsin. Both of these state agencies have been audited and found to be compliant in the past three years.

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

During the interview with the Contract Administrator for WADOC, she stated the agency has verbiage that goes in all new contracts for offender housing, which covers the PREA compliance and monitoring requirements. Prior to signing the PC is provided a copy of the contract to insure that it meets the PREA requirements. Once the contract is signed, the PC checks to see where the facility is at in the PREA audit process. She reviews the web site and talks to the local PCM or PC. The facilities are inspected by WADOC staff every couple of weeks.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

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

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

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

DOC 490.800, section VI, requires that each superintendent use the PREA Compliant Staffing Plan template to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and establish a staffing model.

The WADOC staffing model is based on an extensive review of national correctional practices and has been approved by the Washington State Legislature. According to a memorandum dated December 22, 2016, signed by WADOC Assistant Secretary, Prison Division, the staffing model has been in place since 1988. Revisions were made in 2013 to add additional staff at medium and minimum facilities. On an annual bases quality assurance audits are conducted to insure compliance with the staffing model.

This auditor was provided with the most current copy of the Staffing Plan Review. The most recent staffing plan review was conducted on April 29, 2019. The staffing plan reviewed:

The staffing methodology;

If there were any judicial findings of inadequacy (none noted);

If there were any findings of inadequacy from Federal investigative agencies (none noted);

If there were any findings of inadequacy internal or external oversight bodies (none noted);

All components of the physical plant (the addition of 8 video cameras was recommended);

The composition of the inmate population;

The number and placement of supervisory staff;

What institutional programs were occurring on a particular shift;

If there are any applicable state or local laws or standards (none noted);

The prevalence of any substantiated or unsubstantiated incidents of sexual abuse (seven cases);

And any other relevant factors.

This staffing review addressed resources available to maintain the staffing plan. The staffing review was signed by the Superintendent on April 30, 2019 and reviewed by the Agency PREA Coordinator.

According to the Superintendent of MCCCW, there are no findings of inadequacies by a judicial decision, a Federal Investigation or internal/external oversight bodies. The staffing plan at MCCCW is based on the custody level of the offenders, the physical design of the facility and the composition of the offender population. When reevaluating the staffing plan, the facility management discusses the addition of video monitoring. MCCCW currently has 70 video cameras to enhance the security of the facility

WADOC requires each institution to complete a PREA Vulnerability Assessment. Once the initial assessment is complete it must be reviewed and up dated at least annually to insure the corrective action plan is up to date. Any time there is a risk identified, it is tracked in the Vulnerability Assessment and a corrective action item is created. As corrections are made, these are documented in this assessment tool. MCCCW had a Vulnerability Assessment conducted in February 2019. The Vulnerability Assessment was reviewed by this auditor.

MCCCW has a minimum staffing requirement. In the event that a mandatory post is vacant the post is filled with overtime or redirection from non-mandatory posts. Additionally programs are closed if non-custody staff are not available to run the program. In the event that a program is modified or closed due to lack of staffing, the reason for the modification/closure is documented. This program modification is documented in the Incident Reporting Management System (IRMS). Any report filed in the IRMS is reviewed by WADOC headquarters staff. There have been instances where the facility had to modify programs due to staffing shortages. Examples of the documentation were provided to the audit team. These documents included the notice to headquarters, the emergency operations plan and the operations log. The documentation is very thorough and addresses how the offender's safety and security is maintained.

WADOC Policy DOC 110.100 requires that the facility executive team make unannounced tours of selected areas of the facility at least weekly. Policy prohibits employees from alerting one another that these tours are occurring. Policy requires correctional staff to log these tours in the post logs. The housing unit logs were reviewed during the audit. The managers sign in red ink in the log while conducting their tours. This auditor observed the manager's signature

in the log books. When managers were asked about the tours they informed the audit team that they do not announce rounds and they make their rounds at different times of day in random order (including weekends). The housing units have supervisors assigned to them during the day shift; however managers are still required to make rounds in these buildings.

During the tour the audit team noticed sufficient numbers of staff to provide adequate coverage during each shift. There were not any areas that offenders had access to that did not have a staff member present. A review of the video monitors showed that areas that are less likely to be in the direct line of staff sight, such as hall ways and lofts, had video coverage. 27 of the 28 offenders interviewed stated that they felt safe at MCCCW. The one offender that stated that she did not feel safe told this auditor that she does not feel safe anywhere. When asked if she felt she should be moved to a different facility, she stated that she is happy to stay at MCCCW.

During the tour the audit team found a couple of areas that created victimization concerns. These areas included:

Restrooms that gave the offenders the ability to lock the doors from the inside once they've entered (this creates a location that offenders can victimize other offenders without being monitored). External locks, which must be controlled by a staff key, were placed on doors. This gives the staff the ability to control movement in and out of these restrooms;

There was a chair in one of the shower stalls (this makes it difficult for staff to see how many offenders are in the one person shower). The chair was removed and hooks to hang clothes were installed;

A staff restroom was not marked as such and was unsecure, making it easier for offenders to enter without staff being aware. A "staff only" sign was placed on the door and the door was locked.

All of the issues were corrected on the first day of the audit and re-inspected by the audit team prior to leaving the facility.

Whenever maintenance staff enter a secluded area, such as an attic, basement or utility room, with an offender, policy requires there to be at least two staff or two inmates, never one-on-one. It was recommended that policy require staff announce, over the radio, when they are going into a secluded area with offenders. This would alert other staff as to their whereabouts and enhance offender and staff safety. MCCCW implemented this procedure shortly the on-site portion of the audit was conducted.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

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

#### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

WADOC Policy 320.500, Youthful Offender Program, states that youthful offenders sentenced to the Department will be received at Washington Corrections Center (WCC) or Washington Corrections Center for Women (WCCW) Reception Diagnostic Center. Offenders admitted to WCC or WCCW will be housed to ensure direct supervision, safety, and security requirements are met. The youthful offender will not be housed or participate in a program/activity (e.g., recreation, visiting) with any adult offender. The youthful offender will be under direct supervision by 2 custody employees whenever s/he leaves his/her cell. Sight or sound contact with adult offenders will be minimal and brief, and conform to applicable legal requirements while the youthful offender is housed at Department facilities.

MCCCW does not house offenders under the age of 18. During the tour and interviews, there were no indications that MCCCW had any juveniles at the facility.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy 420-310, Searches of Offenders, section III, requires that a strip search must be conducted by two trained employees. Staffing will meet the following gender requirements, unless waiting for an employee of the designated gender may result in serious bodily injury to the offender, the employee, or others. Strip searches of female offenders will be conducted by female employees. All strip searches will be documented before the search, or as soon as possible after the completion of an emergent strip search. If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed before the end of the shift. Policy 420.312, Body Cavity Search, Requires that all cavity searches will performed by staff of the same gender as the offender.

WADOC Policy 420.310, section II. D. states pat searches will be conducted by trained employees/contract staff. Pat searches of female offenders will only be conducted by female employees/contract staff, except in emergent situations. When a male employee/contract staff pat searches a female offender, a report will be completed in the Incident Management Reporting System (IMRS) before the end of shift. The distribution will include the PREA Coordinator.

A memorandum dated July 16, 2019, signed by the Superintendent states that there were no cross gender strip searches or cross gender pat down searches at MCCCW in the past year. A review of the strip search log showed that only female staff conducted strip searches in the past year. None of the offenders or staff interviewed indicated that a strip search or pat down search had been conducted by a male staff member. The work change post, where offenders are required to be strip searched prior to re-entering the facility, is a gender specific post. Only female staff can work this post. None of the offenders claimed that they were denied program access do to female staff unavailable to pat search them.

Policy 490.800, section VIII, requires that offenders be provide the opportunity to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This includes video surveillance. An announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for offenders to disrobe or change their clothing (e.g., bathrooms, showers). On December 13, 2016, the Assistant Secretary of Prisons Division authored a memorandum clarifying when opposite gender staff have to announce their presence in a housing unit. This directive requires opposite gender staff who work in the housing unit to announce their presence once at the beginning of the shift. They are not required to re-announce if they go in and out of the unit. All opposite gender staff who do not work in the unit must announce their presence each time they enter the unit.

MCCCW has installed doorbells by the entrance of each housing unit. Male staff are required to ring the doorbell prior to entering the housing unit. The offender handbook informs the offenders that the doorbell indicates that a male staff member is entering the housing unit and to be properly dressed. During the tour of the facility, the audit team observed staff using the doorbell and making the cross gender announcements as they entered any living area. All of the inmates stated that male staff always ring the doorbell and announce their presence when they enter a housing unit. The offenders all knew what the doorbell meant. All of the staff that were interviewed knew when and how to make cross gender announcements.

During the tour of MCCCW, the audit team did not observe any offender restrooms where offenders would not be able to toilet without male staff being able to observe their private areas. All of the housing unit showers provided adequate modesty screens to allow offenders to disrobe, and shower without staff observing their private body parts. The strip search room in work change is staffed by female staff. The physical design of the room does not allow anybody to see the strip search process except the officer conducting the search. There is a series of showers in the work change area that did not have curtains, however the showers are not used and the water is shut off to these showers. In the medical clinic, there are modesty curtains in the exam rooms to allow for medical exams without other staff observing. The offender restroom in the visiting area had operating showers that did not have modesty screens. There were not any signs informing offenders not to use these showers. Maintenance staff shut off the water access to these showers so that offenders would not use them.

The video cameras are monitored in one central location and the superintendent has access to the video feed. A review of the monitoring screens revealed that all dorms, strip search areas, restrooms and showers are not visible via camera.

Policy 490.820, section VII, prohibits employees and contract staff from searching an offender for the sole purpose of determining their genital status. If the offender's genital status is unknown, it will be determined by health care providers. Generally the offender's disclosure of status is the determining factor which would then initiate housing review protocols. Offenders that are received at MCCCW have already been determined to be female at the reception center. The Superintendent of MCCCW claims that staff at MCCCW have not strip searched an offender to determine her genital status during this audit period. None of the offenders claimed to have been strip searched for this purpose.

In 2014 all security staff were trained in pat-down searching of transgender/intersex offenders. This training was integrated into the academy training schedule at the same time to insure that all security staff receives the training. A review of the lesson plan complies with the PREA requirement. A review of the training documents provided during the audit confirmed that all custody staff had been through this training. During the interview with random staff who would conduct pat-down searches, they all claim to have received the training and were familiar with how to conduct a pat-down search of female, transgender and intersex inmates.



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

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

#### 115.16 (a)

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 450.500, Language Services for Limited English Proficient (LEP) Offenders, states that the department will provide interpretive and translation services through Department and/or contract services at all Department Facilities. The policy also requires non-Spanish limited English Proficient offenders, including those requiring American Sign Language, to receive orientation in a language that they understand. The orientation includes the WADOC PREA policy. The offenders are shown a video during orientation that explains the PREA policy. This video is in either English or Spanish and has subtitles for the hearing impaired. This auditor was provided copies of PREA brochures provided to offenders with limited intellectual capacities. If the inmate is hearing impaired, a transcript of the video

is provided. If the inmate is unable to read then other forms of communication are used by staff to inform the inmate of the WADOC PREA Policy.

The department has several contracts with individuals who are certified in sign language. Additionally this auditor was provided a list of individuals and firms that are contracted with WADOC to provide interruptive services. There are two telephone vendor interpretive services, CTS Language Link and Linguistica International, available 24 hours a day, seven days a week. MCCCW has PREA information posters located in all of the housing units and common areas in both English and Spanish. Generally it is determined if interpretive services are required at the reception center and a note is placed in the inmate's file. However, staff or the inmate can request interpretive services at any time it appears that these services are needed.

WADOC provides copies of the graphic novel, End Silence, to inmates who are developmentally disabled or slow learners. These novels use simple language and pictures to explain the PREA policies and how to report sexual abuse. Additionally staff explain the PREA policies to the lower functioning inmates.

WADOC Policy 490.800, Prison Rape Elimination Act, Prevention and Reporting, section III, requires that only professional interpreters or translation services, including sign language, are available to assist offenders in understanding the PREA policy, reporting allegations, and/or participating in investigations of sexual misconduct. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.

While interviewing staff, only a few of them were aware of the interpretive services and how to use these services if needed. None of the staff interviewed stated that they would use another offender to interpret for them in PREA cases. It was recommended that staff be provided training on what interpretive services are available when needed.

During the interview process the audit team requested to interview non-English speaking offenders. Every offender identified spoke some English. One offender, whose primary language is Spanish, stated that she was provided all of the PREA information in Spanish. MCCCW did not have any offenders that had hearing or vision disabilities that were not corrected with assistive devices. Two offenders were interviewed that were classified as deaf. During their interview, both offenders claimed that they were allowed to watch the educational video with closed caption and they were able to read the policy. One of the offenders has a light in their room that flashes when the doorbell, that male staff ring, is pushed. The other offender is getting this device installed in her dorm. All of the offenders interviewed knew the WADOC PREA policy.

There were no offenders that were classified as developmentally disabled housed at MCCCW at the time of the audit.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

### 115.17 (e)

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

### 115.17 (f)

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 490.800, Prison Rape Elimination Act (PREA) Prevention and Reporting, section V, outlines the WADOC's staffing practices related to PREA. The policy states that the Department will not knowingly hire, promote, or enlist the services of anyone who:

Has engaged in sexual misconduct in a prison, jail, lockup, community confinement center, juvenile facility or other institution; Has engaged in sexual misconduct with an offender on supervision;

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or;

Has been civilly or administratively adjudicated to have engaged in activity described above.

WADOC requires perspective employees, promotions and contractors to complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Services Disclosure. This form has five questions about previous sexual misconduct in an institutional setting. If the candidate answers yes to any of these questions, he/she may not be allowed access to the facility. Additionally the form requires the candidate to disclose any previous institutional work history that they may have had. Twenty-four samples of the DOC 03-506 were provided to this auditor with the pre-audit material. All of the documents were in compliance with policy. Random reviews of 15 personnel files demonstrated compliance with this policy.

Additionally, policy 490.800 requires that the department consider any incidents of sexual harassment in determining whether or not to hire, promote, or enlist the services of anyone who may have contact with an offender.

Policy 810.015, Criminal Record Disclosure and Fingerprinting, requires that all applicants will be background checked before initial appointment or promotion. These background checks include the Washington Crime Information Center and National Crime Information Center. All external applicants must disclose any previous institutional employment. These applicants are required to complete a form to authorize the release of information so that the facility can complete a work history background check.

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

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

Policy allows for WADOC to provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom such employee has applied for work.

While reviewing the personnel files it was discovered that all staff background checks are completed by the HR department upon initial hiring. WADOC then completes a background check on all staff every five years. The WADOC just completed all of the background checks in the spring of 2019. Contractors and volunteers must have a background check completed to receive an identification card. The card expires after five years.

When employee candidates, contractors and volunteers are initially hired they must self-certify that they have not had any criminal, civil or administrative action as a result of any sexual misconduct in a confinement setting. They are required to self-certify again, annually, as part of the training curriculum. A review of the training documents and personnel files demonstrated 100% compliance with this requirement.

When a perspective candidate applies for a position at MCCCW, they are asked to disclose any previous employment with any other correctional employer. Of the 15 personnel files reviewed, four disclosed prior employment at other institutions/agencies. In all four personnel files where the employee disclosed such previous employment, there were records to show that an information request was submitted to the previous employer to check that the employee did not have any criminal, civil or administrative action as a result of any sexual misconduct in a confinement setting in the employment history.

## **Standard 115.18: Upgrades to facilities and technologies**

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

#### **115.18 (a)**

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

#### **115.18 (b)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

MCCCW has had three building modification projects since the last year; the mailroom, greenhouse and Trades Related Apprenticeship Coaching Training Building. All three of these projects were outside of the secure perimeter. According to the Superintendent, during the design and construction of all three projects, particular attention was given to having open sight line to avoid any possibility of victimization. During the tour all three projects were toured. None of the designs created concerns that would be contradictory to the PREA policy.

Since the last PREA audit, there have been modifications and updates to the video monitoring system. These updates were reviewed by the audit team. According to the Superintendent, all video monitoring updates are reviewed to insure that the inmate's modesty during toileting, changing clothes, showering or strip searches are not compromised. There were not any PREA violation concerns noted while reviewing the video coverage.



## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy 490.850, PREA Response, section III, B, addresses the WADOC's policy for responding to allegations of aggravated sexual assault. This policy contains a checklist that clearly addresses the process to preserve evidence for possible administrative proceeding or criminal prosecution. This process closely mirrors the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Forensic Examinations, Adults/Adolescents". MCCCW staff do not complete criminal investigations. In the event that a case appears to be criminal in nature, the case and evidence collection is turned over to the Mason County Sheriff's Office or the Washington State Police. The Shift Commander for MCCCW was interviewed and he was able to articulate the entire response process and demonstrated how he would ensure compliance with PREA policy.

Policy 490.850, section III, 5, a, requires that all offenders alleging sexual acts perpetrated by either staff or another offender that occurred within the previous 120 hours and involved penetration or exchange of body fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic exam. The department's response checklist also addresses the proper process to insure the victim is seen by a forensic examiner. MCCCW does not complete forensic medical exams. All cases that require SAFE/SANE services are transferred to Harrison Medical Center. During the past year, none of the PREA allegations required the victim or suspect to be examined by the SAFE/SANE Nurse. The SAFE/SANE nurse was interviewed telephonically. She confirmed that Harrison Medical Center handles all of the forensic exams for MCCCW.

WADOC requires that victims of sexual assault be offered a victim advocate. WADOC has a contract in place with Washington Department of Commerce, Office of Crime Victims Advocacy to provide victim advocates for MCCCW. The Katsap Sexual Assault Center in Port Orchard Washington provides victim advocates for inmates at MCCCW. Katsap Sexual Assault Center was contacted to confirm their role in a sexual assault. The Executive Director stated that they require all Victim Advocates to attend 40 hours of training. Currently there are three trained advocates and two more in the process of being approved. She stated that her organization has a positive working relationship with MCCCW. They meet on a periodic basis to discuss each other's roles in the event of a PREA. There were no cases that a victim advocate was requested during this audit period.

WADOC is responsible for conducting administrative investigations. WADOC staff do not have law enforcement powers and are not authorized to conduct criminal investigations. All criminal allegations are referred to Mason County Sheriff's Department for investigation /prosecution. In the event that Mason County is unable to respond, MCCCW is required to contact the Washington State Police. The Investigator for Mason County Sherriff's Office was contacted for this audit. He was very knowledgeable in the PREA requirements. He stated that he has two Prisons, and the county jail that he does PREA investigations for. He claims that he has a very good working relationship with MCCCW and WADOC. He has not had any requests for PREA investigations from MCCCW in the past twelve months.

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

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

### **115.22 (a)**

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

### **115.22 (b)**

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

### **115.22 (c)**

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

### **115.22 (d)**

- Auditor is not required to audit this provision.

### **115.22 (e)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy 490.860, PREA Investigation, requires the Department to thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.

When there is a reported PREA incident, regardless of how the information is received, the Shift Commander completes an incident report on the Incident Report Management System (IRMA). The IRMS is monitored by WADOC headquarters staff. All PREA incident reports are reviewed by the Headquarters PREA Unit to determine if the allegation meets the prima facie of PREA. If the allegation is determined to be a PREA incident, the report is returned to the institution and assigned an investigation number. This process takes as little as a couple of hours or as long as two days to assign an investigator. A memorandum dated June 14, 2019, signed by the Superintendent of MCCCW, states that MCCCW has investigated all allegations referred to the facility by the DOC PREA Unit. According to the PREA Coordinator, this process is tracked very closely and any delayed investigations are researched by the PREA Unit.

During a review of the Washington Department of Corrections website, the PREA policies and investigation protocols were located using the search tool in "Policies".

WADOC staff are not sworn peace officers, therefore cannot conduct criminal investigations. If at any point during the administrative investigation, it appears that a crime was committed, the case is referred to the Mason County Sheriff's Office (MCSO) for criminal investigation. According to a memorandum authored by the Superintendent of MCCCW, there were no PREA cases referred to an outside agency for possible criminal investigation during the past year. The management staff at MCCCW meet with the representatives from MCSO and the Washington State Police at least annually to discuss and coordinate each agencies responsibility during a criminal investigation. This auditor reviewed copies of the minutes from the last meeting, April 11, 2019, between the agencies.

During the audit it was determined that MCCCW had four PREA allegations that should have been referred to the MCSO for possible investigation during the past year. MCCCW staff

conducted the investigations thoroughly. None of these allegations appeared serious enough that it would have likely would have to have led to any form of prosecution; however, these cases still should be referred to the local law enforcement agency.

During the Corrective Action Period, MCCCW meet with MCSO to discuss what criminal cases the county was willing to investigate. It was agreed that the MCCCW would advise the MCSO of all potential felonious criminal cases. If MCCCW did not receive a response from MCSO within eight days, the facility would continue with the administrative case. Proof of criminal case referrals were provided to this auditor as proof of practice on both PREA incidents which appeared criminal in nature reported during the corrective action period. MCCCW is compliant with this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 490.800, Prison Rape Elimination Act Prevention and Reporting, section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. A review of the training guide (PREA 101) revealed that the training covers policies and operational memorandums related to the Prison Rape Elimination Act, and the criminal and disciplinary penalties for engaging in prohibited behavior. The training also covers:

- The WADOC zero tolerance policy;

- How to prevent, detect, report, and respond to sexual misconduct;

- Offender's rights to a sexual abuse and sexual harassment free environment;

- Offender's and staff's right to be free from retaliation for reporting sexual abuse and sexual harassment;

- The dynamic of sexual abuse and sexual harassment in confinement;

- The common reactions of victims;

- How to detect and respond to signs of threatened or actual sexual abuse;

- How to avoid inappropriate relations with offenders;

- How to communicate effectively with LGBTI offenders and;

- How to comply with laws related to mandatory reporting.

The PREA training curriculum provided with the pre –audit materials includes all of the above mentioned subjects. The class is designed to last about two hours.

The training provided by WADOC, addresses both male and female issues in some detail. Employees at MCCCW receive training gender specific to both male and female offenders. Because of this training policy, staff do not need to be retrained when they transfer to a facility that houses offenders that are of a different gender.

The current training was initiated in 2014. All staff were required to take the training at that time. Since that date, all staff are required to take the training on PREA annually. Previous to this year the training was completed through a computer delivered class. This year all of the training was conducted in a classroom setting. In addition to the annual PREA training, all staff, contractors and volunteers must self-certify that have not had any civil, criminal or administrative action taken against them for sexual misconduct involving an incarcerated individual. During the past year, all 114 employees that are assigned to the facility have received the required training. All 15 random training files reviewed demonstrated compliance with the training.



WADOC requires employees to sign form DOC 03-483, PREA Training Acknowledgment, upon completion of the class. All 15 random training files reviewed had these acknowledgment forms in the file.

The training manager ensures that all staff attend the required training. He makes the schedules for the employees to attend a two day block of training. The employee is pulled off post and assigned to training for these two days. If the employee does not attend, they are rescheduled and their supervisor is notified. He tracks all of the training that staff attend to make sure that they maintain their training requirements. His methods of scheduling and tracking are highly effective, as demonstrated by 100% compliance with the training.

All of the staff that were interviewed demonstrated knowledge in preventing, detecting, reporting and responding to sexual abuse/sexual harassment of an offender. They all knew that Washington had a zero tolerance policy toward sexual abuse and sexual harassment. After interviewing staff, it was apparent that the training is effective.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy 490.800, section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. The training that most volunteers and contractors are required to take is the same training that employees must take (PREA 101). This training exceeds the requirement for this standard. Contractors and volunteers that have limited access to the facility (i. e. contractors filling the vending machine, fixing office equipment or one time repair services) are provided the policy via pamphlet. The contractor is then required to sign the acknowledgment form stating they understand WADOC PREA policy.

During an interview with the Training Coordinator, he explained how he tracks the training for the volunteers. Each volunteer must complete the training every fiscal year. The Training Coordinator maintains a tracking report on all employees, contractors and volunteers. If the volunteer is delinquent, they will not be allowed to work with offenders until the training is complete.

Documents provided during the audit reflected that all 128 volunteers and 21 contractors, with WADOC identification cards, have received the PREA training within the past year. A review of 5 volunteer/contractor files supported the documentation. The acknowledgment forms are maintained by the training coordinator.

Two volunteers and two contractors were interviewed for this audit. All four were able to explain WADOC's zero tolerance policy and how they would report a PREA allegation if an offender reported it to them.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

### 115.33 (b)

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

### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

WADOC Policy 310.000, Orientation, section III, requires that all incarcerated individuals will receive orientation within one week of arriving at the facility. The orientation will include information on the Prison Rape Elimination Act. Policy 490.800, PREA Reporting and Preventing, section XII, requires that all offenders will be provided PREA related information, which will include information on the department's zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manor allowing offenders to ask questions of the staff member facilitating the orientation.

Offenders are provided with a brochure (English or Spanish) that explains the Department's policies and how to report sexual misconduct when they arrive at MCCCW. Most offenders arrive on Monday. The orientation class is typically given on Monday. If the orientation class is not provided upon the day of arrival, offenders are scheduled and attend an orientation class within a couple of days after arrival. During orientation, the offenders watch a video and receive the offender handbook which explains the PREA policy and how to report any allegations. The staff member who is providing the information also explains the department's zero tolerance policy, what constitutes a PREA, how to avoid becoming a victim and how to report a PREA. The offenders sign a document demonstrating that they attended the class. Copies of signed documents were provided to this auditor.

WADOC implemented training offenders on the PREA policy in March 2006. At that time all offenders currently housed within the Department were given a copy of the PREA brochure and allowed to attend orientation. MCCCW does not have any offenders currently housed at the facility that were received in WADOC prior to 2012.

WADOC has several versions of PREA brochures available for low functioning offenders. MCCCW plays a video that explains the PREA policy and how to report sexual misconduct. The video is close captioned for the hearing impaired. This video is also in Spanish. If an offender does not appear to comprehend the information provided, the facilitator takes additional time to explain it to this offender.

Of the 15 offender files reviewed, all of them had the signed acknowledgement forms indicating that the offender did receive the PREA information. The training was provided, either the day of arrival or the next day.

During the offender interviews and while touring the facility, the audit team could not find any offenders that did not know the PREA policy and how to report it. The offenders all knew that they had a right to be free from sexual abuse and sexual harassment and that they could not be punished for reporting it. Every housing unit and program area had PREA posters in English and Spanish posted on the wall.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  
 Yes  No  NA

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The first PREA investigative training offered by WADOC was in 2011. After the finalization of the PREA standards in 2012, a new class outline was created. Any PREA investigator that was already certified had to attend a booster course. This course included any relevant DOJ Policy changes, interviewing techniques and report writing. According to Policy 490.800, PREA Prevention and Reporting, the current training requires that all PREA Investigators be trained in:

Crime scene management and investigation, including evidence collection in Prisons and Work Releases;

Confidentially of all investigation information;

Miranda and Garrity Warnings, compelled interviews, and the 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 referral.

A review of the lesson plan provided to the auditor demonstrates compliance with this standard. All of the required topics are covered in the 14 hour training required to become an investigator.

MCCCW currently has nine trained investigators on staff. When there is PREA allegation received, and it has been determined to be handled administratively, the Superintendent assigns one of the nine certified investigators to conduct the investigation. When an investigator is assigned, consideration is made as to their normal duties or assignments so as to not create a conflict of interest.

While interviewing the staff trained for PREA investigations, they were able to articulate the investigation process and their responsibility. The training that they attended prepares the investigator on how to conduct an investigation without compromising the integrity of the investigation. If at any time the investigation appears to reveal possible criminal activity, the investigation is suspended and the case is referred to the local law enforcement agency. All nine training certificates were provided to the audit team for review.

All criminal investigations are referred to either the Mason County Sherriff's Office of the Washington State Police. The Deputy Investigator for Mason County was interviewed for this audit. He stated that his investigation team received training specific to investigating sexual assaults in a confined setting. The training that his staff receive is provided by the State of Washington. His staff take additional training on-line through National Institute of Corrections. He stated that his jurisdiction includes two prisons and a jail.

A review of the investigation files reflect that the investigators are conducting investigations in compliance with the training that is provided. The reports are clear, well organized, complete and do not violate any codes of conduct.

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

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

#### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual

abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

### Auditor Overall Compliance Determination

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



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

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

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

Policy 490.800, PREA Prevention and Reporting, requires that Health Service employees/contract staff, with exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment program, will be trained in:

- Detecting and assessing signs of sexual misconduct;
- Responding effectively and professionally to sexual misconduct victims;
- Completing DOC 02-348 Fight/Assault Activity Review;
- Preserving physical evidence;
- Reporting sexual misconduct, and;
- Counseling and monitoring procedures.

Additionally all of the contract medical staff must attend the same PREA training that all employees receive every year.

A review of the provided lesson plan demonstrates compliance with this training requirement. The documents provided by MCCCW show that all nine medical/mental health staff have received the required specialized PREA training. Additionally they have all received the required WADOC staff PREA training.

The audit team interviewed 2 random medical staff and 2 random mental health staff. All four staff explained the training that they received relative to PREA. The four staff knew the zero tolerance policy and what their role is in the event of a PREA incident. They all knew their responsibility to report it and what the limits of confidentiality are.

Medical staff at MCCCW do not conduct forensic exams. The victim and suspect are taken to Harrison Medical Center in Bremerton Washington whenever a PREA allegation is made

where there is a chance of exchange of body fluids. The forensic medical exams are conducted by a SAFE/SANE at that time.

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

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

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

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

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

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

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

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

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

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 490.820, PREA Risk Assessments and Assignments, requires Classification Counselors and designated Work Release employs will complete a PREA Risk Assessment within 72 hours of arrival for all offenders arriving at any Department facility. Facilities will establish procedures to ensure compliance within 72 hours, even on weekends and holidays. This policy requires that a follow-up assessment be completed on each offender between 21 and 30 calendar days after the offender’s arrival at the facility. Additional assessments will be completed within 10 days by the assigned Classification Counselor when additional information is received, or the offender discloses information, that suggests potential for victimization or predation.

WADOC uses an objective screening program called Offender Management Network Information (OMNI) to screen all offenders for risk of victimization and abusiveness. The OMNI program has “yes” and “no” check boxes and data fields for the screening staff to enter data about each offender. Based on the data entered, the offender is rated on their potential for victimization or abusiveness. The following nine questions are asked of the inmate/ or observed in person or in documentation;

First incarceration;

Age less than 25 years or over 65 years;

Female size and stature: Less than 5' 0" and/or less than 80 lbs;

Previous or current commitment for sex offence/crime with sexual motivation in which the victim was a child of 13 years or younger or an elderly person of 65 years or older;

Mental impairment-developmentally or intellectually disabled, mentally ill or physically disabled;

History of sexual abuse-victimization;

Victim of sexual assault in confinement;

Behavior characteristics or display of sexual orientation is a way that projects vulnerability;

And Offender perceives themselves as vulnerable.

Nine of the ten criteria listed in PREA 115.41 (d) are included for entry in OMNI. There is not a location to enter information on civil immigration statuses. MCCCW does not house offenders solely for civil immigration processing. OMNI also includes field to enter information about prior acts of sexual abuse, violent offences, and history of prior institutional violence or sexual abuse. Offenders are not disciplined for refusing to respond to these questions. Only a limited classification of staff have access to this program and offenders do not have access.

A list of all 369 offenders received in the past 12 months was provided with the pre-audit materials. All but five of the offenders had their initial screening completed within the 72 hours according to the documentation provided. Most were completed with-in one day. The 30 day follow-ups were completed timely on all but two offenders received in the past six months. Prior to December of 2018, there appeared to be a minor issue with getting the 30 follow-ups completed within the required time frames, however correction to the process have been made and the facility appears to be compliant at this point. All 15 random offender files reviewed contained copies of the initial and follow-up screening form. Only one initial screening form was conducted after the required 72 hours. None of the 30 day follow-up screening forms were outside of the required time frames. According to the documentation provided, there were two offenders whose risk assessments were re done as a result of a PREA investigation.

The intake process was explained to the audit team. Prior to arriving at MCCCW, an offender is placed in a bed based on his case factors (including potential victim or potential predator). Once the offender arrives at MCCCW, her case factors are checked again and she is interviewed to insure that there are no conflicts with the assigned housing. Within 72 hours the case worker interviews the offender and reassesses her in OMNI noting any changes. After day 21 the caseworker re-interviews the offender and re-reviews the case factors to insure that no new information has been received. In each interview the offender is asked about their perceived safety.

Every offender interviewed told the audit team that they were asked the series of questions from the screening form on the day they arrived or the next day. Most of the offenders also stated that they remember being asked those questions again after being here “a couple of weeks”. Five of the twenty-eight offenders interviewed, could not recall being asked about their sexual safety a second time. A list of offender’s arrival dates and dates of evaluations demonstrates compliance with the intake screening in the first 72 hours, however only 90% compliance with the 30 day follow-up screening.

During the corrective action period, MCCCW e-mailed a monthly list of new arrival inmates. They included copies of the follow-up screening form for each of the inmates. All of the inmates that remained at the facility received a second PREA screening within 30 days of arrival. Most of them were rescreened between 14 and 21 days after arrival. MCCCW has demonstrated compliance with this standard.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for

the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

WADOC requires each facility to utilize the data obtained from the OMNI program to place offenders in the proper housing, bed, work, education and program assignment ensuing separation of potential victims and potential predators. Each offender is evaluated on his or her own case factors to ensure their safety.

WADOC Policy 300.380, Classification and Custody Facility Plan Review, requires that committee members will review each offender on the transfer manifest before s/he arrives at the receiving facility. The screening will include, at a minimum: Prison Rape Elimination Assessment (PREA) information per DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments. Any concerns regarding work programs, treatment, education, evidence-based programs, or other activities presented after reviewing the offender's PREA Risk Assessment will be documented in the



Summary/Statement field in the Classification Review section of the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies.

Policy DOC 490.820, Prison Rape Elimination Act Risk Assessments and Assignments, section V and VI, speak to work assignment and housing assignment screening. Before placing the offender in a multi-person cell/room, employees responsible for making housing assignments will review the PREA Risk Assessment identifier to ensure the compatibility of cell/roommates. PREA Risk Assessment information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review.

According to the PMC, offenders are given bed assignments prior to arriving at MCCCW. Offenders that are deemed at risk for potential victimization are not placed in the same dorm as offenders who are deemed to be potential predator. Once the offender arrives, their case factors are reviewed again to ensure that offenders are not housed in unsafe situations. The risk factors are reviewed again when placing the offenders in a program assignments so as to avoid placing potential victims with potential predators.

Per policy each transgender or intersex offender is reviewed for any threats to their safety. WADOC utilizes form DOC 02-384, Protocol for the Housing of Transgender and Intersex Offenders, to evaluate each transgender and intersex offender prior to housing. The DOC 02-384 is a thorough assessment of the offender's case factors and these reviews take into account the offender's own view of their safety. According to the WADOC PC, there have been one trans-women and one trans-male housed in a facility that does not conform with their birth gender in the State of Washington. This was completed after considering all of their case factors, physical and mental health and the offender's request to be housed in a women's/men's facility for their safety.

Every six months each transgender and intersex offender is re-evaluated utilizing form DOC 02-385, Protocol for Housing Review for Transgender and Intersex Offenders. These reviews are a comprehensive assessment of the offender's safety concerns, including the offender's own perceived views of his or her safety. The DOC 02-354 is forwarded to the Deputy Director of Prisons Command for final approval.

According to the Superintendent, there were only two offenders that identified as transgender housed at MCCCW during this audit period. The documentation (DOC 02-384) on the assessments was provided to the audit team.

According to documentation provided by the MCCCW PCM, there are 36 offenders that identify as either bisexual or lesbian housed at MCCCW. These inmates are housed in all of the different house units and are not housed in just one location.

WADOC memorandum, dated August 29, 2019, authored by the Assistant Secretary of Prisons, directs the Superintendents to ensure that LBGTI offenders are not grouped together in a facility based solely on this status. LBGTI offenders are housed in several different units within MCCCW. They are not housed in just one location. The physical

design of the showers at MCCCW allow for every offender to shower separately. While interviewing transgender offenders, they stated that they are reviewed for program concerns twice each year. They also stated that they are frequently asked about their perceived safety.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

### 115.43 (c)

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

### 115.43 (d)

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

### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 490.820, PREA Risk Assessment and Assignment, states that offenders, who score at potential risk for sexual victimization, may be placed in Administrative Segregation if necessary to separate potential victims from potential predators. This placement shall only occur if no alternative housing is available. In the rare case that the offender is in Administrative Segregation for more than 30 days, a review will be conducted every 30 days to determine continued placement. Offenders on this type of placement will have access to programming

and job assignments to the extent possible. When unavailable, the reason and duration will be documented in the offender's electronic file.

According to a memorandum dated June 13, 2019, authored by the Superintendent, MCCCW has not had any offenders placed in involuntary segregation as a result of risk of victimization. The staff that work the Segregation Unit stated that they have not had any offenders placed in segregation for this reason since she has worked there (over two years). However, segregation is the last housing option for either potential victims of sexual abuse, or alleged victims of sexual abuse. She stated that, if an offender were placed in segregation, against her will, for victim concerns, they would be entitled to all program that they could safely be provided. If the offender could safely be placed in a work assignment, they would receive that privilege. All of the program that the offender was granted or denied would be logged into the OMNI system. According to the Segregation Supervisor, the longest that they house offenders in MCCCW's Segregation is two weeks.

At the time of the audit tour, there were no offenders housed in Administrative Segregation.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)

Yes  No  NA

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Report verbally to a staff member, volunteer or contractor;

Send a kite, written note or written statement to any staff;

Send a KIOSK message;

Call the PREA hotline toll free;

Write the Department PREA Coordinator, State Attorney General or the Governor's Office. Legal mail is an acceptable method for this purpose;

Send an Offender Grievance;

Send a report of Prison Rape Elimination Act Allegation form (DOC 21-379).

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

Several of these methods of reporting allow the offender to remain anonymous. When calling the headquarters' PREA Unit, offenders do not need to utilize their IPIN to identify the caller. Additionally if an offender chooses to report utilizing the DOC 21-379, they are not required to give their name.

WADOC has a contract in place with the Colorado Department of Corrections to serve as each other's external reporting entity. If the offender chooses to report to an agency outside of the State of Washington, they complete the DOC 21-379 form. This form is pre-addressed to the Colorado Department of Corrections PREA Unit. Once Colorado receives the form they would then inform Washington State PREA Coordinator, providing enough information so that the allegation can be investigated without violating confidentiality. This contract with Colorado State was initiated in 2014 and, with the amendment, is valid until March 1, 2024. There was one PREA allegation reported to Colorado. It was a duplicate allegation that was already under investigation.

The audit team reviewed the various forms of reporting. The information on how to report is posted in different locations, in various formats throughout MCCCW. The PREA hotline and the Office of Crime Victim Advocacy are posted on the wall above the offender telephones and in all housing units and program areas. The two different phone lines were tested by the audit team. Both phone numbers worked and did not require identification of funds to make the calls. Each housing unit had pre-addressed envelopes for the Colorado PREA Unit in Colorado Springs, with complaint forms.

When the offenders were interviewed, they all knew of at least three ways to report a PREA allegation. When asked if they thought that staff would take a report seriously and follow through they all said "yes".

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

While interviewing staff each employee stated that if they received information about a PREA incident, they would report it immediately to the shift Commander. They would not share the information with any other staff noting that PREA reports are confidential.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

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

#### 115.52 (e)

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

#### 115.52 (f)

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



- Does the initial response document the agency's action(s) 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*)

### Instructions for Overall Compliance Determination Narrative

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

PREA standard 115.52(a) states that an agency is exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. Memorandum dated December 20, 2016, signed by the Secretary of Washington department of Corrections, states that WADOC does not process PREA-related allegations through the offender grievance process.

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

information is available to the offenders in the grievance policy handbook and the offender handbook.

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

A review of the PREA allegation log revealed that MCCCW received two PREA allegations through the grievance process during this audit period.

Even though WADOC is exempt from this standard because it does not process PREA allegations as grievances, the policies and practices that are in place comply with this standard.

The Appeals Coordinator explained the process of screening out PREA appeals to the audit team. Appeal forms are available in each housing unit. An offender can fill out the form and hand it to staff or place it in the appeals box. The box is checked and emptied at a minimum every Tuesday and Wednesday; however he stated that he checks it on every day he is at the facility. He reviews all appeals. If the appeal contains a PREA allegation, or the Appeals Coordinator is unsure if it is a PREA allegation, he reports it to the Shift Commander. If the PREA Unit in Headquarters determines that it is a PREA allegation, the Superintendent is notified and investigation is initiated. If the PREA Unit deems that the appeal is not reporting a PREA allegation, it is returned to the appeals coordinator to handle through the normal appeals channel.

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

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

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.53 (b)**

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

WADOC has entered a contract with the Washington State Office of Crime Victims Advocacy (OCVA). A contract extension was recently signed, extending the contract until June 30, 2021. When an Offender wishes to speak to a victim advocate, the offender calls the toll free number and the OCVA directs the call to the Rape Crisis Center designated to work with that particular facility. MCCCW is partnered with Kitsap Sexual Assault Center (KSAC). After the initial consultation, KSAC will work with the offender so that the victim advocate will be available at a pre-determined time to receive follow-up phone calls from the offender. If needed, arrangements would be made with the facility to provide on-site support for the offender. Offenders are also provided a list of community rape crisis centers throughout the State of Washington in the event that they wish to seek these services when they are released from WADOC. All of the information is provided in both English and Spanish.

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

The Executive Director of KSAC was interviewed telephonically. She stated that KSAC has a great working relationship with MCCCW and WADOC. Even though victim advocate services have not been requested in the past year, KSAC and MCCCW have open communication and hold meetings

periodically do discuss any issues. The advocates are required to attend a 40 hour training course upon initially being hired and then take annual training each year thereafter. She stated that confidentiality is maintained per law. The only time that confidentiality would be breached is if the victim signs a release, there is a court order ordering its release or there is an imminent risk of harm to self or others. Currently KSAC has three victim advocates cleared to respond to MCCCW and is in the process of clearing two others.

Even though the information about the OCVA is posted throughout the facility and provided in the offender's hand books, several of the offenders were not aware of the program. When asked further about the posters, a couple of them admitted that they never paid attention, while others stated that if they needed it, they were sure they could find it. This was addressed at the exit interview with the Administrative Staff at MCCCW, and the audit team recommended that the services of the OCVA should be addressed in more detail during orientation.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.800, PREA Prevention and Reporting, assigns responsibility to the PREA Coordinator for ensuring that the WADOC website is current with information on how friends and families can report sexual abuse and sexual harassment. The PCM is responsible to ensure that posters are viewable by visitors and the public providing information on how to report an allegation of sexual abuse or sexual harassment. WADOC provides information on its web-site on how family, friends or visitors can report sexual abuse or sexual harassment on

behalf of an offender. The information is also posted in the visiting room. Staff are required to forward any allegation of sexual abuse and sexual harassment to their supervisor upon receiving the information.

During the audit tour, posters and visitor handbooks relative to PREA were visible in the visiting room. Additionally the WADOC website has information on how to report a PREA allegation on behalf of an offender.

Ten of the fifteen offenders interviewed knew that they could report a PREA to a third party. The shift commander stated that third party reports are forwarded to the PREA Unit the same as any other allegation, regardless of how it is received. The investigator stated that they would treat a third party report as any other allegation.

A review of the completed investigations revealed that two PREA investigations were initiated as a result of third party reporting.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

##### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

##### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

##### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  
 Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.850, PREA Response, section I, requires that staff immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. All staff receive this information during their annual training. Contractor and volunteers also receive this training via the PREA brochure.

Information related to allegations or incidents of sexual misconduct is confidential and will only be disclosed when necessary for treatment, investigation, and other security and management decisions. Policy DOC 490.850, PREA Response, states "Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when

necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action”.

DOC 490.850 requires that medical or mental health staff must disclose the limits to confidentiality to an offender who displays signs of sexual misconduct or discloses sexual misconduct that occurred in a correctional setting. The offenders are informed of this during reception center processing and the information is posted in the Health Services area.

Policy DOC 350.550, Reporting Abuse and Neglect/ Mandatory Reporting, states that The Department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitation, or neglect involving vulnerable adults to the appropriate authority. Information regarding abuse and neglect must be immediately reported to the appropriate authority. The appropriate authority is provided as the Washington State Department of Children, Youths and Families, the Adult Protective Services or local law enforcement. This includes sexual abuse or sexual harassment of a juvenile offender or an offender who has been deemed by the Department to be a vulnerable adult.

MCCCW has not had any juveniles housed at their facility during the past year. There have been two offenders that were classified as vulnerable adults housed at MCCCW during this audit period, however neither offender made a PREA allegation.

All allegations of sexual abuse or sexual harassment at MCCCW are reported to the Shift Commander. The Shift Commander enters the information into the Incident Management Reporting System (IMRS). Once in IMRS an email is forwarded to the PREA Coordinator. The PREA Coordinator, or designee, reviews the allegation to determine if it falls under the definition of PREA. If it does, the investigation is assigned to the appropriate Appointing Authority.

Every staff member that the audit team interviewed knew the importance of reporting any PREA allegation to the Shift Commander. All of them said they would report it immediately. When the issue of maintaining confidentiality was discussed all of the staff stated that they would not share the information with anyone other than staff who had a need to know.

The medical staff interviewed stated that they disclose the limits of confidentiality to offenders during exams or sessions. They understood what the law requires them to report as “mandatory reporters” and when they were required to obtain informed consent. The limits to confidentiality were posted on the billboards in the medical area.

## **Standard 115.62: Agency protection duties**

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

#### **115.62 (a)**

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.850, PREA Response, section V, states that upon receipt of an allegation of offender-on –offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses. The accused may be placed in restrictive housing. Placement decisions will be based on the seriousness of the allegation. Least restrictive housing should be considered. In the event that the allegation involves staff sexual misconduct, the one-on-one contact between the accused and alleged victim is prohibited while the allegation is investigated. The Appointing Authority can redirect or modify the duties of the staff member during the investigation. If the accused is a contract staff or volunteer, the Appointing Authority may restrict their entrance into the institution until the conclusion of the investigation.

WADOC also has a policy to monitor all offenders that are deemed victim likely or predator likely during the PREA Risk Assessment Screening or offenders identifies as transgender or intersex. Policy DOC 490.820, Prison Rape Elimination Act Risk Assessments and Assignments, directs staff to create a monitoring plan meet with the offender on a regular bases to insure that they are not experiencing any sexually motivated interactions. Additionally the housing unit staff are notified to be aware of any sudden change in behavior and the offender is encouraged to meet regularly with mental health. The monitoring plan is documented in the offender's electronic file and reviewed during Facility Risk Management Team Meetings. Victim likely, transgender and intersex offenders are not the only offenders that are monitored. If staff preserve that an offender has difficulty adjusting to incarceration, or has mental health or medical concerns, these offenders would also be monitored. With such a diverse population being monitored, the victim likely offenders are not singled out.

The Superintendent and the Shift Commander both explained to the audit team the steps that the facility takes when they receive information that an offender is in imminent risk of sexual



assault. They would separate the potential victim from the potential predator (if known) by completing a housing assignment change. They would interview the potential victim in regards to their own perceived safety and they would investigate the claim. Every staff member interviewed stated that, if they received information that an offender was in imminent risk of sexual abuse, they would separate the offender and notify shift command.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.850, PREA Response, requires that the Appointing Authority notify the appropriate Appointment Authority or facility administrator within 72 hours of receipt of an allegation when an alleged incident occurred within another Department or another jurisdiction or involves a staff who reports through another Appointing Authority.

MCCCW reported eight cases during the audit period when offenders reported a sexual assault to MCCCW staff that allegedly occurred at another facility. Six of the cases that were reported to MCCCW staff occurred in the county jail. Copies of e-mails provided to the audit team, show that the Superintendent contacts the commander of the respective jails. All of the examples provided demonstrated compliance with the 72 hour time frame. Because the PREA Coordinator assigns the investigations to WADOC facilities, the allegations that happened within the WADOC are reported to the Appointing Authority by the PREA Coordinator. Both of the allegations that were received at MCCCW, that took place at a different WADOC facility were reported to the Superintendent of that facility within 72 hours.

Any allegations received by MCCCW from another facility are handled in the same manner as any PREA allocation. According to the Superintendent, they did not receive any PREA allegations from other facilities or agencies during this audit period.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.850, PREA Response, address how each facility shall respond to an allegation of sexual assault. Each institution is required to establish a response team consisting of a sergeant, investigator, medical staff, mental health staff and other classifications as necessary. This policy includes a checklist for the Shift Commander to follow. This checklist includes:

Separating the victim from the suspect;

Preserving the crime scene for evidence and;

Requesting the victim and ensure the accused do not destroy any evidence by washing, toileting, changing clothes, eating, drinking, or smoking.

Each employee is provided with a First Response Pocket Guide that gives direction on how to respond effectively to emergencies. Even though this guide is not specific to PREA, it does follow the same general guideline of responding to emergencies.

The PREA training that all staff, volunteers and contractors receive, identifies any staff, volunteer or contractor, whoever receives the information first, as first responders. As a first responder, these employees are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the suspect, remove uninvolved offenders and relay observations.

During an interview with the shift commander, he was able to tell this auditor, step by step, how MCCCW responds to a PREA incident. All of the staff, volunteers, and contractors knew to separate the suspect and victim, preserve the crime scene and other physical evidence, seek medical aid (if needed) and report the incident. Most of the staff stated that they would not let the suspects or victims destroy usable evidence by showering, brushing their teeth, or going to the bathroom. However when asked to what extent they would prevent the victim from doing this, they stated that if the victim insisted on performing any of these functions, the staff said they would probably ask the victim not to do any of these things and explain why.

Twenty four of the twenty six offenders interviewed stated that they feel very comfortable reporting a PREA incident to staff and they believe staff would take the allegation seriously and respond appropriately. The two offenders that did not feel comfortable reporting to staff stated that they do not trust staff and do not think that WADOC is concerned about their safety or rights.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.850, PREA Response, address how each facility shall respond to an allegation of sexual assault. Each institution is required to establish a response team consisting of a sergeant, investigator, medical staff, mental health staff and other classifications as necessary. This policy includes a checklist for the Shift Commander to follow.

As mentioned in Standard 115.64, the shift commander was able to tell this auditor, step by step, how MCCCW responds to a PREA incident. In addition to the policy and check list, the Shift Commander has contact information for managers who play a more significant role in the response to PREA so that they can be reached at any time of day. All of the staff, volunteers, and contractors knew what their specific role was when responding to a PREA incident.

The first staff to receive the information or come upon the scene notifies the Shift Commander. That staff member separates the suspect and victim and waits for back-up staff. The crime scene is secured and, if it is a criminal offence, the Mason County Sherriff is called to process

the scene. If the Sheriff is unavailable trained WADOC staff process the crime scene. The victim and suspect are taken to the clinic for emergency medical care. The victim is transported to Harrison Medical Center for a forensic exam, if appropriate. If the suspect also requires a forensic exam, s/he is transferred in a separate vehicle from the victim. Upon return to the facility, medical staff review the doctors notes and provide appropriate treatment. This includes STI and pregnancy treatments, as prescribed. The victim is then evaluated by a mental health clinician. At no time during the process are the victim and suspect allowed to be within sight or sound of each other. This entire process is monitored by the Superintendent or the on call administrator.

## **Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

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

### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

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

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

A review of the Collective Bargaining Agreements provide to this auditor demonstrate compliance with this standard. Management does have the right to separate the offender from a staff member who is the subject of an investigation either by temporarily reassigning the

employee, redirecting the employee or restricting that employee from grounds during the investigation.

The Correctional Officers employed by Washington State are represented by the Teamsters Union. Section 8.4 of the Teamsters Union Contract states, “An employee accused of misconduct will not be removed from his/her existing work assignment unless there is a safety/security concern, including security issues due to any allegation that involves a conflict between staff.”

Section 3.10 of the Washington Federation of State Employees Bargaining Unit Agreement states, “Nothing in this Article will preclude management from reassigning an employee from their bid position to another position on a different shift or to a position with different days off, provided the employee is notified, in writing, of the reason(s) for the reassignment. A copy of the notice will be sent to the Union.”

Section 27.6 of the agreement states, “An employee placed on an alternate assignment during an investigation will be informed of the general reason(s) for the alternative assignment, unless it would compromise the integrity of the investigation, and will not be prohibited from contacting their union steward unless there is a conflict of interest, in which case the employee may contact another union steward. This does not preclude the Employer from restricting an employee’s access to agency premises. Upon completion of the investigation process(es), the employee will be notified.”

During the audit interview, the Superintendent explained when and how employees may be removed from specific posts or prohibited from coming on grounds. Depending on the nature of the allegation, an employee will be moved from their post to separate the alleged victim from the alleged suspect during the investigation. If there appears to be retaliation or the allegation is more serious, the employee may be restricted from grounds until the completion of the 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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 490.860, PREA Investigation, section II, explains the WADOC retaliation prevention policy. The policy prohibits retaliation against any individual for opposing or reporting sexual misconduct or participating in an investigation. Individuals may be subject to disciplinary actions if found to have engaged in retaliation, failed to report such activities, or failed to take immediate steps to prevent retaliation. Staff and offenders who cooperate with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority will take appropriate measures to address the concerns

The Appointing Authority at the facility where the victim is housed will notify the PCM that monitoring is required. The PCM will ensure alleged victims and offender reporters are monitored and meet with at least monthly. Retaliation against employees is monitored by the Human Resource Manager at the direction of the Appointing Authority. While monitoring, the PCM looks for housing unit/job changes, negative performance reviews or disciplinary reports. The monitoring is conducted for at least 90 days unless the Appointing Authority determines that the monitoring period should be extended.



The PCM documents the monitoring of offenders on a form DOC 03-503, PREA Monthly Monitoring Report, and forwards that to the Appointing Authority. During this audit period, MCCCW had one case investigated as a result of alleged retaliation.

MCCCW PCM conducts the retaliation prevention monitoring. She interviews the alleged victim ever 30 days over a period of 90 days. If retaliation is suspected, or circumstances dictate, the monitoring period can be extended. She maintains a spread sheet that contains the dates that she interviewed the offender, what the offender said in those interviews and the date and results of the investigation. Offenders that were interviewed, that were subject to retaliation monitoring, acknowledged that they had spoken with staff responsible for monitoring during the 90 period after reporting a PREA incident.

There were no staff monitored for retaliation during this audit period, however the PCM stated that she is responsible for retaliation monitoring of staff also.

During the interview with the PCM, she stated that she reviews the offender's file for disciplinary action received, bed moves or job changes. Unfortunately these reviews are not noted in the spread sheet that the PCM maintains.

During the corrective action period, the PCM provided copies of the retaliation monitoring tracking forms as she was monitoring offenders who had made PREA allegations. The monitoring notes were very detailed about what she discussed with the inmates and what documents she reviewed to determine if retaliation was occurring. Based on the documentation provided, MCCCW is compliant with this standard.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

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

According to the Superintendent, MCCCW has not had any offenders placed in involuntary segregation as a result of reporting a sexual assault. The Administrative Segregation Sergeant stated that she does not recall any offenders placed in Ad-Seg solely due to suffering a sexual assault. The restrictions to program imposed on the offender would be documented in her file. Staff informed me that the longest the offender would have to stay, before transfer to another facility would be about a week.

At the time of the audit tour, all four Administrative Segregation Cells were empty. While reviewing the PREA allegations, there were no indicators that any offenders were involuntarily placed in segregation as a result of being a victim of a sexual assault.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.860, PREA Investigations, section I, requires that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. Allegations may be referred to law enforcement agencies for criminal investigation.

When a staff member, contractor or volunteer receives information that a PREA violation has occurred they are required to report the incident to their supervisor, the PCM or the Appointing Authority immediately. The Shift Commander completes a PREA report in Incident Management Reporting System (IMRS). The PREA unit in Headquarters monitors the IMRS. They review all PREA allegations to determine if it meets the prima facie of PREA. If it is

determined to be a PREA case; the case is assigned a log number and returned to the Appointing Authority to assign an investigator. If the allegation is criminal in nature, the Mason County Sherriff's Office is contacted and they conduct the criminal investigation.

Staff investigating PREA allegations will be trained in: Crime scene management, including evidence collection; Confidentiality; Maranda and Garrity warnings; Crisis intervention; Investigating sexual misconduct; Techniques for interviewing victims of sexual misconduct and; Criteria and evidence required to substantiate administrative action or prosecution referral. Training records were reviewed during the tour of the facility. All nine local investigators have completed all of the required courses.

Investigators are trained to follow the evidence protocol as called out by Policy DOC 420.375, Contraband and Evidence Handling. A review of the investigations conducted during this audit period demonstrates compliance with the evidence collection procedure. The investigators saved and reviewed all relevant electronic surveillance available, and any physical evidence. They conducted interviews of the alleged victim, alleged suspect and any potential witnesses (even if the victim did not name the witness). The reports included file reviews of the alleged suspect. During the interviews the investigators were able to articulate the evidentiary process that they follow while conducting an investigation. Most of the cases reviewed were based on circumstantial evidence, however if there was any physical evidence to collect it was done according to policy.

A review of the 11 of the 21 PREA cases investigated during the audit period demonstrates that all incidents reported were investigated promptly, thoroughly and objectively. Of the 21 allegations received, two were received through the grievance process, four were received on the PREA hotline, one was received via the Colorado PREA Unit, one reported anonymously and the rest were received via a verbal report to staff. Four of the allegations were determined not to be a PREA incident by the PREA unit, three are still under investigation, five were unfounded, eight were unsubstantiated, and two were substantiated. Five were categorized as staff sexual misconduct, six were Offender-on-Offender sexual abuse, six were Offender-on-Offender sexual harassment and, again, four were deemed to not be PREA.

Policy requires that the potential criminal cases be referred to the Mason County Sherriff's Office or the Washington State Police. WADOC investigators only conduct compelled interviews if the District Attorney has declined prosecution. Once the case is referred to the local law enforcement agency, that agency determines if the case will be referred for prosecution. There were no cases were referred to the local law enforcement agency for investigation during the audit period even though some of them appeared criminal in nature (i.e. an allegation that a staff member was touching offenders in a sexual nature).

The investigation will be completed even if the offender is no longer under the jurisdiction of the Department or the accused staff is no longer employed by the Department.

WADOC policy does not allow the use of a polygraph on alleged victims, reporters or witnesses in PREA investigations. Both the Superintendent and the investigators informed the audit team that MCCCW does not use any form of polygraph or voice stress analysis on victims, reporters or witnesses during interviews. While reviewing the cases, the audit team

did not see any indication that one individual's testimony was given more credibility than another. All of the staff involved in the investigation process, which were interviewed, claimed that each individual's testimony is weighed on its own merit.

The investigations included all physical evidence, testimony, reasoning behind credibility assessments and investigative facts and findings. All administrative investigations are forwarded to the Appointing Authority who will make a determination if the staff actions of failure to act contributed to the abuse. The Appointing Authority then makes a determination of unfounded, unsubstantiated or substantiated. Once a case is closed all cases are discussed in the PREA Committee to evaluate policy, procedure, staff actions, investigative practices and other prevention and response concerns. The Administrative Investigations did not include an assessment on whether staffs actions or inactions may have contributed to the PREA incident.

Office of the Secretary of State, Washington State Achieves, Record Retention Schedule requires all PREA investigation documents be retained 50 years after the close of the investigation. A memorandum dated Mach 29, 2017, signed by the Deputy Secretary WADOC, states that "If a review of the investigatory records reveals that the accused individual does not meet the 5-year requirement outlined above (PREA standard 115.71 i), the records will be maintained until this requirement is meet, even if it exceeds the 50 year retention time frame."

WADOC policy requires that investigations are completed thoroughly even if the victim or suspect (offender or staff member) is no longer with WADOC. The Superintendent confirmed that this is the practice at MCCCW.

Four of the PREA investigation cases reviewed for this audit contained allegations of criminal conduct. Even though, in this auditor's opinion, the institution conducted an adequate investigation, based on PREA standards and WADOC policy, the cases should have been referred to the local law enforcement agency. Additionally none of the investigations that MCCCW investigator conducted, addressed whether or not staffs actions, or inactions, contributed to the sexual abuse.

During the corrective action period, all completed investigations were forwarded to this auditor for review. On November 22, 2019, MCCCW and Mason County Sherriff's Office (MCSO) agreed that, when a potential criminal PREA is alleged, MCCCW would forward the case to MCSO for review. If MCSO does not respond within eight days, MCCCW could assume that the MCSO was not interested in investigating the case and MCCCW would continue the investigation administratively. Both of the potential criminal cases reviewed from the corrective action period were forwarded to the MCSO. None of the cases were considered sever enough to warrant criminal investigation. As a result of this audit, WADOC changed the PREA Investigation Check List that is completed by the Superintendent. This new check list includes a section to address whether or not staff's actions or inactions contributed to the incident. All of the cases reviewed from the corrective action period addressed whether staff's actions or inactions contributed to the PREA incident. MCCCW demonstrated compliance with this standard.

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.860, PREA Investigation, requires the Appointing Authority to determine if the allegation is substantiated, unsubstantiated, or unfounded. Substantiation is based on a preponderance of evidence.

The training that all Appointing Authorities attend teaches that substantiation is 51% sure that the event occurred. The Appointing Authority is the individual charged with determining the conclusion of the investigation. During his interview the Superintendent stated that he uses the standard of preponderance of evidence to determine if a case is substantiated. During the review of the investigations, the audit team concurred with the conclusions of the investigations, based on the information provided.

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.73 (f)

- Auditor is not required to audit this provision.



## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.860, PREA Investigations, requires that the alleged victim will be informed in person, in a confidential manner, of the results of the investigation (substantiated, unsubstantiated or unfounded). If the allegation was investigated by the local law enforcement agency, the results of the investigation will be retained with the PREA case file and the offender will be notified of these results. In the event that the case was substantiated or unsubstantiated, and involves a staff member, the alleged victim will be notified if the accused staff member is no longer assigned to the unit, works at the same facility or the Department learns that the accused has been indicted on, or convicted of, staff sexual misconduct within the facility. In the event that the case was substantiated or unsubstantiated, and the suspect is an offender, the alleged victim will be notified if the Department learns that the accused has been indicted on, or convicted of, sexual misconduct within the facility.

Once the Superintendent determines the result of the investigation, he notifies the Supervising Counselor who then informs the offender. This is documented in the investigative file. In all 11 investigations reviewed during the audit there was proof that the offender was notified of the outcome of the investigation. The notices complied with the standard requirements.

# DISCIPLINE

## Standard 115.76: Disciplinary sanctions for staff

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

### 115.76 (a)

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

### 115.76 (b)

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

### 115.76 (c)

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

### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Washington State Human Resources policies state that the Secretary shall immediately institute proceedings to terminate the employment of any persons who is found to have had sexual intercourse or sexual contact with an inmate or pled guilty or convicted on a sex crime where the victim was an inmate.

Per policy 490.800, Prison Rape Elimination Act Preventing and Reporting, the Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate. In the event that the employee resigns prior to the completion of the investigation, the investigation is continued. If the nature of the staff sexual misconduct is criminal in nature, the case is forwarded to the local law enforcement agency to conduct the investigation.

MCCCW has not had any cases substantiated against an employee for sexual harassment/sexual abuse during this audit period.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.860, PREA Investigations, requires any substantiated PREA allegation that is criminal in nature be referred to law enforcement and any applicable licensing board. Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with offenders. For any other violations of Departmental PREA policies, appropriate actions will be taken.

The Superintendent confirmed that he would not allow a contractor or volunteer on ground if they had committed a sexual assault. During this audit period there were no substantiated investigations involving a contractor or volunteer according to the memorandum dated June 27, 2019, authored by the Superintendent of MCCCW.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 460.000, Disciplinary Process for Prisons, sets the due process requirements for offender disciplinary hearings. This includes a right to have copies of all non-confidential

documents, a notice of when the hearing will be held, a right to call witnesses, a right to be present at the hearing, a right to written results of the hearing and a right to appeal. These are the same policies for all disciplinary hearings including offender-on-offender sexual abuse.

In the event that the offender is found guilty of a disciplinary violation, the Disciplinary Hearing Officer (DHO) will determine the appropriate sanctions based on the Departmental guidelines. When determining sanctions, the DHO may consider factors in mitigation or aggravations based on the offender's mental health status, prior conduct or overall prison adjustment. An offender that is found guilty of committing sexual abuse/assault/harassment against an offender may be sanctioned to a multidisciplinary review for consideration of available interventions (e.g. Mental Health Therapy, Sex Offender Treatment Program, and Anger Management).

Offenders can be disciplined for filing a false PREA allegation; however there must be proof of malicious intent. Offenders are subject to disciplinary action for consensual sexual behavior. WADOC does not consider this a PREA incident.

MCCCW had two substantiated PREA investigation involving inmate-on-inmate behavior. In both cases the offending offender paroled prior to the conclusion of the investigation. For this reason, no disciplinary actions were taken.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.820, PREA Risk Assessment and Assignment, requires that, at the time of the PREA Risk Assessment, the Classification Counselor complete a referral for mental health services if the screening indicates that the offender has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institution or in the community. The referring employee will ask the offender if they wish to meet with a mental health provider. Policy DOC 630.500, Mental Health Services, require that offenders be seen within 14 days of referral.

When an offender arrives at MCCCW, they are screened for sexual victimization and sexual predatory concerns. If, during the screening, the offender indicates that they have experienced prior sexual victimization, or previously perpetrated sexual abuse, the staff conducting the screening completes a Mental Health Referral form (DOC 13-509). If the offender declines the offer to meet with a Mental Health Clinician, this refusal is documented and the DOC 13-509 is placed in the offender's file. If the offender wishes to see a Mental Health Clinician, the DOC 13-509 is forwarded to the Mental Health Department. An appointment with Mental Health is scheduled to meet with the offender within 14 days of arrival at MCCCW.

MCCCW informed the audit team that there were inconsistencies in the referrals for mental health review prior to December of 2018. Noting that the facility had already identified this deficiency, the audit team decided to review documentation completed after December of 2018. This auditor reviewed 14 medical records for offenders who claimed to be a victim of sexual abuse prior to incarceration. Only two were not seen within 14 days. Most were seen within two or three days. During the interviews with offenders that had claimed to be victims of sexual abuse or perpetrated sexual abuse, they stated that they were offered a mental health appointment.

MCCCW is a camp and does not house known sex offenders. They did not have any cases where the offender claimed to have perpetrated a sexual offense during screening.

WADOC Health Records Guidelines require that confidentiality be maintained by Health Care staff. The only information that shall be disclosed is the information determined to be essential for management of the offender's health and safety. Medical and Mental Health providers are required to gain informed consent prior to reporting any sexual abuse that occurred outside of an institutional setting. Interviews with medical staff confirmed this practice was in place.

## **Standard 115.82: Access to emergency medical and mental health services**

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

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No



### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

WADOC policy DOC 490-850, Prison Rape Elimination Act Response, section III, requires that victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental health care. The response to a PREA allegation is designed so that offenders are seen by emergency medical staff before being transferred out to the hospital for a forensic exam. In non-emergency cases, the medical/mental health staff must assess the victim within 24 hours. Prior to being transported for the SAFE/SANE exam, the clinician will provide the offender with information on post-exposure prophylaxis for sexually transmitted infections.

Medical and mental health staff stated that they provide emergency medical treatment when necessary on PREA incidents. If the offender is sent to be seen by the SAFE/SANE nurse at Harrison Medical Center, the mental health clinician sees them within 24 hours of their return. If they do not go out for a forensic exam the offenders are seen within 24 hour of the reported incident. In each of the sexual assault investigations reviewed by the audit team, the victim was offered a mental health assessment according to the documentation that was included in the report. None of the allegations required medical attention.

Policy DOC 600.000, Health Services Management, states that all medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided

at no cost to the offender. According to the medical staff interviewed, they do not charge victims of sexual assault for medical treatment or after care.

According to a memorandum signed by the Superintendent dated June 6, 2019, MCCCW has not had any aggravated sexual assault cases reported during this audit period. None of the investigations reviewed involved the exchange of bodily fluids or physical restraint of the victim therefor a SAFE/SANE exam was not required.

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

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

### 115.83 (a)

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

### 115.83 (b)

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

### 115.83 (c)

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

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 610.025, Health Services of Offenders in Cases of Alleged Sexual Misconduct, requires the facility to transfer the alleged victim to the designated health care facility within 2 hours when an offender makes an allegation of sexual assault within 120 hours of the alleged assault occurring. The offender is offered a mental health appointment and, unless the offender declines, will be seen by mental health within one business day. Policy requires immediate access to mental health services if the offender is in crisis. Once evaluated a treatment plan is put in place. This treatment plan may include individual/group therapy, referral to medical/mental health specialists, medication or outside medical/mental health treatment. The offender's file is transferred from facility to facility so that the treatment plan can be continued at the next institution.

When an offender is received at MCCCW, and claims prior victimization, she is offered a mental health evaluation. If the offender accepts the offer, she is evaluated by mental health within 14 days of arrival as spoken to in standard 115.81. If, during the initial evaluation, follow-up therapy or counseling is indicated a treatment plan is established. If the offender's medical file indicates that she was already under a treatment plan, that plan is continued at MCCCW. Any medical treatment that the offender was receiving prior to arrival at MCCCW is continued.

During the tour of the healthcare unit at MCCCW the auditor noted how clean and well-staffed the facility was. The unit has sufficient resources to handle basic medical needs. In the event that the offender needs more advanced medical care, she is transferred to Harrison Medical Center.

Policy DOC 610-025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, follow-up appointments with a health care practitioner and mental health professional will be offered within a clinically appropriate timeframe to:

- Offer pregnancy testing and other lawful pregnancy-related medical services, if applicable;

- Testing for and treatment of sexually transmitted Infections;

- Need for post-exposure prophylaxis for sexually transmitted infections;

- And need for pregnancy prevention, if applicable.

Part of the medical response plan for PREA victims is to offer the offender tests for sexually transmitted infections. All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender while housed in a Department or contracted facility.

Policy DOC 610-025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, requires Mental health professionals will attempt to conduct a mental health evaluation within 60 days of receiving the information for all offenders who have been identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions unless one has already been conducted for the specific allegation. MCCCW had one substantiated Sexual Abuse incident. The Suspect paroled prior to the completion of the investigation and was not seen by Mental Health.

# DATA COLLECTION AND REVIEW

## Standard 115.86: Sexual abuse incident reviews

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

### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.860, PREA Investigation, section III, states that for each substantiated or unsubstantiated finding of offender-on-offender sexual assault and staff sexual misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case. The committee will meet every 30 days or as needed. The committee will consist of facility managers, supervisors, investigators and medical/mental health practitioners. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.

At MCCCW the PREA review Committee is held at the direction of the Superintendent or PCM at the conclusion of the investigation. The committee can be comprised of the Superintendent, the PCM, Unit Supervisors, Correctional Counselor 3, Registered Nurse Practitioner, Psychologist, Lieutenant or PREA investigator. The committee discusses the case and documents their discussion on the form DOC 02-383. The Superintendent signs the form at the conclusion of the committee.

The Local PREA Investigation Review Checklist, (form DOC 02-383) includes the questions:

As a result of the investigation, is a change in policy or local procedure indicated;

Was the incident motivated by race, sexual orientation, transgender or intersex statuses, gang affiliation or other group dynamic;

Did physical barriers or other physical plant layout enable the abuse;

Did the incident take place in an area subject to video monitoring;

Were the Department approved staffing models followed and;

Was monitoring technology available/adequate?

Of the 21 PREA cases reported at MCCCW during this audit period, only two required committee review. The committee notes were provided to this auditor. Both of the cases were completed within 30 days of the conclusion of the investigation. The committees were comprised of the Superintendent, the PCM (a certified investigator), a supervisor and a representative from medical. The form 02-383 was completed thoroughly and addressed the relevant issues. During the interviews, both the Superintendent and the PCM explained the process completely demonstrating their competence in the subject.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

WADOC policies set standard definitions utilized in PREA reports, investigations and documentation. The policies also include an Investigation Report Template that is a standardized instrument for investigations utilized throughout WADOC.

WADOC has established a PREA allegation and case database within the Offender Management Network Information (OMNI) system. This system allows for a standardized collection of data. The data collected in OMNI is sufficient to complete the Department of Justice Survey of Sexual Victimization, SSV-II forms. The information collected includes victim information, suspect information, investigative data, source of information, when it occurred and was reported, the outcome of the investigation and other relevant information.

The PREA Unit at Washington Department of Corrections reviews all PREA allegations when they are initially reported. The SSV-II is completed by a member of this unit and it is maintained in the PREA units records.

The PREA Coordinator collects the data annually from all WADOC facilities and contracted facilities and compile an annual report. The collected data is analyzed to identify factors contributing to sexual misconduct in Department Facilities and offices. In 2018, DOJ requested the 2017 PREA report information from WADOC. This information was provided as requested.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No



- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
 Yes    No
  
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes    No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes    No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes    No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes    No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy DOC 490.860, PREA Investigations, requires the PREA Coordinator to generate an annual report of findings. This report includes an analysis of PREA prevention and response for the Department and each facility, including high-level summary information and detained facility data analysis. The report also includes findings and corrective action at the facility and Departmental levels.

The PREA Coordinator completes an assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective action from previous years. The Secretary of Corrections approves the report.

This auditor reviewed the WADOC website and was able to easily find the annual PREA report at [www.doc.wa.gov/orrections/prea/resources/reports](http://www.doc.wa.gov/orrections/prea/resources/reports). The report contains a thorough analysis of the PREA data collected during the previous year. It contains comparisons for each year since 2013. The report addresses what the actions the Department is currently doing to reduce sexual assault/harassment in their penal system. There is a report of findings and corrective actions for each facility under the jurisdiction of WADOC. The report does not contain any personal identifiers or confidential information.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

WADOC maintains the PREA reporting data in the OMNI system. The access to the data in this system is limited to staff who have a need to know. Access to the system is reviewed by the Emergency Operations Administrator to insure the integrity of the system. The PREA report is completed annually in accordance to PREA standard 115.88.

This report is posted on the WADOC website and can be found at [www.doc.wa.gov/corrections/prea/resources/reports](http://www.doc.wa.gov/corrections/prea/resources/reports). This site contains all of the Annual PREA Reports since 2013. A review of the report posted on the website confirms that all personal identifiers were removed prior to posting.

Office of the Secretary of State for the State Washington Record Retention Schedule requires that all PREA investigations be retained 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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)  Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The WADOC website contains the results of all of the PREA audits conducted since 2014. A review of these audits appears to show that all of the facilities operated by WADOC are audited every three years. A list of facilities and when the PREA audits were conducted was provided to the auditors by WADOC. The list includes 24 facilities that are currently open. Seven of the facilities are audited the first year, eight on the second year and nine on the third year of a three year cycle.

During this audit, the auditor had access to, and toured, the entire facility. This auditor had access to every inmate, staff member, volunteer and contractor that this auditor requested to interview. The interviews were all conducted in the privacy of a staff office either in person or telephonically. Each document that was requested was received, including sensitive documents, such as investigation reports, personnel information and inmate files. Inmates were allowed to send confidential

correspondence to this auditor, if they wished. There were no letters received from inmates prior to the audit.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency 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*)

#### Instructions for Overall Compliance Determination Narrative

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

The WADOC website contains a copy of the previous audit conducted at MCCCW. The audit was completed on April 28, 2017, and was posted on the website on May 1, 2017.

# 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.

John Katavich

March 10, 2020

**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.