

**FINAL AUDIT REPORT:  
MONROE CORRECTIONAL COMPLEX**

**PREA AUDIT: AUDITOR'S SUMMARY REPORT  
ADULT PRISONS & JAILS**



<b>Auditor Information</b>	
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Telephone number:	808-587-1415
Date of facility visit:	June 12, 2016 to June 17, 2016
<b>Facility Information</b>	
Facility Name:	Monroe Correctional Complex
Facility Physical Address:	16550 177 <sup>th</sup> Avenue SE, Monroe, WA 98272
Facility Mailing Address:	PO BOX 777 Monroe, WA 98272
Facility Telephone Number:	360-794-2600
<b>The Facility is:</b> <input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private not for profit	
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
Name of Facility's Chief Executive Officer:	Michael Obenland - Superintendent
Number of staff assigned to the facility in the last 12 months:	1192
Designed facility capacity:	2600
Current population of facility:	2455
Facility security levels / inmate custody levels:	Minimum to Maximum
Age range of the population:	18-87 years
Name of PREA Compliance Manager:	Eric Jackson                                      Title: Associate Superintendent
E-Mail Address:	eljackson@doc1.WA.gov                                      Phone Number: 360-79-2852
<b>Agency Information</b>	
Name of agency:	Washington State Department of Corrections
Governing authority or parent agency: (if applicable)	N/A
Physical address:	7345 Linderson Way SW Tumwater, WA 98511
Mailing address: (if different from above)	PO BOX 41100 Mail Stop 41100 Olympia, WA 98504
Telephone Number:	360-725-8213
<b>Agency Chief Executive Officer</b>	
Name:	Richard (Dick) Morgan                                      Title: Secretary
E-Mail Address:	rlmorgan@doc1.WA.gov                                      Telephone Number: 360-725-8810
<b>Agency-Wide PREA Coordinator</b>	
Name:	Beth Schubach                                      Title: PREA Coordinator
E-Mail Address:	blschubach1@doc1.WA.gov                                      Telephone Number: 360-725-8789

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## **NARRATIVE:**

A PREA Audit was conducted at the Monroe Correctional Complex (MCC) on June 12, 2016 to June 17, 2016. Cheyenne Evans was the certified DOJ PREA auditor and the support staff consisted of Gail Mirkovich, Kelcie Maka'ike and Joanna-Jacklyn White.

A tentative agenda had been generated in advance and slight modification did occur during the audit. During and after the facility tour, the PREA Audit Team was able to interview both the Correctional Staff and inmates. Custody staff hours were from 0600-1400 hours, 1400-2200 hours and 2200-0600 hours. Other non-security staffing report at normal business hours, which is staggered in between the watches.

MCC is a prison complex with five (5) separate housing units within the property and there is one administrative management team overseeing MCC. The housing units are: Twin River Unit (TRU), Minimum Security Unit (MSU), Special Offender Unit (SOU), Intensive Management Unit (IMU) and the Washington State Reformatory Unit (WSRU). The pre-audit questionnaire and documents that were provided prior to the on-site audit was reviewed. MCC provided photo to document the notice of audit posting within six week of the audit and compliance was verified on site. Any questions concerning the pre-audit questionnaire was given to the Washington State PREA team to clarify during the on-site visit. Interviews with staff, volunteers, contractors and inmates were conducted on site between June 12, 2016 and June 17, 2016.

Day one started on Sunday, June 12, 2016 at 1500 to 2300 hours with a meet and greet that involved Superintendent, PREA Coordinator, PREA Compliance Specialist, PREA Compliance Manager including several supervisors from the Twin Rivers Unit (TRU) and the Minimum Security Unit (MSU). During the tour of TRU, there were no immediate issues to address, however the physical plant of MSU had issues with no line of sight in the living areas/dormitory, which may impede safety and security related to preventing, reducing and detecting incidents of sexual abuse and sexual harassment. During the walkthrough of MSU there were covered windows in counselor's offices. MCC staff were advised to rearrange the living area and visibility of the counselor's windows. MCC initiated immediate action in correcting these concerns and it was verified prior to the end of the onsite audit.

The audit team interviewed inmates in TRU and MSU to include inmates who identified as LGBTI and inmates who were physically/mentally disabled or were identified as ESL. Security staff were interviewed on the 1400-2200 hour and 2200-0600 hour shift.

On day two, Monday June 13, 2016, the team audited SOU and IMU by touring and conducting interviews. Interviews consisted of random inmates, inmates that reported PREA incidents, specialized and random staff Case Managers / Counselors, First Responders, and Intermediate to Higher Level Facility Staff. Based on the variety of responsibilities for MCC staff, the team was able to question staff on multiple DOJ questionnaire sets.

The audit team interviewed inmates between SOU and IMS to include inmates who identified as LGBTI and inmates who were physically/mentally disabled or ESL. Staff members interviewed included specialized, non-uniform, medical and mental health staff. The interviews were conducted during the hours of 0600-1400 and 1400-2200 hour.

On day three, Wednesday, June 15, 2016 was spent at WSRU touring and interviewing. Interviews consisted of random inmates, inmates that reported PREA incidents, specialized and random staff Case Managers/Counselors, First Responders, and Intermediate to Higher Level Facility Staff. Due to a variety of assignments and responsibilities of MCC staff multiple DOJ questionnaire set were utilized. Medical and Mental Health staff, volunteers, and contractors were also interviewed. The team reviewed medical records and electronic files systems for inmate information.

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During the tour and interview portion of WSR living units, the inmate showers were visible at the ends of each tier where the inmates are allowed to step in and out of the shower stall in a state of undress. While standing on the landing area the audit team observed a female officer present, who had a clear view of the inmate. An inmate was visibly naked coming out of the stall and wiping himself next to a 4 feet tall barrier. Auditor recommends a rule change requiring inmates to dress and undress behind the shower curtain, so they are not being viewed by opposite gender staff.

After the review of medical records, it was determined that medical screenings were not located in the inmate files. The Auditor conducted follow up and determined that referrals of inmates who report PREA incidents were not regularly recorded in the medical files.

During the review of inmate electronic files and supplemented by interviews, it was determined that the 30 day screening to identify if "there was any additional or relevant information" that was not considered at the 72 hour screening related to an inmate's risk of victimization or abusiveness were not consistently completed and/or there wasn't an articulation or documentation of the process. This also applied to the rescreening after a substantiated and adjudicated incident of sexual abuse/harassment.

Inmates that are identified as transgender are held in WSRU Infirmary unit until formal approval from the central office is received by MCCC to house the inmate in general population. The Auditor identified one (1) inmate who was being held in the Infirmary for close to 30 days pending the approval from Central Office to place the inmate into general population. After interviewing the inmate, it was determined that he did not know why he was housed there. It should be noted that he was still allowed to go to general population programs. The Auditor discussed corrective action on this issue and follow up is forthcoming. WADOC has reviewed the process and is currently working to updating protocols to assist in expediting the housing reviews and approvals for transgender/intersex offenders within the department upon transfer. These changes must be reviewed by the union prior to republication of procedures, forms, etc...

The audit team interviewed inmates to include inmates who identified as LGBTI or are categorized as inmates who were disabled or with limited English speaking ability. The Security staff to include specialized staff members were interviewed during 0600-1400 hours and 1400-2200 hours. Other non-uniform staff members and volunteers were also interviewed, during this period.

On day four, Thursday, June 16, 2016, the team spent a majority of the time in various areas of MCC for additional interviews with inmates and specialized staffing; PREA Coordinator, Agency Secretary, PREA Compliance Manager, SANE/SAFE Advocate, Investigators, medical and mental health staffing, Human Resources and Contract Manager. Follow up interviews with inmates who had written to the auditor or reported sexual abuse/harassment were also conducted.

During tours throughout MCC areas, unannounced rounds by an intermediate or higher level supervisor was not consistently logged thereby having no impacting documentation and verification of compliance. During interviews it was discovered that unannounced rounds are conducted, but sometimes it is not logged in the book or the supervisor doesn't sign. The Auditor discussed and recommended a written reminder to supervisors of the requirement to sign in when conducting their rounds in area logs with the PREA Compliance Manager. A written reminder will be given to supervisors.

The audit team interviewed inmates at WSRU to include inmates who identified as LGBTI or categorized as inmates who were disabled or with limited English. Additional custody, non-uniform staff and volunteers to include specialized and Intake / receiving and release staff members were interviewed between the hours of 0600-1400 and 1400-2200

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During interviews several inmates complained of being viewed in their cell, while undressed or using the toilet by opposite gender staff. The camera system was checked by the auditor, which verified that if the cameras is zoomed into the cells the picture became pixelated. Additional follow up interviews with staff, which revealed that the inmates' cells have privacy curtains for when they use the toilet. This was verified during the cells inspection process and the curtain provided ample privacy from the viewing by opposite gender staff.

On day five, Friday, June 17, 2016, this was the final day of the on-site audit. Additional interviews with inmates and staff were conducted throughout areas of MCC. In addition, reviews of documentation, follow up inquires related to investigative files to include verification of the notification to victims of the outcomes were assessed. Human Resource documentation and employee file reviews were conducted, verifying background clearance procedures and the similar documents for volunteers, contractors and 5 year reviews for current employees.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Monroe Correctional Complex (MCC) houses male offenders and the complex is comprised of five facility type of housing units with a population of 2426 offenders ranging from minimum to maximum custody levels. The facility is located on approximately 365 acres and is area of Monroe, Snohomish County, Washington. MCC has a design capacity of 2600 beds.

MCC provides the following offender programs: Adult Basic Educations, Job and College Readiness, Building Maintenance, Entrepreneurship, Small Business Management, Chemical Dependency Treatment, Sex Offender Treatment Program, Correctional Industries Opportunities, CI operates Laundry, Commissary, Print Shop, signs, posters and a Tab Shop for license plate vehicle tabs. The facility also has several sustainability programs in operation 1) Vermiculture, where food waste is organically disposed to create another food source that is donated to the local Zoo, 2) Medical Equipment Repair of wheelchairs which are donated to less fortunate people all over the world, 3) a Dog and Cat Program that fosters the animals and cares for them until adoption, this program gives the inmates additional skills for patience and responsibility during training and care by assisting people with disabilities, 4) Organic Gardens where inmates plant and take care of, harvested for the facility kitchen and other facilities in the area, and 5) a Water Catchment system for two specific buildings. MCC also has an Extended Family Visits program, where inmates earn and are approved to spend several days with their family members in trailers that are secured in a designated area of WSR. MCC housing units are self-sufficient with their own program, recreation, operations and visiting areas to include religious services.

MCC medical unit maintains 24/7 in house coverage with registered nurses providing all services and maintaining medical unit operations. MCC staffs a psychologist, a psychiatrist, and mental health counselors and provides inpatient/outpatient acute and chronic medical, dental, and mental health care.

**Twin Rivers Unit (TRU)** is a minimum to medium security unit that was opened in 1984 with four living units and houses approximately 800 offenders with its capacity of 836. Buildings A, B, C and D have three wings where the inmates are housed. Aside from regular programs offered at MCC, TRU has the Sex Offender Treatment Program (SOTP) and a Chemical Dependency program.

**Minimum Security Unit (MSU)** is a Minimum security unit that opened in 1997. MSU has approximately 450 inmates with a capacity of 480 inmates. MSU has four housing units A, B, C and D with each having four wings. MSU houses in-camp workers that are grounds keepers, beautification crews, community/highway cleanup crews, general laborers and administrative porters. MSU has a mental health program that allows the offenders to transition to lower levels of custody with more responsibility for managing their own health and well-being, thus gearing them for reintegration into society.

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**Intensive Management Unit (IMU)** is a Maximum security unit. IMU opened in 2007 and has capacity of 200 inmates. IMU houses special management/difficult to manage, and segregation inmates, who require a more controlled and secured environment. The population in IMU is designated primarily for inmates with mental health concerns. The program is centered on behavior modification with rewards for positive behavior resulting in level promotions and working towards release. The Reintegration and Progression Program (RAPP) is offered by facilitating a team approach with mental health staff aiding with reintegration to general population status. A section of the IMU facility houses violators that has their own program with short term goals to transition back into MCC general population or back into the community.

**Special Offenders Unit (SOU)** houses all security levels from Minimum to Maximum and opened in 1981. This facility houses seriously mentally ill offenders (SMI). SOU has six living units, A, B, C, D and expansion E and F. SOU's capacity is at 364, but SOU has a current population 306.

Units A and B are single cells and identified for mental health offenders. A section is for segregation and the other section is for the Intensive Treatment Status program, which utilizes a reintegration program designed for mentally ill offenders to successfully transition back to lower levels of custody and care.

Units C and D are single cell units that have special management inmates that are at a closed custody security level that need a structured environment.

Unit E utilizes single occupancy cell housing for minimum to medium custody levels and houses long term offenders that would be vulnerable in general population. E unit also has the Cat program called "Purrfect Pals".

Unit F utilizes double occupancy cells for minimum and medium custody levels. SMI Offenders that are housed there while they are transitioning or preparing for transferring back to a lower level or reintegration back into society.

SOU also has a college readiness and chemical dependency program aside from regular listed programs for MCC.

**Washington State Reformatory Unit (WSRU)** was opened in 1910 and its capacity is 772 inmates. Approximately 749 inmates are currently housed at WSRU. The facility consists of two cellblocks that have 316 cells each and is a minimum to medium security level unit. WSRU has the main CI warehouse and operations within the confines to include the extended family visit mobile homes for relatives, spouses and children to visit for approximately 3 days after qualifying based on set criteria.

The Audit Team was impressed with how cooperative staff and inmates were during the audit and the transparency of their duties and responsibilities. The auditor found that the staff, contractors, and volunteers exhibited sufficient knowledge and comprehension of PREA requirements and mandates. MCC staff at all levels were very professional, respectful, and willing to aid the Audit Team without questions or commentary. The physical appearance of MCC was assessed as in good condition given the age and variety of function occurring at this large the correctional complex.

## **SUMMARY OF AUDIT FINDINGS**

During the course of the five day on-site audit, the Audit Team interviewed approximately 251 inmates to include random and specialized inmates. The Audit Team interviewed a total of 113 staff, contractors, and volunteers to including but not limited to custody staff assigned to all shifts; random and specialized staff, medical and mental

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health staff, records staff, human resource staff, the Superintendents and Associates Administrators), SANE/SAFE & Advocates, and the volunteer program and contracts managers. The Audit Team reviewed Approximately 120+ institutional files (electronic – OMNI) and 100+ physical medical files. The Auditor worked with the Correctional Classification Counselor to be familiarized with the OMNI systems as it is an electronic tracking systems. The OMNI system allows for paperless record keeping of information relevant to the Washington State Department of Corrections. The OMNI system is secured and only specific approved staff are allowed access to confidential documentation related to PREA. MCC was determined to have met 38 of the 43 PREA Standards with 2 PREA Standard related to Youthful Inmates and Contracting with other Entities not being applicable to WADOC/MCC. The remaining pages constitutes the assessment of MCC's compliance with the specific PREA Standards.

Number of standards exceeded: 00

Number of standards met: 41

Number of standards not met: 00

Number of standards not applicable: 02

1. Youthful Inmates.
2. Contracting with other entities for the confinement of inmates.

<b>115.11</b>	<b>ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>State of Washington policy 490.800 outlines the agency's written policy mandating a zero tolerance policy toward all forms of sexual abuse, sexual harassment, and sets forth procedures for the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.</p> <p>The agency employs an upper-level, agency-wide PREA Coordinator, whose position functions as the Washington State PREA Coordinator located in the Department of Corrections main office. The position has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA in all of its facilities.</p> <p>WADOC has designated one out of two Associate Superintendents as the Facility PREA Compliance Manager for Monroe Correctional Complex. The position has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA in all of its facilities.</p>	

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<b>115.12</b>	<b>CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input checked="" type="checkbox"/> NOT APPLICABLE	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The information received through interviews and supporting documentations indicates that WADOC has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit. This standard is not applicable to WADOC and MCC.</p>	

<b>115.13</b>	<b>SUPERVISION AND MONITORING</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>MCC has developed, documented, and made its "best efforts" to comply on a regular basis with a staffing plan that provides for adequate staffing levels, video monitoring is also used for supervision and monitoring inmates and their movements, and considers the factors identified in section a.1-11. According to WADOC policy 110.100, any deviations from the minimum staffing requirements are reported to the designated Deputy Director by the facility Superintendent.</p> <p>WADOC PREA Coordinator meets annually with the Facility Superintendent to discuss whether adjustments are necessary to the staffing plan, video monitoring technologies, and the allocation or reallocation of Agency or Facility resources.</p> <p>WADOC policy 420.370 requires executive staff, intermediate or higher level supervisors conduct unannounced rounds on a weekly basis. Executive staff may modify their schedules to meet with staff and conduct rounds on all shifts. The policy also states that staff are prohibited from alerting other staff members to these unannounced supervisory rounds. During the audit tours and documentation review compliance with this Standard was verified but was inconsistent.</p> <p>A written reminder to the WADOC, MCC Executive Leadership Team was issued by the MCC Superintendent, to assure that the policy on unannounced rounds are being followed, logged in area log books, and highlighted importance of these rounds to identify and deter sexual abuse and harassment incidents.</p>	

<b>115.14</b>	<b>YOUTHFUL INMATES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

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NOT APPLICABLE

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

MCC does not house youthful inmates. This programing is for adult offenders.

WADOC policy 320.500 states that the youth offender would not be housed at MCC. Youthful offenders are only housed at the Washington Correctional Center (WCC). It further states that the facility prohibits placing youthful inmates in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate.

There were no instances of youth offenders being admitted to MCC within the last 12 months.

**115.15**

**LIMITS TO CROSS GENDER VIEWING AND SEARCHES**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

WADOC policy 420.310 prohibits female staff from conducting cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances. The strip search procedure must be done by two trained officers. The policy requires that all exigent cross-gender visual body cavity searches be reported through the chain of command to the facility superintendent and that they are documented in writing. Policy 420.312 states that participants in an approved body cavity search are done by the same gender as the offender.

MCC does not house female inmates; therefore PREA standards 115.15(b)-1 and (c)-2 are not applicable.

WADOC policy 490.820 prohibits searches of transgender or intersex inmates for the sole purpose of determining gender status.

MCC reported that all custody staff has received training on conducting pat down searches of transgender and intersex inmates. The standard requires that it is conducted in a professional, respectful, and least intrusive manner, while balancing the security needs of the facility. Review of training documentation and training curriculum substantiates claim. During interviews it was stated that should separate shower times be needed to allow transgender and intersex inmates to shower separately they would accommodate their request.

WADOC policy 490.800 requires that female staff announce their presence when entering the housing unit; also, notices will be posted in living units and infirmaries indicating that personnel of both genders could be present in the unit. The staff members were consistent in making this announcement throughout the onsite audit.

**MCC / WSR shower procedures allows for cross gender viewing.**

WSR showers are individual stalls with full length curtains which provided sufficient privacy from possible female staff view. However, the offenders are allowed to enter and exit the shower stall naked with female staff

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on the floor where they are able to see them. There is a privacy screen approximately waist high but is not sufficient enough to give privacy once the offender steps out of the shower stall.

**Corrective Action:**

1. Develop and implement a housing rule or policy to accommodate privacy issues in the WSR shower area by October 31, 2016.

MCC has achieved compliance with the Superintendents assurance that the practice of inmates entering and exiting showers will do so partially clothed to protect them from being viewed by the opposite gender when showering. On July 14, 2016 a memorandum from the WSR Associate Superintendent was issued to the unit staff and offender population regarding this issue. Offenders are required to have clothing on prior to entering or exiting shower stalls. Hooks to hang their belongings were installed on each stall. Photographs of changes and posting of memorandum for implementation was submitted for proof of practice.

<b>115.16</b>	<b>INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

WADOC policy 310.000 offers comprehensive orientation for inmates orally and in writing both in English and Spanish. This policy also refers to Policy 450.500 that offers interpreter services for limited English proficient offenders, deaf, visually impaired, or otherwise disabled, as well as inmates who have limited reading skills. WADOC policy 450.500 outlines the agency's established procedures to provide these services. Other policies as 490.800 and 690.400 shows the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. MCC's comprehensive inmate education video has also been formatted in English and Spanish to include information in the offender manual, brochures and postings. Should an offender not comprehend well they will be met with individually. MCC did have a deaf offender where the offender read lips and communicated in writing. Interpreter services are available. These mentioned policies also address 115.16 (b).

WA DOC policy 490.800 prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistance. Staff interpreters are only used in exigent circumstances if the situation may pose a threat to the offender's safety

<b>115.17</b>	<b>HIRING AND PROMOTION DECISIONS</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

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WADOC policy 490.800 and 810.800 addresses the provision of 115.17(a)-1-3 by prohibiting the hiring and promoting of anyone, or utilizing the services of any contractor or volunteer, who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- 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 the activity described above.

WADOC Policy 490.800, 490.810, 810.15, 810.800 and 400.320 also addresses provision of 115.17 (b) to (h). Policies require that WADOC considers any incidents of sexual harassment when making a decision for hire, promotion or utilization as a contractor or volunteer. Current employees acknowledge and certify annually following refresher training of PREA.

Before hiring any new staff member or utilizing the services of a contractor or volunteer, a criminal background records check shall be performed and Human Resources (HR) will make its best effort 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.

Human Resources perform criminal background records check using WASIS/NCIC III and NCIC/WACIC of all current employees every five years and volunteers and contractors are done on an annual basis. Policies also state that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Based on interviews with HR staff, they are conducting background checks of prospective employees, promotional employees, contractors, and volunteers by utilizing WASIS/NCIC III and NCIC/WACIC, screening with prior employers and institutional employers, and contacting job references. A review of random HR files did not reveal any significant discrepancies with practice.

<b>115.18</b>	<b>UPGRADES TO FACILITIES AND TECHNOLOGY</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

MCC has not upgraded or purchased new video monitoring systems since August 20, 2012 or since the last PREA audit. MCC has an upcoming capital project to add new equipment by 2017 that will enhance the agency's ability to protect inmates from sexual abuse.

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115.21	EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>WADOC has trained staff members on how to respond to alleged sexual abuse incidents. WADOC has trained staff that conducts administrative investigations. All criminal cases are also referred to local law enforcement. Local law enforcement is responsible for the collection of evidence in a criminal investigation. Policy 490.850 has protocols when incidents are reported and state that they will respond to all allegations and to support and provide assistance to the alleged victim. MCC has protocols set that they will assist in containing the crime scene until evidence can be collected by the proper authorities. The policy also follows a uniform evidence protocol when responding to and conducting sexual abuse investigations. Policy 490.850 is developmentally appropriate for youth; however the facility has not housed any youth after July 2015.</p> <p>In 600.00 Health Services Management and 610.025 Medical Management of Alleged Sexual Abuse or Assault state that all services provided are at no cost to the offender and protocols to follow prior to exams are performed by SANE or SAFE staff at a Sexual Assault Support Services Center or local emergency room.</p> <p>Policy 490.800 has a description and MCC has an agreement with Providence Intervention Center for Assault and Abuse for sexual assault support and direct services.</p>	

115.22	POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The Washington State DOC is responsible for conducting administrative investigations related to PREA, WADOC staff does not have law enforcement powers and not authorized to conduct any type of criminal investigations, these types of cases will be reported to law enforcement entities.</p> <p>Policy 490.860 state all administrative or criminal investigations are to be thoroughly completed even if the offender is no longer under the department jurisdiction or authority to include staff that no longer is employed or providing services to the department. If warranted, allegations may be referred to law enforcement agencies for criminal investigation. Policy 490.800 and 490.850 outlines the protocol for referral and documentation to include referral for prosecution.</p> <p>WADOC has a MOU and Mutual Aid Agreement established with the Washington State Patrol that describes the referral of allegations of sexual abuse or sexual harassment for criminal investigation. PREA standard 115.22(c) is not applicable as the Department is responsible for conducting criminal investigations. WADOC documents all referrals of allegations of sexual abuse or sexual harassment for criminal and administrative investigation and there are procedures in place governing the conduct of these investigations.</p>	

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<b>115.31</b>	<b>EMPLOYEE TRAINING</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>PREA 101 training materials were reviewed and it covers the required subject matter for this Standard. The PREA lessons are done using LMS, lesson management system and tracked electronically. At the end of every training session there are PREA disclosure questions which affirm that the employee understood WADOC zero tolerance policy and the parameters covered in the PREA training.</p> <p>MCC houses only male inmates and the training is tailored to both male and female inmates, therefore, if employees are reassigned to/from facilities housing females, additional training is not required. MCC indicated that all staff received the required PREA training and on an annual basis the employees take a refresher on line training. The agency does provide employees with information about current policies regarding PREA sexual abuse and sexual harassment should any changes or updates occur. In addition, staff has access to the PREA policies, posters, and memorandums year round. During the audit tour, each housing unit had a PREA poster as a "how to guide" for managing a PREA incident with the relevant forms. During staff interviews it was conveyed that they are required to complete refresher training in LMS. 880.100 states documentation of all staff training are entered into their Staff Training and Tracking Information System (STATIS).</p> <p>After reviewing training records it showed that several employees did not complete training to include health services. The department requires refresher training on an annual basis for its employees but only required every two years by this standard. The training records reflected the yearly incomplete trainings and if the employee does not receive training prior to employment at the facilities, they have restrictive contact with inmates and must sign a PREA disclosure form. This practice is rare as training is usually conducted prior to inmate contact; therefore, this standard has been met.</p>	
<b>115.32</b>	<b>VOLUNTEER AND CONTRACTOR TRAINING</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>MCC volunteer/contractors are sent to the same training as the custody staff and receive the same updates. Interviews with volunteer/contractor staff had verified their training by the knowledge they possessed of PREA. Brochures are given for reference information and PREA acknowledgment forms are signed. Volunteers and contractors that don't complete the training are restricted from the facility until training is complete. After reviewing training records current volunteers and contractors are at 100%.</p>	
<b>115.33</b>	<b>INMATE EDUCATION</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	

# FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX

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

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

MCC is a transfer facility, offenders have an initial assessment and given PREA information concerning the agency's zero tolerance policy on sexual abuse and harassment to include how to report incidents or suspicions of sexual abuse and harassment at the Intake center at Shelton. WSR has a receiving and release area and their housing has already been pre-determined by their assessment at Shelton.

Upon their transfer to MCC per policy 490.800 and 310.000 the offenders will be given a brochure that contains PREA information and provided additional PREA information and education via written documents as the offender handbook, brochures and a comprehensive education video regarding their rights to be free from sexual abuse, harassment and to be free from retaliation for reporting such incidents, and response to such incidents during the formal orientation within four weeks from arrival at the facility.

The PREA video is also played while in transit to the facility. All information is available in English and Spanish, other provisions are provided for offenders with disabilities to include transcripts and one on one meetings to assist in comprehension of such information.

The facility also provided records documenting the six month review for all inmates which are logged in their electronic institutional files. The inmates initial / sign the PREA orientation acknowledgment form, acknowledging receipt of this information and this is entered into OMNI the electronic offender management system.

<b>115.34</b>	<b>SPECIALIZED TRAINING: INVESTIGATIONS</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The Washington State DOC is responsible for conducting administrative investigations related to PREA, WADOC staff does not have law enforcement powers or authorization to conduct any type of criminal investigations. These types of cases will be reported to law enforcement entities.

Policy 490.860 covers assignment of sexual abuse cases assigned by the appointing authority, interviewing, and referral for treatment and evidence collection. This policy also refers to DOC 490.800 that states the investigators will need specialized training in confinement settings sexual abuse investigations, techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, law enforcement referral process and crisis intervention. MCC has approximately 200 specialized trained investigators. Documentation for training is on (STATIS) Staff Training and Tracking Information System.

<b>115.35</b>	<b>SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE</b>
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- Exceeds Standard (substantially exceeds requirement of standard)

# **FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX**

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

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

All medical and mental health staff receives the same training as custody staffing in PREA 101 and a pre-requisite to taking PREA in Health Care training. Training includes how to detect and assess signs of sexual abuse and harassment, to preserve physical evidence of sexual abuse, how to respond and be professional with victims of abuse and harassment and how and where to report allegations of sexual abuse and harassment. Additional protocols of referrals for medical and mental health treatments, referrals to law enforcement and preservation of forensic evidence for collection by an approved agency in the community.

WADOC does not conduct forensic examinations and refers to a community health care center. All training is documented on the Staff Training and Tracking Information System (STATIS).

**115.41**

**SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS**

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

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

Policy 490.820 states intake assessments are designated to MCC counselors, community correction officers and work release employees will complete the PREA risk assessment within 72 hours of arrival at the facility. The assessment will only be delayed in exigent circumstances and are unable to participate due to medical or mental health issues and critical incidents.

During the on-site audit, there were discrepancies when reviewing inmate institutional files, some did not have their assessments done within 72 hours of arrival at MCC. After further review with WADOC PREA Coordinator it was reported that at least 40% did not have their assessments done upon transfer. MCC used the initial screening from the reception center as its assessment upon transfer and conducted their 30 day follow ups within the time frame, this practice was being done up until October of 2015.

WADOC has an objective screening instrument which is done electronically and documented in OMNI that addresses all criteria set by the PREA standards to assess offenders for risks of sexual victimization and predatory factors.

Follow up assessments are addressed in WADOC policy 490.820 that the assessments will be completed between 21 and 30 calendar days after the arrival of the offender at the facility.

After review of the inmate institutional files it was found that several follow up assessments were not completed. After further review with the PREA Coordinator it was revealed that approximately 60% of the offenders that was admitted to MCC between November 2015 and March 2016 were not completed.

# FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX

Documentation provided shows that MCC has completed risk assessments upon new information due to incidents of sexual abuse or harassment. WADOC does not discipline offenders for refusing to participate in the assessment process.

All risk assessments are documented in the Offender Management Network Information System (OMNI) and is secured by policy 280.515 and 280.310 and rated as a 4 category where approval from the PREA Coordinator is needed to see screening assessments. The only available information given would be the actual scoring to assist in housing and program assignments.

**Corrective Action:**

1. Complete assessments for all offenders who did not receive their transfer and 30 day assessments by October 31, 2016.
2. Implement procedures to assure the assessments are completed within the standards.

MCC has completed all risk assessments of the current population to include those offenders who did not have a 72 hour transfer screening and/or their 30 day follow up during the on-site audit. A process has been put in place to assure that offender screenings for victimization and abusiveness are done within the standard time frames. Documentation of such action has been submitted and reviewed which now puts MCC in compliance with this standard.

115.42	USE OF SCREENING INFORMATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	<p><b>Auditor comments, including corrective actions needed if does not meet standard</b></p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>WADOC has a policy 490.820 and 300.380, which states that staff shall use the information from the risk assessment to make informed housing, bed, work, education, and program assignments with the goal of separating those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. MCC utilizes OMNI alerts and classification staff will update the status of a monitoring plan at each classification review every six months or annually based on the offenders sentence. Staff shall make individualized determinations about how to ensure the safety of each inmate.</p> <p>MCC does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. WADOC / MCC will consider on a case by case basis whether a placement would ensure the inmate's health and safety and whether the placement would pose a threat. Policy 490.820 states that Transgender and Intersex offenders may report shower issues to the superintendent or designee and during interviews it was stated that they would accommodate such requests of separate showers but there has been no request as the showers are all individual stalls.</p> </div>

115.43	PROTECTIVE CUSTODY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	

# FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX

Does Not Meet Standard (requires corrective action)

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

WADOC has a policy 320.255 and 480.820 that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available alternative means of separation from likely abusers. Inmates placed in segregated housing for protective custody shall have access to programs, privileges, education, and work opportunities to the extent possible. During interviews with staff it was stated should this type of incident occur they would normally transfer the offender to another facility without penalizing them and assuring they would have the same benefits and programs as any other offender.

<b>115.51</b>	<b>INMATE REPORTING</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

WADOC has established procedures allowing for multiple internal and external ways for inmates to report privately to agency officials about PREA allegations. WADOC policy 450.100 490.800 states that reporting can include verbal complaints to any department employee, written complaints via inmate grievances or inmate notes, calling or emailing the WADOC and PREA hotline. State of Washington DOC has an MOU with the State of Colorado DOC to receive PREA complaints from MCC offenders, blank forms and preprinted envelopes are readily accessible and placed in common areas of the facility.

WADOC/MCC does not house inmates solely for civil immigration purposes and the U.S. Marshals would manage these inmates at the relevant federal facility.

Regarding a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, policy 490.850 states that all facility allegations of sexual abuse and sexual harassment, including third-party and anonymous reports of allegations must be reported to the proper staff or designated employee. More generally, all staff shall accept reports made verbally, in writing, anonymously, and from third parties.

The auditor verified through staff interviews, that in practice, oral reports are sufficient and it is the staff member's responsibility and duty to document the oral report in a written report.

WADOC policy lacks a provision that establishes a procedure for staff to "privately" report sexual abuse and sexual harassment of inmates. Although the policies do provide multiple ways for inmates to report privately, and it could be inferred that staff can also access these methods, perhaps the language should be changed to make that clear to staff. During interviews with staff, they were able to articulate a process by which a staff member could report privately, which incorporated calling the PREA hotline, emailing or mailing a letter without their information on it.

# FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX

MCC has incorporated more detailed information on ways of reporting confidential incidents of sexual abuse and harassment for contract and state employees. They have added updated information into their refresher training course to include a PREA reporting process chart.

## 115.52 EXHAUSTION OF ADMINISTRATIVE REMEDIES

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

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

WADOC has a policy 550.100 Offender Grievance Program and 490.800, which outlines the administrative procedure for dealing with inmate grievances regarding sexual abuse. It states that grievances alleging staff on inmate sexual misconduct or inmate on inmate sexual abuse will be forwarded to the shift commander where a confidential report will be submitted on an Incident Management Reporting System (IMRS) and a copy sent to PREA Coordinator. If deemed a PREA incident, it will be forwarded immediately to the Appointing Authority for issuance of an investigation and the offender will be notified of such outcome.

Policy 490.800 PREA investigations for allegations of sexual abuse are not subjected to specific timelines for completion but the department will thoroughly, promptly and objectively investigate all allegations of sexual misconduct regardless of when the incident is alleged to have occurred. Allegations of sexual abuse will not be referred to a staff member, who is the subject of the accusation of sexual abuse, inmates are not required to use an informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse, and that a final decision on the merits shall be made within 90 days of the initial filing of the grievance. The policies also outline the agency's procedure for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The grievance shall be immediately forwarded to the highest ranking staff member on duty so that corrective action may be taken immediately. The agency's ability to discipline an inmate for filing a grievance alleging sexual abuse to when the agency demonstrates that the inmate filed the grievance in bad faith.

## 115.53 INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES

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

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

MCC's inmate education PREA poster does provide inmates with the contact information and also in the offender manual and brochures for outside emotional support services. WADOC partners with the Department of Commerce's Office of Crime Victims Advocacy and the Washington Coalition for Sexual Assault Programs that provide service to offenders. Policy 490.800 addresses community victim advocate services and how to obtain them with the listing of a toll free number and times they can be reached. These calls will not be monitored.

# FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX

MCC does not house inmates solely for civil immigration purposes, therefore 115.53(a)-1 is not applicable. MCC informs the inmates, prior to giving them access to outside support services, the extent to which communications will be monitored. 490.800 policies outline the confidentiality of the communication between inmates and the outside advocacy or rape crisis center.

<b>115.54</b>	<b>THIRD-PARTY REPORTING</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 490.800 and 450.100 mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Policy 490.850 states that all facility allegations of sexual abuse and sexual harassment, including third-party and anonymous reports of allegations must be reported to the proper staff or designated employee. More generally, all staff shall accept reports made verbally, in writing, anonymously, and from third parties. Third party reporters may write, email, and call the hotline. All PREA information and how to report are published on the departments external website.

<b>115.61</b>	<b>STAFF AND AGENCY REPORTING DUTIES</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 490.800 and 490.850 state that all Department staff will report all allegations, related retaliation against a staff member, inmate who reported any knowledge, suspicion or information regarding an incident of inmate on inmate or staff/contractor/volunteer on inmate sexual abuse or inmate on inmate or staff/contractor/volunteer on inmate sexual harassment.

Policy 350.550 requires that all staff immediately report any staff neglect or violation of responsibilities that may have contributed to any incident of inmate on inmate or staff/contractor/volunteer on inmate sexual abuse or inmate on inmate or staff/contractor/volunteer on inmate sexual harassment or retaliation for reporting of an allegation by other staff or inmates. Further, all case records associated with claims of sexual assault, sexual activity, sexual misconduct or any attempt thereof, including written reports, investigation reports, evidence, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are confidential unless otherwise precluded by Federal, State, or local law.

MCC issued a reminder in written format to their health services staff on reporting duties to their designated security supervisor, responsibilities on reporting, follow ups and referrals to mental health. Health services staff were given additional on the job training. Acknowledgement verified by signatures of health services staff.

# FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX

115.62	AGENCY PROTECTION DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Policy 490.820 requires that immediate action shall be taken once the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse. With offenders scoring at an increased potential for sexual victimization or predation will be reviewed by the facility risk management team (FRMT) and a monitoring plans will be developed and implemented. There will be increased contact with the offender for behavioral observations and concerns of the offender and medical and mental health assessments. During staff interviews, it was evident that MCC employees understood the seriousness of a potential substantial risk situation and the need to immediately (now) respond.</p>	

115.63	REPORTING TO OTHER CONFINEMENT FACILITIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Policy 490.850 states that the appointing authority or designee will notify external correctional agencies and WADOC PREA Coordinator when complaints are received at MCC. All documentation will be entered into the offenders file. When WADOC receives a complaint the allegation is processed and investigated. Documentation received by WADOC/MCC verified the practice.</p>	

115.64	STAFF FIRST RESPONDER DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>WADOC policy 490.850 and 420.375 addresses section 115.64 (a) 1-4 on necessary steps to follow on separation of victim and abuser, preservation and protection of crime scene until appropriate steps can be taken to collect the evidence. The policy also addresses the time period in which collection of physical evidence needs to be done, within the first 120 hours that involves penetration or exchange of bodily fluids the aggravated sexual assault checklist. The checklist is followed to assure all necessary areas are covered when responding. The steps and procedures for first responders' duties whether a custody or non-custody staff member will follow the same protocol. If non-custody staff is designated to participate on a PREA response team, they complete a</p>	

# FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX

specialized training, also if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff, Shift Commander/Supervisor. MCC has a PREA kit that is stored with the shift commander's office and used when responding to incidents of sexual abuse. Information for advocacy assistance is also included in the kit.

<b>115.65</b>	<b>COORDINATED RESPONSE</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>MCC has a written institutional plan. PREA response team expectations publication has step by step procedures including all documentation requirements when responding to reports of sexual abuse incidents. Policy 490.850 coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership, as required by PREA standard 115.65(a)-1.</p>	

<b>115.66</b>	<b>PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>WADOC / MCC have collective bargaining with Teamsters Local Union 117. The agreement does not prohibit 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 the extent discipline is warranted. Removal from a bid position, alternative assignments and reassignments to include permanent reassignments are possible and does not prohibit discipline.</p>	

<b>115.67</b>	<b>AGENCY PROTECTION AGAINST RETALIATION</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	

## **FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX**

WADOC / MCC policy 490.860 sections II addresses retaliation, that staff members or inmates who reports or cooperates with investigations of sexual abuse or sexual harassment subjected to any form of retaliation from other staff members or inmates of the Department will report their concerns to the appointing authority for further appropriate measures. MCC designates the correctional unit supervisors / correctional counselor supervisor for inmates and human resources / for staff monitoring for possible retaliation and documents these assessments which is submitted to the appointing authority each month

The appointing authority employs protection measures by taking appropriate steps to address the issue by housing changes, transfer of alleged victims or abusers from further contact and provide emotional support services by referrals for both staff and inmates. Incidents of alleged retaliation are investigated and handled appropriately.

MCC monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The monitoring is documented on the PREA monthly retaliation monitoring report and at a minimum of 90 days after an incident or longer if deemed necessary. Should that staff member or inmate transfers to another facility during the monitoring period the receiving facility will assume monitoring responsibilities. The appointing authority will notify the PREA liaison / human resource manager when monitoring activities are no longer required or if the case is unfounded.

**115.68**

### **POST-ALLEGATION PROTECTIVE CUSTODY**

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

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

Policy 490.820 prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing, unless an assessment of all available alternative means of separation from likely abusers has occurred. According to policy 490.820, if an involuntary segregated housing assignment is made, the facility affords each inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. Offenders on this type of placement will have access to programming and job assignments to the extent possible. The duration will be documented in the offender's electronic file.

# FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX

<b>115.71</b>	<b>CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>WADOC / MCC have policies related to investigations. All PREA standard requirements are met in the PREA policy. Allegations may be referred to local law enforcement agencies for criminal investigations and the department will conduct administrative investigations by specially trained staff. Staff participates in appointing authority on line training that addresses response to sexual allegations, identification, monitoring retaliation, descriptive investigative process and quality of information and data, continued victim needs and how to analyze supplemental systematic issues.</p> <p>Documentation on qualified staff investigators was provided.</p> <p>WADOC retains all written reports and investigations pertaining to alleged sexual assault / abuse or sexual harassment for fifty years and as long as the alleged abuser is incarcerated or employed by the agency.</p>	
<b>115.72</b>	<b>EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>According to policy 490.860 WADOC / MCC imposes a standard of a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated in an administrative investigation.</p>	
<b>115.73</b>	<b>REPORTING TO INMATES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Policy 490.860 requires that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, by legal mail or another method determined by the appointing authority, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency or law enforcement. The facility requests updates for criminal investigations being conducted by law enforcement by the appointing authority.</p>	

# FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX

MCC subsequently informs the inmate, unless the agency has determined that the allegation is unfounded, whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The department subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Auditor received several letters from offenders at MCC stating that they did not receive a notification of what the outcome of their complaint were. This was rectified during the on-site audit after the audit team reviewed the cases and notification was given to the offenders with no further issues.

<b>115.76</b>	<b>DISCIPLINARY SANCTIONS FOR STAFF</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 490.860 and 450.050 refer to the Department's zero tolerance policy for all forms of sexual misconduct and that the Department will impose disciplinary sanctions for such conduct up to and including dismissal for staff and may be referred / reported for criminal prosecution to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies. Further, policy 450.050 addresses prohibited / restricted contact between the individual found to have engaged in staff sexual misconduct and any offender.

<b>115.77</b>	<b>CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 450.050 addresses prohibited / restricted contact between the individual found to have engaged in staff sexual misconduct and any offender.

Policy 490.860, does require that any staff member, offender, contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. WADCO / MCC takes appropriate remedial measures and prohibits further contact with inmates in any violation of sexual abuse or harassment policies by a contractor or volunteer.

In the past 12 months, one case of violation by contractor/volunteer for a possible unauthorized relationship has been reported and the contract was not renewed and the volunteer / contractor was prohibited from further contact with offenders at MCC, the victim was notified of the outcome following the completed investigation.

# FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX

115.78	DISCIPLINARY SANCTIONS FOR INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The Department's policies 460.050, 490.800 and 490.860 articulates the standard for disciplinary sanction for offenders and addresses the process and considers whether an inmate's mental disabilities and illness contributed to the behaviors when determining what type of sanctions should be imposed. The agency may discipline an inmate for sexual contact with staff member upon finding that the staff member did not consent.</p> <p>Policy 460.050 offers therapy, counseling, sex offender treatment and anger management or other interventions designed to address and correct underlying reasons or motivations for the abuse and shall consider whether to require the offending inmate to participate in such interventions for offenders who is found in violation of sexual misconduct. MCC prohibits all sexual activity between inmates and consensual sexual activity between inmates. The inmates will be subject to administrative discipline and possible criminal prosecution.</p>	

115.81	MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>WADOC / MCC policies state that any inmate who discloses prior sexual victimization or previous perpetration of sexual abuse during a screening whether upon intake or transfer will be offered a follow-up meeting with medical or mental health practitioners within fourteen (14) days. The inmates are informed of any limits on confidentiality.</p> <p>Although information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignment, or as otherwise required by federal, state, or local law.</p> <p>Medical and mental health practitioners shall 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, by completing the Consent-Release Medical Information.</p> <p>During the on-site audit and review of documents, the audit team found that the referrals were inconsistently documented as the referral documents were hard to locate in the medical files and follow up meetings were not consistently recorded. During interviews, it was found that there is some type of miscommunication at one point to where the referrals and follow ups are missed.</p>	

# FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX

**Corrective Action:**

1. Provide documentation that referrals are made and follow ups are made within 14 days of intake screening and when sexual abuse / harassment incidents are reported.

WADOC / MCC achieved compliance by implementing an updated process to provide regular/frequent reports from headquarters to the facilities concerning offenders who score positive results on their initial screenings. This includes new formats for record keeping and tracking. The updated procedure ensures referrals and follow ups are conducted and completed within the 14 day standard.

<b>115.82</b>	<b>ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES</b>
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- Exceeds Standard (substantially exceeds requirement of standard)  
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
 Does Not Meet Standard (requires corrective action)

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

According WADOC policies victims of sexual abuse while incarcerated shall be offered timely information about, timely and unimpeded access to emergency medical treatment to include timely access to emergency care dependent on medical and mental evaluation for sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Should no qualified medical or mental health practitioners are on duty at the time of report the custody staff first responders take preliminary steps to protect the victim and immediately notify the appropriate practitioners.

Treatment services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

<b>115.83</b>	<b>ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS</b>
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- Exceeds Standard (substantially exceeds requirement of standard)  
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
 Does Not Meet Standard (requires corrective action)

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

WADOC / MCC offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The policy outlines the procedure by stating that all inmates will be assessed during the intake process, inmates will be offered a follow-up within 14 days of intake screening, and treatment will be provided by practitioners where applicable, and referrals to community services if needed.

PREA standard 115.83(d)-1 and PREA standard 115.83(d) and (e) (pregnancy related) is not applicable to MCC, because the facility does not house female inmates.

# **FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX**

WADOC offers tests for STIs, as medically appropriate, for inmate victims of sexual abuse while incarcerated and attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatments when deemed appropriate by mental health practitioners.

## **115.86 SEXUAL ABUSE INCIDENT REVIEWS**

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

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

Policy 490.860 PREA Investigation outlines the facility's Sexual Abuse Incident Review (SAIR) process. The SAIR, conducted by a local PREA review committee to examine the case and will meet every 30 days or as needed. The committee will be multidisciplinary and include facility management with input by supervisors, investigators and medical/mental health practitioners, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The committee will review policy compliance, casual factors and systemic issues. The policy states that the review team shall document their findings on a local PREA investigating review checklist and the facility shall implement the recommendations for improvement or document its reasons for not doing so.

## **115.87 DATA COLLECTION**

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

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

The WADOC established a PREA allegation and case database which allows for the standardized collection of incidents of sexual abuse information. The uniform data for every allegation of sexual abuse from every institution in MCC using a standardized instrument and set of definitions. The data will be collected by the PREA coordinator or designee and will be aggregated at least annually to include available information from investigation reports and incident review committees as well from each private facility contracted to confine or house department offenders. All data collected is necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by Department of Justice. All data reports will be provided on request to the U.S. Department of Justice.

# **FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX**

<b>115.88</b>	<b>DATA REVIEW FOR CORRECTIVE ACTION</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Data collected and aggregated shall be reviewed by the appointing authority or designee, in order to assess and improve, if necessary, the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.</p> <p>The PREA coordinator will generate an annual report of findings that includes an analysis of PREA prevention and response for the Department and for the facility, identifying problem areas; taking corrective action on an ongoing basis. The policy states that the annual report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Department's progress in addressing sexual abuse. The Department's report is readily available to the public on the Department's website after approval. The report was located on WASOC website.</p>	

<b>115.89</b>	<b>DATA STORAGE, PUBLICATION, AND DESTRUCTION</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>WADOC / MCC policies 280.310, 280.515 and 490.860 addresses the standard that all data collected related to incidents that are alleged to be sexual abuse will be securely retained and made readily available to the public through the website, annually. Before being made publicly available, all personal identifiers will be removed. The sexual abuse data collected will be maintained for a minimum of 50 years after the date of the initial collection.</p> <p>The Department information technology resources are Department property and the department is obligated to protect them as they will take physical and technical precautions to prevent misuse. All PREA allegations reported through OMNI, the inmate management system are restricted and confidential, limited to only those staff on a need to know basis. Access to the system is reviewed and approved the PREA coordinator to ensure compliance with established restricted access parameters. This process also ensures that access to information regarding sensitive information and reports are used for essential PREA responsibilities.</p>	

# **FINAL AUDIT REPORT: MONROE CORRECTIONAL COMPLEX**

## **AUDITOR CERTIFICATION:**

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



\_\_\_\_\_  
Cheyenne Evans  
Certified DOJ PREA Auditor



\_\_\_\_\_  
Date