

**PREA AUDIT REPORT**     INTERIM     FINAL  
**ADULT PRISONS & JAILS**

**Date of Report: April 13, 2017**

<b>Auditor Information</b>			
<b>Auditor name:</b> Roger Benton			
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<b>Telephone number:</b> 916 798-9953			
<b>Date of facility visit:</b> March 15-16, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Mission Creek Corrections Center for Women			
<b>Facility physical address:</b> 3420 Sand Hill Road, Belfair, WA 98528			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> (360) 277-2400			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Eleanor Vernell			
<b>Number of staff assigned to the facility in the last 12 months:</b> 56			
<b>Designed facility capacity:</b> 321			
<b>Current population of facility:</b> 316			
<b>Facility security levels/inmate custody levels:</b> Minimum 2 Custody			
<b>Age range of the population:</b> 18-69			
<b>Name of PREA Compliance Manager:</b> Darren Everitt		<b>Title:</b> Correctional Unit Supervisor	
<b>Email address:</b> dneveritt@doc1.wa.gov		<b>Telephone number:</b> (360) 277-2420	
<b>Agency Information</b>			
<b>Name of agency:</b> Washington Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 7345 Linderson Way SW, Tumwater, WA, 98504-1100			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> (360) 725-8213			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Jody Becker-Green		<b>Title:</b> Secretary	
<b>Email address:</b> jmbeckergreen@doc1.wa.gov		<b>Telephone number:</b> (360) 725-8810	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Beth Schubach		<b>Title:</b> WADOC PREA Coordinator	
<b>Email address:</b> blshcubach@doc1.wa.gov		<b>Telephone number:</b> (360) 725-8789	

## AUDIT FINDINGS

### NARRATIVE

The Mission Creek Correction Center for Women (MCCCW) is located at 3420 NE Sand Hill Road, Belfair, WA, 98525. MCCCW is participating in a Prison Rape Elimination Act (PREA) audit conducted by a certified auditor 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 March 15-16, 2017. Following coordination, preparatory work and collaboration with management staff at the MCCCW, some pre-audit work was completed prior to traveling to the facility for the onsite review portion of the audit.

### PRE-AUDIT PHASE

On February 6, 2016, the CDCR provided the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. Notices were to be posted in areas accessible to both offenders and staff. MCCCW staff emailed the auditor 8 time/date stamped pictures of different locations within the facility to include general areas, housing units, Medical/Mental Health Clinics and dayrooms. The pictures were date and time stamped on February 6, 2017, to indicate when they were taken with the posted upcoming audit information in their assigned position. The posted information was still in many, if not all of those same locations, during our on-site audit tour. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from Washington Department of Corrections (WADOC) in early February 2017.

Pre-audit Section of the compliance tool: In February 2017, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. The certified auditors started completing the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit Section of the compliance tool. The auditor did not receive any letters from offenders at the facility prior to arrival at the institution.

It should be noted that MCCCW received the Final Report from their last 3-year cycle on September 9, 2014.

### ON-SITE PHASE

On March 15, 2017, the audit team arrived at MCCCW. The audit team consisted of 2 certified auditors, which included myself, certified auditor and retired Correctional Captain for CDCR and Matthew Rustad, certified auditor and current Correctional Lieutenant for CDCR. Both of us have conducted 20 plus CDCR Pre-Audits and are Master Trainers in the Locally Designated Investigators (LDI) course.

On March 15, 2017, the audit team met with the Superintendent, PREA Coordinator, and PREA management staff for greetings, introductions and information sharing. The team was escorted to a conference room which served as a home base for audit preparation and organization.

Upon arrival at MCCCW, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who might be interviewed during the on-site portion of the audit. The audit team selected the names of staff who would be interviewed. Also on this date, the audit team received a roster of all offenders at the facility with identification numbers and assigned bed numbers, sorted by housing unit. The auditor also requested a list of offenders, if any, classified into any of the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Gay & 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 three 8.5 hour shifts. The auditor explained that these rosters were required for the audit team to select random custody staff and offenders for interviews. The auditor informed the PREA Coordinator that audit teams would compile lists of custody staff and offenders selected randomly for interviews. The list did not specifically identify offenders according to all the seven categories. However, the PREA Compliance Manager worked with the auditor to identify the offenders in the categories; a complete list was later supplied.

On-site Review: The audit team conducted a thorough site review of the facility. The PREA Coordinator, PREA Compliance Manager and several custody staff escorted the audit team. The team toured all of the housing units, medical, mental health, the main kitchen, the warehouse, intake processing area, the laundry, main control, the pharmacy, maintenance shops, industries areas, education, recreation yard, gym, chapel, etc.

During the tour, audit team members asked impromptu questions of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, and inspected bathrooms and showers to identify potential cross gender viewing concerns, etc. In offender dayrooms, audit team members tested offender phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. In offender work areas, audit team members assessed the level of staff supervision and asked questions to determine whether offenders are in lead positions over other offenders. Audit team members also noted the placement of PREA information posters in offender housing areas and placement of the PREA audit notices provided to the facility. In most areas, audit team members took photos to document the on-site review.

PREA Management Interviews: Both audit team members were assigned the responsibility for interviewing various members of the management team, including the Superintendent and the PREA Compliance Manager. 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 or arranged to utilize another office where the auditor conducted the interviews using the applicable interview protocols and recorded the responses by hand. The Agency Director or designee, the Agency Contractor, the Agency PREA Coordinator, the SAFE/SANE Nursing staff and the Contracted Victim Advocates were all interviewed either in person or telephonically over the next two weeks. All their remarks and documentation presented, are in this report.

Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager, the same audit team members were later escorted to the work locations of individual specialized staff to perform the required interviews.

The audit team identified 15 specialized staff to be interviewed. Interviews included staff from the following areas:

- Medical and Mental Health staff
- Incident Review Team Members
- Staff who Conduct Intake Screening
- Classification Staff
- Case Workers
- Investigations Staff
- Sexual Assault Nurse Examiner (SANE)
- Human Resources
- Person Responsible for Contractor, Volunteer and Vendor Clearances
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisor
- Food Services
- Head of Education
- First Responders
- MCCCW Training Lieutenant

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. The two audit team members were escorted to a centralized location where identified staff members were provided for the interviews. The interviews were conducted in private 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 where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 10 formal and 10 informal random staff interviews were conducted from various categories of staff from all three shifts. During our on-site tour, auditors would stop, speak to numerous staff in all categories, and ask 2 to 3 informal questions about PREA issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

Work shifts for custody staff are as follows:

1<sup>st</sup> watch: 2150-0620 hours

2<sup>nd</sup> watch: 0610-1410 hours

3<sup>rd</sup> watch: 1400-2200 hours

This timeframe allowed custody staff time for informational briefings prior to their assigned shifts.

Non-custody staff worked similar variations of the three shifts.

Random Offender Interviews: The auditor determined that at least one offender from each housing unit would be interviewed. The two audit team members were assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders, from various age groups, ethnicities and races, from their assigned housing units. Audit team members were escorted to a centralized location where the identified offenders were made available to participate in the interview in a private interview room/office. During our on-site tour, auditors would stop, speak to numerous staff in all categories, and ask 2 to 3 informal questions about PREA issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process. A total of 12 formal and 10 informal random offenders' interviews were conducted from offenders living in various housing units to include Bear Unit, Mission Unit and Gold Unit.

PREA-Interest Offender Interviews: The same two audit team members were assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards. These categories are:

- Disabled Offenders. None noted at the time of the audit.
- Limited English Proficient (LEP) None noted at the time of the audit.
- Transgender and Intersex Offenders. None noted at the time of the audit.
- Gay & Bisexual Offenders. None noted at the time of the audit.
- Offenders in Segregated Housing for Risk of Sexual Victimization. None noted at the time of the audit.
- Offenders who Reported Sexual Abuse. None noted at the time of the audit.
- Offenders who disclosed Sexual Victimization during Risk Screening. None noted at the time of the audit.

Although no offenders were housed at the institution during the time of the audit, staff have shown through training documents and interviews that were trained to work with offenders in any or all of these categories if the need arose.

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

The offenders were escorted to where the auditor was located. The auditor would tell the offender why they were at this institution, what their role was in the PREA Audit process, explain why the interviews were necessary. The auditors would also explain that the offender's participation, although helpful, is voluntary and they could stay or leave at the convenience.

The auditor then asked if the offender wanted to participate, and if so, begin to ask the line of questions in the respective interview protocols. Audit team members also conducted additional interviews of the same offender if a random offender interviewee also disclosed information suggesting that one of the above categories of PREA interest applied to them. Through staff interviews and a comprehensive document review, we did not identify offenders in any of the other categories due to the limited mission and nature of the facility.

Document Reviews: The document review process was divided up between the two auditors. One auditor reviewed investigation files related to allegations of sexual abuse. The second auditor reviewed all training records, personnel records, contractor and volunteer records, and reviewed the records maintained through the offender intake process. Both auditors collected copies of documents, as necessary.

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

The auditor responsible for the records review indicated that they chose 9, various category, staff personnel files, chosen from a wide list of new employees, employees who were promoted and those who have been at MCCCW for longer than 12 months for review. Of the 9, documentation shows all of them were in compliance with the required information. Additionally, 12 various category staffs In-Service Training files were reviewed to show that 11 were in full compliance. The 1 not in compliance was sent to and received, shown through documentation, training bringing them into full compliance. Finally, 13 offender files, chosen randomly from a Master Roster sheet, were reviewed to show, though their signed acknowledgement sheets, all had received an Orientation Booklet, PREA Brochure and viewed the PREA video, when they arrived at MCCCW. Of the 13 offender files reviewed, 3 of them were the files of offenders that were also interviewed. These files were randomly chosen and the 3 just happen to be among them.

The PREA Compliance Manager provided Sexual Incident Reports (SIR) for 14 allegations received during the previous 12 months. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and Investigative reports from facility investigative staff for each allegation. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Disposition
- Is Disposition Justified
- Investigating Officer
- Notification Given to Inmate

Audit team members recorded this information for the case reviewed and provided additional relevant information in the space provided for additional notes.

Throughout the on-site review, the team had discussion about what was being observed and reviewed and discrepancies that were being identified. Both team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team scheduled a close-out discussion with the Superintendent and her staff. 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. The auditor gathered written information and feedback from the team members and took responsibility for completing the final report.

This auditor requires probationary certification, which means the draft report must be submitted to the PREA Resource Center (PRC) (via the PRC's online auditor education portal) by no later than 30 days after the last day of the on-site portion of the audit. The last day of the on-site MCCCW audit, was **March 16, 2017**. The draft report must be submitted by **April 15, 2017**.

This submission initiates a review and revision period of 30 days, during which the PRC will provide guidance on the report and support auditors in making any necessary revisions to their initial draft report. This may include reviewing subsequent drafts. The PRC will aim to provide a guidance memo to the auditor within 15 days of receiving the draft report, providing detailed information regarding how to improve the report. In the remaining 15 days, the auditor will collaborate with the PRC to implement those improvements. This collaboration will normally include at least one opportunity to discuss the report and the PRC's guidance on the phone, and may include additional guidance, resources, and other information to support the auditor.

Once the PRC concludes that the auditor has adequately responded to feedback and made necessary amendments, the report must then be submitted to the facility no later than 60 days after the last day of the on-site portion of the audit.

The final report must be submitted to the facility by **May 15, 2017**.

This information was also discussed with the MCCCW's PREA Compliance Manager and Superintendent, as well as provided to the agencies PREA Coordinator via the probationary certification template letter.

The auditor and PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via email and provided by the PREA Compliance Manager. Additionally, community-based Victim Advocates, as well as SAFE/SANE staff, were interviewed via telephone during the post-audit phase.

These interviews were conducted on March 23, 2017. An audit team member conducted a telephone interview with the Kitsap Sexual Assault Center and The Emergency Room staff at Saint Joseph's/Tacoma General Hospital, respectively. Staff from both organizations stated that they have very good communications with the staff at MCCCW and they perform bi-weekly telephone calls for any needed updates or changes.

Audit team members documented all clarification questions, missing information, and requests for additional documentation, etc. to follow-up with the PREA Compliance Manager and sent the request, through email, on April 3 & 4, 2017. All requested information was returned to the auditor by Saturday, April 8, 2017.

Audit Section of the Compliance Tool: The auditor reviewed onsite document review notes, staff and offender interview notes and site review notes and began the process of completing the audit Section of the compliance tool. Auditors used the audit Section of the compliance tool 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 appropriate "yes" or "no" boxes on the compliance tool for each applicable subSection of each standard, the auditors completed the "overall determination" Section at the end of the standard indicating whether the facility's policies, procedures and practices exceeds, meets or does not meet standard. Where the auditor found the facilities policies, procedures and practice did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

Interim/Final Audit Report: Following completion of the compliance tool, the auditor started completing the interim/final report. The interim/final 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, procedures and practice exceed, meet, or does not meet the standard. The final report was submitted to the PREA Resource Center for review/approval on April 10, 2017.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

On April 13, 2005, the Washington Department of Corrections officially opened the Mission Creek Corrections Center for Women. Prior to that, the land and facility where MCCCW now sits was youth camp ran by the Washington Juvenile Rehabilitation Administration since 1960. MCCCW was originally built for a capacity of 80 offenders with a current maximum capacity of 321 and an average daily population of 316. MCCCW is a level 2 (medium security) correctional facility housing adult female offenders. The age range for the current population is between 18-66 years of age.

MCCCW is located at 3420 NE Sand Hill Road, Belfair, WA. MCCCW includes 7 stand-alone building with 3 of them being housing units which include primarily multiple occupancy cell housing units. There are only 4 segregation cells.

General Population housing units are comprised of three housing units, Bear, Gold and Mission, comprised of 2 and 4 offender cells with no toilet/sink fixtures within the cells. Of the three housing units, Mission has 5 showers and 11 toilets. Bear and Gold, both have 15 showers and 15 toilets.

All 4 of the Administrative Segregation cell are single offender cells. Two of them have sinks/toilets, the other two do not.

Each housing unit has a common TV/dayroom area, multiple pay phones and a J-pay kiosk.

MCCCW offers Program and Job Opportunities to all offenders. These include Education, which encompasses Community College, Adult Basic Education, Business Technology, College Readiness, Life Skills and Job Search skills. Recreation time consists of Family Centered programs that strengthen relationships between mother, child and family. The offenders also participate on fitness/weightlifting as well as in-cell crafts.

The MCCCW currently houses approximately 316 female offenders all of which at Minimum 2 Custody Level offenders. These offenders scored minimum on their classification score and have less than 4 year left to their Earliest Possible Release Date (EPRD). Additionally, there were no offenders housed in any of their 4 Administrative Segregation cells at the time of the audit.

MCCCW has a full staff of Medical and Mental Health professionals to assist offenders with any of their daily needs and requirements. MCCCW also has an MOU with Harrison General Hospital and St. Joseph/Tacoma Hospital, if the need arose, that a more detailed or specialized need was require. Through documentation and interviews, it was shown both have a good working relationship and open communications.

The Priority for Programs set an order of importance for the betterment of the offender. Health Care appointments take precedence over all other activities. Education take priority over jobs, jobs take priority over volunteer programs.

## **SUMMARY OF AUDIT FINDINGS**

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff went above regarding seeing to the needs of the auditors and the hospitality. The audit team thanked the Superintendent, PREA Coordinator, PREA Compliance Manager and the entire staff at MCCCW.

Overall, it is evident that MCCCW staff has been working towards compliance with the PREA standards. Due to the hard work, and the recent audit, the facility is in compliance with all applicable standards.

Some of the positives observed by the audit team included:

- MCCCW Management staff, as well as the Statewide PREA Coordinator, were all well prepared to meet these standards and were able to quickly provide the needed information/documentation.
- PREA posters, with current notification numbers and addresses, in English/Spanish located, behind plexi-glass, next to every offender phone.
- The information provided by the offender population indicates they understand their rights to be free from sexual abuse and explained to the auditors how they would report an allegation. Most offenders stated they felt sexually safe at this facility.
- Announcement of opposite gender staff entering the housing units seemed to be routine and part of everyday business.
- Modesty saloon-doors, installed since the last audit, in front of all out-of-cell toilets and showers, provide good mitigation to cross gender viewing.
- The location and use of technology (cameras) throughout the institution eliminates most blind spots, and show staff where to concentrate on their tour/security rounds.
- Through documentation and previous audit review, the staff has shown they take PREA seriously and fixed any/all issues of non-compliance during our audit of the institution.

The one Standard not applicable at this institution during this audit:

**115.14 Youthful inmates.** The WADOC has entered into an interagency agreement with the Juvenile Rehabilitation Services to house all offenders under the age of 18 convicted of a felony. MCCCW does not house youthful offenders.

There is a total of 43 standards for adult correctional facilities and jails.

Number of standards exceeded: 0

Number of standards met: 42 (100%)

Number of standards not met: 0 (0%)

Number of standards not applicable: 1

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 490.850 and 490.860
- Agency Organizational Chart
- Interviews with the following:
  - PREA Coordinator
  - PREA Compliance Manager
  - Agency Head or Designee

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 in this policy on pages 3 and 4. The PREA Coordinator for WADOC is Beth L. Schubach.

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 PCM is Darron Everitt, Correctional Unit Supervisor (CUS) as appointed by Superintendent Eleanor Vernell. As a CUS, the PCM reports directly to the Superintendent and has the authority to coordinate the facilities efforts to comply with the PREA standards. Mr. Everitt has been the PCM for MCCCW about 4 months. The facility organizational chart identifies Mr. Everitt as the PREA Compliance Manager.

During interview's, the Secretary's designee and Superintendent confirmed the agency's commitment to achieving PREA certification and the agency's zero tolerance policy.

The policy mandates that a PREA Coordinator will be assigned, at the Level of Executive Director. This is confirmed by review of the agency organizational chart provided with the pre-audit questionnaire.

During the interview, Ms. Schubach stated she has regular contact with the 12 assigned PREA Compliance Managers through site visits, emails and direct conversations. In addition, Ms. Schubach, WADOC PREA Coordinator, was at the facility, for the entire site-review and answered questions, as needed. Ms. Schubach is leading the agency's commitment to attain PREA compliance. During formal and informal discussions with the auditors, it was evident Ms. Schubach was very knowledgeable about the standards and could explain the processes that each facility followed in preparation for this audit.

Ms. Schubach's job is complex but she assured and demonstrated she is able to fulfill all required duties as the WADOC PREA Coordinator and has the authority to make any/all changes to any needed PREA issue.

The policy mandates the assignment of the facility PREA Compliance Manager. Darron Everitt is currently assigned to the role of PREA Compliance Manager at MCCCW. Mr. Everitt reports to the Agency PREA Coordinator, for PREA related questions and issues. The facility organizational chart identifies Mr. Everitt as the PREA Compliance Manager.

During the interview with Mr. Everitt, it was evident that he was very knowledgeable about the standards and could explain the processes the facility followed in preparation for this audit. During formal and informal discussions with the auditors, Mr. Everitt shared information and documentation that shows he has several different duties in his current job position. Although all are equally important, the detail and organization of folders, files and continual in-house audit reviews, shows he is dedicated and values the PREA process.

The staff looks to Ms. Schubach and Mr. Everitt to provide direction regarding PREA compliance. It was also very clear that Ms. Schubach provides guidance, as needed, to the PREA Compliance Managers.

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800
- Agency Organizational Chart
- Interviews with the following:
  - WADOC Contract Administrator
- Contracts with outside agencies

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

According to a memorandum signed by the WADOC PREA Coordinator, there are currently five public/private agencies that are contracted to house WADOC offenders. Copies of all five contracts were reviewed by an auditor. All five contained language specific to the requirement that the facility/agency comply with the DOJ PREA standards. All five contained a clause allowing for WADOC to inspect the facility/agency for PREA compliance.

During the interview with the Contract Administrator, he stated all new and renewed contracts for confinement services are reviewed for any updated information and requirements for PREA issues. The Contract Administrator also stated the site visits of the contacted facilities are conducted on an ongoing basis by the WADOC for compliance. Additionally, he stated that all contracts that have been entered into agreement within the past 12 months, have been found to be compliant.

### Standard 115.13 Supervision and monitoring

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 110.100, 400.200, 400.210, 420.370 and 490.800,
- Agency Organizational Chart
- Interviews with the following:
  - Superintendent
  - PREA Compliance Manager
  - Intermediate or Higher Level Facility Staff
- Observations of supervision ratios during our on-site review rounds

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 plan consists of staffing level concerns to include all 11 elements.

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 basis, quality assurance audits are conducted to insure compliance with the staffing model. Additionally, the MCCCW Superintendent is required to conduct a quarterly review of the staffing and submit reports to the Deputy Director.

During the Pre-Audit and On-Site audit process, auditors reviewed the states quality assurance audit for compliance and were shown the Superintendent's quarterly reviews during the Superintendents interview. These reviews were discussed element by element during the Superintendents interview.

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.

Additionally, the Superintendent randomly reviews staffing levels and how they affect offender programming, various classification amounts and placement for safety and security concerns. All this information is written into a report and forwarded to the Deputy Directors office for review.

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. Through documentation of these Daily Reports, it was shown that, areas, other than programs and education, back fill if needed during staff shortage issues.

The auditor could not find a time when offender education or program time was shut down due to staff shortage in the past 12 months.

The policy requires the staffing plan review to be completed in consultation with the PREA Coordinator and that the PREA Coordinator receives a copy of the PREA Compliant Staffing Plan. This auditor was provided with a copy of the staffing plan review forwarded to the WADOC PREA Coordinator that was completed by the Superintendent as required by policy. This review discussed the staffing plan, video monitoring and the resources available to adhere to the staffing plan.

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.

MCCCW currently has 68 cameras with seventy days of video retention. The camera system is an additional tool utilized to enhance supervision by staff.

Policy mandates that intermediate level or higher level supervisors conduct and document unannounced rounds on all shifts. These rounds are documented on the shift report including the date, time, and person's name who made the rounds. During our multiple site tours over the two days, we saw four or more different upper level managers make unannounced rounds in various housing units and work areas. No negative issues were noted during our on-site tour. Supervisory Staff were seen in the housing units or work areas throughout the day at different locations and or different times. Also, audit team members reviewed unit logs and noted consistent entries by supervisors on both the day and night shifts.

Washington Department of Corrections Policy, DOC 400.210 (dated 05/15/2015) Custody Roster Management (Restricted) was reviewed. This policy allows Superintendents to request additional staff where needed due to security or other needs. Section C of this policy requires the Superintendent of the facility to ensure that an internal audit of the staffing plan be conducted on an annual basis. The internal audit of the staffing plan also includes a PREA Vulnerability Assessment. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels are present where offenders may be present. Justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment, is addressed within this assessment. The annual review of the staffing plan includes facility and department management level staff to include; the Prisons Staffing Manager, the Assistant Secretary for Prisons, the Prisons Budget Manager, the Superintendent, the Local Business Advisor, the Associate Superintendent, the Custody Roster Manager, and the departments PREA Coordinator.

Policy states staff are prohibited from alerting other staff when these rounds are occurring, barring legitimate operational functions of the facility. In talking with the PREA Compliance Manager, he stated that supervisors tour their units and areas sporadically throughout the 3 shifts, talk to staff at all levels and various offenders and sign/review log books for irregularities.

During the formal interview conducted with intermediate or higher level staff showed that staff are making unannounced rounds and documenting these rounds. During our on-site audit, was saw documented housing log books where those staff signed in during those times.

In addition, during random interviews and discussions with staff, who were asked about the policy on the unannounced rounds, the staff stated that supervisors conduct unannounced tours of their housing units and document them in the log book.

During the interview with the PREA Compliance Manager, he stated that when they are assessing staffing levels and the need to video monitoring, they look at variety of concerns to include, physical plant configuration, new building construction, internal or external oversight bodies, offender population configuration, placement of supervisory staff, line-staffing needs, and any prevalence of substantiated or unsubstantiated incidents of sexual abuse.

#### **Standard 115.14 Youthful inmates**

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

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

This standard is N/A for MCCCW as they do not house offenders under the age of 18. The WADOC has entered into an interagency agreement with the Juvenile Rehabilitation Services to house all offenders under the age of 18 convicted of a felony. MCCCW does not house youthful offenders.

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 420.310, 420.312, 490.800 and 490.820
- Staff Roster
- Offender Roster
- Interviews with the following:
  - Random Offenders
  - Random Staff
- Observations of announcements being made by staff during our on-site review rounds

Policy 420-310, Searches of Offenders, requires that a strip search must be conducted by two trained employees. During the search of the male offender, at least one employee must be male. In the event that the other employee is female, she will position herself so that she observes the other employee, but will not be in direct line of sight with the offender. 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. A review of the strip search logs did not reveal any incident where a cross gender strip search was conducted.

Policy 490.800, Section VIII, requires that offenders be provided 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. This policy requires staff of the opposite gender to announce their presence when they enter a housing unit.

Policy 490.820, Section VII, prohibits employees and contract staff from searching an offender for the sole purpose of determining their genital statues.

If the offender's genital status is unknown, it will be determined by health care providers. Generally, the offender's personal disclosure status is the determining factor which would then initiate housing review protocols.

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 ensure that all security staff receives the training. A review of the lesson plan complies with the PREA requirement.

There were 10 formal random staff and 10 informal staff questioned about cross gender search practices. Eighteen of these staff reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility. The other 2 indicated that they personally did not perform these type of searches but weren't sure what happened in other area of the institution. The pre-audit questionnaire reported no incidents of cross gender strip or body cavity searches in the last 12 months.

Most of the housing units, except for segregated housing, are designed with bathrooms on each tier. The bathrooms have several toilets and several showers. Segregated housing cells contain toilets inside of the cells that are situated to the side of the cell window. All of the showers have doors that protect against opposite gender viewing. Most toilets have surrounds or are situated in a way that prevent opposite gender viewing. Of the 12 formal offender interviews and approximately 10 informal interviews conducted, all offenders reported that they were able to toilet, shower and change clothes outside the view without staff of the opposite gender viewing them. Of the 22 offender interviews, all except one offender reported hearing opposite gender staff announce their presence when entering the housing unit. All staff interviewed reported that opposite gender staff announcements are made when entering the housing units.

Opposite gender staff was observed entering the housing units and announcements of their presence were made. Opposite gender auditors were announced by MCCCW staff via the PA system when entering the offender housing units.

The process used to conduct opposite gender pat searches and searches of transgender or intersex offenders was demonstrated by a staff member. The pre-audit questionnaire indicates 100% of the staff received training in proper search procedures. Auditors reviewed the search curriculum and proof of training documents.

During the random formal and informal staff interviews, 18 of the 19 staff recall receiving training on opposite gender pat searches, but 2 of the 19 did not recall the specific training on searches of transgender/intersex offenders. However, all random staff interviewed were able to articulate how they would conduct transgender pat searches and did recall training on being respectful and referring to transgender and intersex offenders appropriately. All 10 formal random staff, and approximately 10 informal staff interviewed, indicated they had had PREA training within the last year. We reviewed 12 hard copy and 9 electronic copies of institutional training records, and it was clear that training for all staff had been conducted during the last year. A small number of staff who were off work, for long-term reasons, had not received the training.

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

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

**Auditor discussion, including 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 standard.**

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 310.000, 450.500, 490.800 and 690.400
- Offender Roster
- Interviews with the following:
  - Agency Head
  - Random Staff
  - There were no LEP or Disabled Offenders interviewed and there were not any, on-site, during the time of the audit
- Observations of PREA poster locations during our on-site review rounds

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.

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.

WADOC 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.

During the interview with the Agency Head, he shared that the agency has established procedures to provide offenders with disabilities or offenders who are limited English proficient, the opportunity to participate in the PREA reporting process with several avenues such as, Language Line interpreters, staff interpreters and a WADOC Headquarters phone line that staff can use to assist offenders with any communication issues.

Written documents, to include the PREA brochures, are provided in English and Spanish to the offender population. During the tour, it was noted that PREA posters were prominently displayed in areas in both English and Spanish.

Of the 20 random staff that were interviewed, 19 recalled the process of utilizing the Language Line for interpreter services. Sixteen of them, indicated they would first try to find another certified staff member to provide translation or contact a supervisor. Supervisory staff were all aware to the phone numbers and process.

Overall, both the Staff and Offenders were familiar with the interpreter process and that access could be accomplished in a timely manner. Although 19 staff members knew of the Language Line interpreter process, none of them stated they had actually used it in the past 12 months.

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 400.320, 490.800, 800.005, 810.015 and 810.800.
- Pre-Employment Questionnaire for new applicants
- Acknowledgement and ongoing Duty to Disclose PREA employment Standard Violation form
- Interviews with the following:
  - Administrative (Human Resources) Staff
- Personnel files for current employees, new employees and employees receiving promotions.

Policy 490.800, 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 and contractors to disclose if they have had any of the previously stated sexual misconduct in their history.

Additionally, policy 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.

The number of persons hired over the past twelve months who may have contact with offenders who have had criminal records checks was reported as 56. Of the 14 files reviewed by the audit team, which included new employees, current employees and employees who were promoted, all were up to date with the current questions and documentation.

Other documents reviewed showed that the four questions are being asked on state applications and on the pre-interview questionnaires for staff. Personnel files and backgrounds checks on custody staff are maintained on site. Both types of files were reviewed by audit team members.

Formal and informal interviews with human resource supervisors and staff were conducted during the site visit. They stated the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders and all employees being considered for promotions. This is accomplished through completion of background forms and NCIC and OMNI. The facility responds to requests from other institutions to allow access to the entire personnel file and status of ongoing and incomplete investigations

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800
- Interviews with the following:
  - Agency Head
  - PREA Compliance Manager
  - Superintendent
- Observations of the physical plant during our on-site review rounds

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 not had any building modification projects since the last year.

The PREA Compliance Manager indicated they had recently made modifications/additions to the video monitoring system. This process was viewed during the on-site review and he explained that the placement and camera angles take into consideration areas that PREA incidents were alleged to have occurred. The updated system is providing a better-quality video and the system will retain the recording for a longer period of time.

During interviews with the Superintendent, she stated that when any project where installation or updating of video equipment is anticipated, a case by case review is included in the determination of locations. Areas where PREA incidents have occurred or where blind spots have been identified are considered in the case by case review. The Superintendent indicated they have installed or updated video monitoring systems, electronic surveillance systems, or other monitoring technology since August 20, 2012, and MCCCW is continually updating their system.

The Superintendent told the auditor that MCCCW reviews all previous PREA reports and considers identified blind spots in determining the placement of cameras. The institution has recently updated the technology system and continue to evaluate it effectiveness.

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 490.850, 600.000 and 610.025
- Offender Roster
- Interviews with the following:
  - PREA Compliance Manager
  - Random Staff
  - Required SAFE/SANE staff from Harrison Hospital, to include their current MOU
  - Required Victim Advocate staff from the Kitsap Sexual Assault Center, to include their MOU

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”.

WCCCW 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 Washington State Police or Mason County Sheriff's Office.

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 Hospital or St. Josephs/Tacoma General Hospital Community Hospital. There were no documented cases that were seen by the SAFE/SANE nurse during this audit period.

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 (Kitsap Sexual Assault Center) to provide victim advocates for MCCCW. There were no documented cases that a victim advocate was requested and provided 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.

Through documentation and information obtained through interviews with the PREA Compliance Manager, all felonies are referred to Mason County Sheriff's Department for investigation/prosecution. In the event that Mason County Sheriff's Department is unable to respond, MCCCW is required to contact the Washington State Police.

During the interview with the Emergency Room Doctor at St Joseph's/Tacoma General, he indicated that when SAFE's or SANE's are not available, a qualified medical practitioner performs the forensic medical examination. The SAFE/SANE contract states that they have someone available 24 hours per day/ 7 days per week to conduct forensic exams.

The PREA Compliance Manager was interviewed and verified that the role of the Victim Advocate is provided through the MOU with the Kitsap Sexual Assault Center.

Interviews with the approximately 20 random staff indicate that they would all contact their supervisor and close off the cell to limit who had access. They would separate the victim and suspect. Six or 7 stated photographs would be taken and they would make sure all evidence was collected and the offender was given a SANE exam. Eighteen random staff indicated that the investigative staff usually handles a majority of this process.

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

Based on discussions with staff and a review of the policy, the agency offers all offenders who experience sexual abuse access to a forensic medical examination at no financial cost to the victim, where evidentiary or medically appropriate. Exams are performed by SAFEs or SANEs where possible and the facility documents efforts to provide SANEs or SAFEs. Over the past 12 months, no forensic medical exam had been conducted.

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 490.850 and 490.860
- Interviews with the following:
  - Agency Head
  - Investigative Staff

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.

WADOC staff are not sworn peace officers, therefore cannot conduct criminal investigations. If at any point during the administrative investigation, it appears that if a felony was committed, the case is referred to the Mason County Sherriff’s Departmental investigators. MCCCW, had three case referred to an outside agency for possible criminal investigation during the audit period. Two were declined for prosecution and one is still pending.

During the interview, the Secretary’s Designee stated that the agency, through the PREA Coordinator, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Investigative staff stated that the outside agency has the authority to conduct criminal investigations. Criminal cases are referred to the Mason County Sheriff’s or Washington State Police and presented to the District Attorney.

Investigative staff stated that all allegations are documented on a Sexual Incident Report (SIR)

**Standard 115.31 Employee training**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800
- Interviews with the following:
  - Random Staff
  - In-Service Training staff
- Training curriculum, both hard copy and electronic, to include the Learning Management System

- Training verification log-Electronic
- Employee hard copy of training records

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. 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 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.

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. During the past year, of the 119 employees that are assigned to the facility, only 9 have not attended the required training due to long term sick, military, etc.

Two phases of PREA training is provided. Initial training is provided during orientation and additional facility specific training is provided later through on-the-job training.

Through random staff interviews, the auditors learned all on duty custody and non-custody staff had received training on PREA within the last 12 months. The training included prevention, detection, reporting and response. The policy is zero tolerance and retaliation is not allowed. Staff also indicated they had been provided with written information.

During the on-site visit, 11 random training record reviews were conducted and it was determined that all 11 of the 119 staff, to include custody, non-custody, contract and volunteers, had received and are current in the mandatory PREA training by the conclusion of our on-site audit. (Staff not compliant were given training during the on-site portion of our audit). The few staff who had not received the training were currently off work and the facility had a plan to ensure training was completed upon the staff’s return to work.

PREA training requirements mandate attendance at the required training and it is documented, through employee signature that they understand the training they have received. Employees are required to complete the Acknowledgement of Receipt of Training. As part of this acknowledgement process, the employee is certifying that they understood the training materials

**Standard 115.32 Volunteer and contractor training**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 530.100 and 700.400
- Interviews with the following:
  - Volunteers
  - Contractors
- Training curriculum, both hard copy and electronic, to include the Learning Management System
- Training verification log-Electronic
- Employee hard copy of training records

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 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. Of the 14 contractors and 159 volunteers that are currently approved to enter MCCCW, all of them have received the training within the past year.

Contractors or volunteers visiting MCCCW only one time, due to a special event or need, are provided the PREA brochure that explains the WADOC PREA policy.

During the site visit, 4 volunteers out of 159 and 3 contractors out of 14, were interviewed and training records were reviewed. All training records reviewed consistently showed that the training had been provided previously and during the last 12-month period. The facility has a good process in place to ensure contractors and volunteers receive PREA training.

**Standard 115.33 Inmate Education**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 310.000 and 490.800
- Interviews with the following:

- Intake staff
- Random offenders
- Facility Orientation Booklet
- Facility PREA Brochure
- On-site review of physical plant, to include PREA poster locations, and educational material within housing units, common areas, education areas and work stations.

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.

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. Additionally, PREA information is available via posters throughout the facility.

Staff noted that there were no offenders with communication disabilities or Limited English Proficiencies at the institution.

WADOC has several versions of PREA brochures, (English, Spanish, Braille and Large Print) 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.

During the intake process, 496 offenders were admitted to the facility over last 12 months whose length of stay in the facility was for 30 days or more, per facility characteristics, all of them were provided with PREA information including, their right to be free from sexual abuse, and policies and procedures for responding. The percentage provided the information vs total offenders admitted was 100%.

During interviews with Intake staff, they shared that offenders are provided with orientation upon arrival at a new institution. They are also provided with a 2-sided brochure, each time they transfer. Offenders sign an acknowledgement form which is maintained in the offender's packet. In addition, there are flyers posted around the institution and information on the kiosk about the PREA policy. The orientation is generally provided on the same day as the offender arrives.

During the 20+ formal and informal offender interviews, all but one of the offenders remembered receiving written materials (i.e., Offender handbook and brochure) when they arrived at the institution. The offenders were asked to explain what they were trained on and we received the following general responses: to be free from abuse, what phone numbers to use in case of incident, where the numbers and address were located, what was/was not confidential.

The staff member in charge of the orientation process showed us the video and walked us through the entire orientation process. Afterwards, we reviewed 14 offender files that showed the date the offender had received the required information with a signed receipt indicating their name and WADOC number.

During the site visit, the team observed posters, brochures and Hotline numbers available for viewing around the institution in housing units and other areas. Multi-language lines area available through a contract service.

During the on-site tours, both auditors, using offender accessible telephones, called the telephone numbers listed in the brochures, painted on the walls near the phone and in the Orientation Booklets. Two of the 3 numbers were received with a live person, where we explained the testing of the phone numbers due to the audit. The 3<sup>rd</sup> telephone number called was received with an answering machine, where a message and contact information, concerning the audit, was recorded. Both auditors received phone calls back from that agency prior to end of that business day.

### Standard 115.34 Specialized training: Investigations

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 490.860 and 880.100
- Interviews with the following:
  - Investigative Service staff
- Training curriculum, both hard copy and electronic, to include the Learning Management System
- Training verification certifications for investigators

Policy 490.800, PREA Prevention and Reporting, requires that all PREA Investigators be trained in: Crime scene management and investigation, including evidence collection in Prisons and Work Releases; Confidentiality of all investigation information; Miranda and Garrity Warnings, compelled interviews, and the law enforcement referral process; Crisis intervention; 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 by investigators. Through interviews and document reviews, it was shown that 13 of the employees at MCCCW attended the training and are still active investigators

There were 3 allegations that appear to be felonious crimes are referred to either the local Sherriff's Office or the State Police. WADOC in not responsible for the training of these agencies. Two were declined for prosecution, one is still pending.

Three Investigative staff interviews and documentation reviews confirmed knowledge and receipt of specialized training in all areas required per this provision during SART training and the investigators academy/training.

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800, 610.025 and 880.100
- Interviews with the following:
  - Medical staff
  - Mental Health staff
- Training curriculum, both hard copy and electronic, to include the Learning Management System

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.

A review of the provided lesson plan demonstrates compliance with this training requirement.

Medical and mental health care practitioners receive general PREA training mandated for employees, volunteers & contractors as identified in policy and outlined in PREA standards, depending upon the practitioner’s status in the agency. During the on-site visit, audit team members reviewed and verified attendance at PREA training through the training records. Documentation is maintained that medical and mental health practitioners have received the general PREA training.

The facility employs 8 medical and mental health care practitioners who work regularly at the facility. According to their interviews and related documentation, all 8 have received the general training.

Through discussions with supervisory personnel, it was clear that all medical staff is prohibited by procedure from performing forensic examinations on sexual abuse victims.

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and

- supporting documentation provided.
- WADOC Policy 280.310, 280.515, 490.810, 490.820 and 490.860
- Interviews with the following:
  - Staff responsible for offender intake
  - Random offenders
  - PREA Compliance Manager
- Offender electronic files
- Risk Screening electronic form
- Mental Health Referral form

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. 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 statues. 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 has access to this program and offenders do not have access.

A list of offender's arrival dates and dates of evaluations demonstrate compliance with this standard. Using this list, we reviewed 10 random offender files to ensure the received the training and how that training was completed and recorded.

Of the 12 formal and 10 informal offenders interviewed, they indicated they had been asked questions about sexual abuse, sexual harassment or retaliation with two days of when they arrived at this institution. Two of the offenders interviewed indicated that either they didn't remember if it happened or that it did not happen. Of the offenders which remembered participating in an intake screening, all indicated that it occurred either on the day they arrived or the next day. Nine of the offenders interviewed indicated they had been housed at CIF for more than 12 months.

Auditors interviewed 3 intake and classification staff regarding this process. They were very knowledgeable about the classification process and verified that the screening/assessment was completed in a prompt manner.

During the site visit, auditors observed the actual intake process. The screening/assessment process is completed as part of an overall intake assessment. 10 hard copies or electronic versions of the Intake and Screening records were also reviewed by the audit team to demonstrate accurate process of this screening practice. They verified that the screening/assessment was generally completed within 24 hours of the offender's arrival and that the risk screening is completed. Offenders are provided with orientation and given a 2-sided brochure which outlines the WADOC PREA policy. Policy mandates the intake consider prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. Classification staff reviews the offender's history and flags, then assign offender housing. The case worker or case manager screen the offender and provides PREA education. During their interview with the offender, the staff goes over the intake packet and the offender's conduct report looking at their prior criminal history. They discuss programs available and tell the offender how to report abuse.

## Standard 115.42 Use of screening information

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 300.380 and 490.820
- Interviews with the following:
  - PREA Compliance Manager
  - Staff responsible for Offender intake
  - Offenders Self-identified as Gay
- Offender electronic files
- Risk Screening electronic form
- Mental Health Referral form

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.

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. 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.

LGBTI offenders are housed in several different units within MCCCW. They are not housed in just one location.

During an interview with the PM, he stated that the facility has not housed any transgender or intersex offenders in the last 12 months. A Classification and Housing Pre-Screening is completed by WADOC Centralized Intake Staff. During this pre-screening, offenders are assigned to 1 of the state-run institutions that fits their custodial, medical, mental health and program needs. Transgender offenders are not normally assigned to the MCCCW. No noted documents indicate that a Transgender offender was sent to be processed at MCCCW in the past 12 months.

Intake staff that are responsible for risk screening stated that transgender and intersex offender's views of their own safety would be taken into serious consideration in housing placement and programming assignments and that they would be allowed to shower separately from other offenders. Housing units have bathrooms on each tier with individual shower stalls. Each shower stall has a shower door. Staff interviewed also indicated that if a transgender or intersex offender asked to shower separately, when other offenders are not utilizing the bathroom area they would be allowed to.

Policy mandates the agency not place Lesbian, Gay, Bi-sexual, Transgender, or Intersex (LGBTI) offenders in dedicated facilities, units, or wings solely on the basis of such identification or status.

The PREA Coordinator confirmed that the agency has no consent decrees, legal settlements, or legal judgements for the purpose of protecting such offenders.

In reviewing the housing assignments for LGBTI offenders, it was noted by the audit team that they are not housed in a specific area. LGBTI offenders are housed in various units within the facility. Through interviews with self-identified gay offenders, the audit team confirmed that gay offenders have never been put in a housing area designated only for gay offenders. During the interviews, the offenders stated they knew about the PREA process as it is posted in various parts of the housing units and work areas. They spoke about the numbers posted by the telephones and informed us that staff are very approachable when it comes to any issues. The offenders stated they feel safe among the other offenders and don't feel 'singled out' due to any perceived sexual orientation.

### **Standard 115.43 Protective custody**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 320.255, 320.260 and 490.820
- Interviews with the following:
  - Superintendent
  - Staff who supervise offenders in Administrative Segregation
- Administrative Segregation logs

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 February 9, 2017, authored by Superintendent Vernell, MCCW has not had any offenders placed in involuntary segregation as a result of risk of victimization.

In practice, if an offender is placed in segregated housing, any limitations will be documented on the offender record maintained in the housing unit. Offenders assigned in segregated housing are not allowed to have a work assignment. Over the past 12 months there have been no offenders who were identified to be at risk of sexual victimization, held in involuntary segregation.

During the interview with the Superintendent, she confirmed that MCCCW does not place offenders who are at high risk of sexual victimization in segregated housing unless all other alternatives have been eliminated. She explained that the institution has several different housing units running different programs that offer options when housing offenders that have victimization concerns. But, if alternate housing is not identified, the offender may be placed in segregated housing for less than 24 hours, while appropriate housing is identified or the offender is transferred to an institution that can more appropriately house the offender.

If an offender alleges sexual abuse the length of time the offender is retained depends on the case and the length of the investigation. These investigations are a priority and are usually completed within 3 days. Intake staff interviews confirmed that screening assessments are conducted immediately upon arrival. Housing assignments are made based on information from the OMNI and other case factors.

Staff who supervises offenders in segregated housing told the audit team that offenders who are placed in segregated housing for protection or after having alleged sexual abuse have access to limited privileges and programs. They have access to education which is completed, in cell.

Offenders assigned to segregated housing are not allowed to work. The time retained in segregation depends on the length of time the investigation takes and the ability to transfer the alleged victim to another institution. Thirty day reviews are conducted by the facility PREA committee. During the tour, it was noted that there were no offenders currently housed in segregated housing due to PREA related victim concerns. The counseling staff provided a sample for a non-PREA offender who was reviewed every 30 days to determine the continued need for retention.

#### **Standard 115.51 Inmate reporting**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 450.100, 490.800 and 490.850
- Interviews with the following:
  - Random staff
  - Random offenders
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

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. Offenders can correspond through legal mail (which is not read), call a toll-free phone number to the WADOC PREA unit, tell staff, send a note to a staff member or have a friend or family member report it. Many of these options allow for anonymous reporting.

When calling the headquarters' PREA Unit, offenders do not need to utilize their IPIN to identify the caller. WADOC has a contract in place with the Colorado Department of Corrections to serve as each other's external reporting entity.

Policy requires, and staff are trained, to document all reported PREA allegations, whether it is in writing, a verbal report, anonymously, or a third-party report. A review of the PREA case log reveals that allegations were received verbally, from notes, anonymously, from the PREA hotline and third party reports.

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.

Of the 10 random formal and 10 informal staff interviews, staff indicated they would accept the report from the offender and document on a Sexual Incident Report (SIR). They shared that offenders can report several different ways including reporting to any staff, using the kiosk, calling the number on the poster, calling the number posted on all the walls near the telephones, and telling family. Staff who were interviewed stated that they can privately report sexual abuse or harassment of offenders. In most cases, staff believed they could report to a supervisor, and it would be kept private.

Of the 12 random formal and 10 informal offenders that were interviewed, they reported that there are several ways they could report. These include, use the telephone number from the poster, the kiosk, the number painted on the walls near the telephones, tell family, tell staff, and put a note in the mail box. Most indicated they would tell family or would tell staff.

Review and collection of the offender handbook, updated July 2016, indicates internal reporting mechanism for offenders is by: 1) writing an offender grievance and giving it to a staff member; 2) placing the grievance with outgoing mail in any housing unit; 3) mailing the grievance directly to the institution; 4) family reports; or 5) submitting the report on kiosk. In addition, the offender handbook allows offenders to privately report by dialing the telephone number painted above all the offender telephones, or the public number which is monitored and recorded. PREA posters, written in both English & Spanish, provide a number which can be called confidentially.

During the tour, the audit team noted posters providing reporting information in English and Spanish, and observed reporting instructions on the kiosk. The team was also shown brochures that are provided to offenders. Utilizing the offender telephones, the audit team tested the numbers posted and all work. Posters provided contact information for an entity outside of the WADOC, a PREA Reporting Office, in Colorado Springs, Colorado, who will take reports and forward immediately to the Headquarters PREA Coordinator for response. We saw copies of these reports that had been forwarded to the Headquarters PREA Coordinator and investigated.

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

## Evidence Reviewed (documents interviews, site review)

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 550.100 and 490.800
- Interviews with the following:
  - PREA Compliance Manager
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

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 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 signs the case to an investigator. The investigation is pursued like any other PREA investigation. 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 did not received PREA allegations through the grievance process during this audit period.

Policy mandates that the agency will not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. Agency does not require an offender to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Review of offender handbook reveals reports of sexual abuse allegations may be made at any time using the Grievance Suggestion Form. These Grievances will be deemed Emergency and follow all Emergency Grievance timelines.

Emergency grievances are complaints that involve potentially serious threats to life or health of an offender or staff member or relates to severe pain being suffered by the offender or threatens orderly operation of a facility, and its resolution would be too late if handled routinely.

During the interview, the PREA Compliance Manager stated when an offender fills out and, either mails in or hand delivers to staff, all PREA related grievances are deemed to be an Emergency. In the case of a PREA incident, an interview is conducted that same day to make sure there are no immediate medical or mental health issues

According to the Appeals Office documentation, no emergency grievances related to PREA issues, have been filed over the past 12 months.

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800
- Interviews with the following:
  - Random offenders
  - PREA Compliance Manager
  - Chief of Kitsap Sexual Assault Center, including MOU
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access, to include Crisis Center telephone numbers
- Interagency agreement with the Office of Crime Victims Advocacy

WADOC and MCCCW have several outside advocacy groups that offenders can contact both via mail or telephone for emotional support services related to sexual abuse. Offenders have access to a brochure that lists all of the community sexual assault programs in Washington State. Additionally, the facility has posters in several locations with the phone number and hours of operation for the Office of Crime Victims Advocacy (OCVA). WADOC does have an interagency agreement with the Office of Crime Victims Advocacy to provide support services to offenders who are victims of sexual assault.

Offenders may dial the posted toll-free OCVA PREA Support Services number. Calls will not be monitored or recorded, and the offender IPIN will not be required.

Communications between the offender and the OCVA PREA Support Specialist is confidential and will not be disclosed unless the offender signs an authorization of release of information.

Policy mandates each facility to inform offenders prior to giving them access, of the extent to which such communications will be confidential or monitored and to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Of the 12 random and 10 informal offender interviews, 19 indicated that they knew about outside victim advocates that would be available to talk with them. Those interviewed knew that the Advocate telephone numbers were kept confidential as they did not have to input the DOC Personal Identification Number in prior to making the phone call, as they would normally do with any other phone call. The one that was not aware was given that information by the auditor. Of the offenders who knew, they indicated there were painted signs and posters around the institution that provide the contact information and telephone number. All of the offenders interviewed said they would talk to psychiatric staff at the facility if they needed services.

During the interview with the PREA Compliance Manager, he stated he tests the in-house and outside help lines each month from the offender telephones. He also stated he hasn’t had issues that couldn’t be resolved that day with those telephone numbers or contact staff.

Using the telephone number from the poster within a housing unit, the audit team contacted the victim advocate at Kitsap Sexual Assault Center and was told that they have been receiving calls from the facility and that the process has worked well. When the call is received, it goes to a voice mail or to the Victim Advocate’s cellular phone.

### Standard 115.54 Third-party reporting

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800
- Interviews with the following:
  - PREA Compliance Manager
- Offender Orientation Booklet
- Observations of the physical plant and visiting areas during our on-site review rounds, to include available information concerning PREA issue that the offenders can access concerning 3<sup>rd</sup> party notification

Policy DOC 490.800, PREA Prevention and Reporting, assigns responsibility to the PREA Coordinator of 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.

Policy also states visitors, offender family members/associates, or other community members can report allegations by calling the PREA Hotline, writing a letter to the PREA Coordinator or sending an email to the WADOC

A review of the completed investigation revealed that none were third party reports.

PREA Posters and brochures were visible and available in the offender visiting room.

The auditor reviewed the WADOC website and found information available to the public on reporting. [www.doc.wa.gov](http://www.doc.wa.gov)

The facility provided the auditor with a copy of the Visitor Information Brochure. The brochure was reviewed and the required information was included.

During the interview with the PREA Compliance Manager, he stated that all Third-Party reports are processed just like every other one. They can be made from other offenders, staff, family and friends. All are treated as serious as if they were filed by the offender

### Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 350.550, 490.800 and 490.850
- Interviews with the following:
  - Random staff
  - Superintendent
  - Medical staff
  - Mental Health staff
- Internal Investigative reports

Policy DOC 490.850, PREA Response, requires that staff immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

Policy and practice indicates that allegations or incidents of sexual misconduct is confidential and will only be disclosed when necessary for treatment, investigation, and other security and management decisions.

DOC 490.850 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.

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.

Policy also requires medical and mental health practitioners to report sexual abuse pursuant to standard provision 115.61(a), and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services, unless precluded by federal, state, or local law.

Policy mandates each facility to report all allegations of sexual abuse/harassment, including 3<sup>rd</sup> party and anonymous reports, to the facility's designated investigators.

Interviews with random and specialized staff at all levels of this facility indicate that all PREA related allegations/reports go to the facility PREA investigators for investigation.

During 10 formal and 10 informal random interviews with staff, it was confirmed that staff is aware of this requirement and could explain how they would immediately report an allegation of sexual abuse. They further stated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know such as their supervisor and medical staff.

During interviews with medical and mental health staff, mental health and medical staff expressed their understanding of the policy and duty to report. They stated they explain to the offender the limitations of confidentiality prior to the initiation of services.

The Superintendent informed the audit team that MCCCW does not house offenders under the age of 18. If the offender is considered a vulnerable adult, the institution would report to the appropriate agency, as required in state law. All allegations of sexual abuse or sexual harassment are reported to designated investigators at the facility.

The PREA Coordinator confirmed that the facility does not house offenders under the age of 18. In addition, a "potential victim" flag would likely be attached to the offender's record.

The agency provided a copy of the medical informed consent form which is provided to offenders prior to the initiation of services in accordance with the policy.

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.820 and 490.850
- Interviews with the following:
  - Random staff
  - Agency Head
  - Superintendent

Policy DOC 490.850, PREA Response, 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.

During the interview, the Agency Head indicated that if he received such information, he would notify the facility where the offender is housed. Direct that the offender be placed in protective custody while an investigation is completed into the threat. If the perpetrator is identified, he would be placed in disciplinary segregation pending completion of the investigation.

The victim would only be retained in segregation until alternate housing if necessary, could be identified.

During the interview with the Superintendent, she stated that if she received an allegation, she would take immediate action to protect the offender. This may require that they move the offender to a place where he would be safe until the suspect is identified and the investigation was concluded. This may require that the offender be transferred.

Through random line staff interviews, they indicated that if they received an allegation, they would immediately separate the victim and suspect, notify their supervisor.

Staff stated they would determine if the offender or suspect required medical or mental health attention. After dealing with any immediate issues, they would make sure all evidence protocols were followed such as not showering, collection of physical evidence, obtaining video, witnesses then documenting it all into a report.

### **Standard 115.63 Reporting to other confinement facilities**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.850
- Interviews with the following:
  - Agency Head
  - Superintendent
  - PREA Compliance Manger
  - Investigative Services staff

Policy DOC 490.850, PREA Response, states that upon receipt of an allegation of offender-on-offender sexual assault from another facility, 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.

Policy also requires the Appointing Authority to notify the appropriate Appointing Authority or facility within 72 hours of receipt of an allegation when the alleged occurred in another Department location or another jurisdiction or it involves a staff who reports through another Appointing Authority.

Policy further requires that allegations received from other facilities/agencies be investigated in accordance with the PREA standards.

During the interview with the Secretary's Designee, he stated any such allegation received is referred to the Director of Investigations. Contact is made with the PREA Compliance Manager and an investigator is assigned to conduct the review.

Both the Superintendent and the PREA Compliance Manager indicated once an allegation of sexual abuse is received from another agency, it is assigned to an investigator to conduct the investigation.

During the interview with Investigative Services staff, they indicated that work closely with all other outside agencies, to include, City Police, Sherriff's Departments, State Police, the WADOC and the local District Attorney's office, to name a few. Staff indicate they continually monitor each open casefile for any follow-up information needed. Staff stated they make telephone calls or send emails weekly to ensure timelines are not delayed and information is sent to the right department when required.

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 420.375, 420.375 and 490.850
- Interviews with the following:
  - First Responder Staff
  - Superintendent
  - Random Staff/First responders
- First Responder Training certification documents
- First Responder Training curriculum

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 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 the interview with the Superintendent, she indicated that First Responder staff have been trained on the PREA process and drills were performed on a regular basis to ensure competency and compliance. During our on-site tour, we saw one of these drills performed.

During the interviews with First Responding staff stated they were trained in the PREA process, from In-Service Training, On-the-Job Training and through the Learning Management System. During training, they are reminded of the actions, both immediate and long-term in the PREA process. Staff also stated they were each given a PREA checklist that they can carry with them in the uniform pocket.

During interviews with Non-custody staff first responders said they would notify custody staff and direct the alleged victim to not destroy evidence. Through random formal and informal staff interviews, they stated they would secure the offender, separate him from the alleged perpetrator and call the supervisor for further direction. All would be kept confidential except for staff that has a need to know.

Offenders who reported sexual abuse indicated that the suspect was sent to segregation and they were taken for medical and told not to destroy potential evidence by showering or using the bathroom.

#### **Standard 115.65 Coordinated response**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.850
- Supervisors PREA Checklist
- PREA Incident Plan
- First Responders Checklist
- Interviews with the following:
  - First Responder Staff
  - PREA Compliance Manager
  - Superintendent
  - SANE staff interviews

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.

Random staff, that were interviewed, stated they received training in coordinated response and perform drill on a monthly basis to ensure they all know their roles in case of an incident. Staff also talked about, and showed the auditors, the pocket checklist that was given to them by various training staff.

The Superintendent stated that the facility has a local procedure which describes the coordinated actions to be taken by the facilities and communities SART team members. This training is given to all staff in In-Service Training, On-the-Job Training and through the Learning Management System.

During the on-site visit, we did not observe response to an allegation of sexual abuse; however, through staff interviews, SANE interview, and policy review, the audit team has determined MCCCW is in substantial compliance with this standard.

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Collective Bargaining Unit 117, Teamsters
- Interviews with the following:
  - Agency Head

A review of the Collective Bargaining Agreements provided 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.

In an interview with the Agency Head, he indicated that the WADOC has entered into a Collective Bargaining agreement with the Teamsters 117. In that agreement, the contract permits the WADOC to remove alleged staff sexual abusers from contact with any offender pending investigation or a determination of whether and to what extent discipline is warranted.

## Standard 115.67 Agency protection against retaliation

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.860
- Interviews with the following:
  - Agency Head
  - Superintendent
  - Staff charged with Monitoring Retaliation

Policy 490.860, PREA Investigation, explains the WADOC retaliation prevention policy. The Appointing Authority at the facility where the victim is housed will notify the PREA Compliance Manager (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 at the facility where the report was made will ensure alleged victims and offender reporters are monitored and met with at least monthly.

The PCM documents the monitoring of offenders on a form DOC 03-503, PREA Monthly Monitoring Report, and forwards that to the Appointing Authority.

Policy also states if a reporter or alleged victim transfers to another facility during the monitoring period, the receiving facility will assume the monitoring responsibilities.

Policy further states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the department shall take appropriate measures to protect that individual against retaliation.

If retaliation is suspected or confirmed, possible actions may include additional monitoring, transfer of housing or work location and possible discipline for the individual who is retaliating.

During the interview with the Agency Head, he stated retaliation will not be tolerated in the institutions and staff are trained to understand that if an issue arises, they are to speak out without fear of retaliation. If retaliation does occur, those staff members, that created the retaliation, go through the investigation and disciplinary process.

The Superintendent, during her interview, indicated the different measures used to protect offenders and staff from retaliation includes monitoring for appropriate changes in housing or work assignment, disciplinary actions, etc.

During interviews with offenders who reported sexual abuse recalled a staff member formally or informally checking

with them every few weeks but they did state they saw them and felt safe at the facility.

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.820
- Interviews with the following:
  - Staff who supervise offenders in Administrative Segregation
  - Superintendent

Policy 490.820, PREA Risk Assessment and Assignment, states that offenders 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 February 16, 2017, authored by the Superintendent, MCCCW has not had any offenders placed in involuntary segregation as a result of risk of victimization during this audit period.

During the interview, the Superintendent stated that the facility has different housing options or programs that give them the ability to separate offenders. All housing options are considered and generally the longest a victim would be in segregation would be for one to three days pending completion of the investigation or identification of the alleged suspect.

During interviews with staff who supervises offenders in segregated housing shared that offenders are placed in segregated housing for their protection or after having alleged sexual abuse have access to limited privileges and programs. They have access to programming and job assignments to the extent possible.

### **Standard 115.71 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 400.360, 420.375, 490.800 and 490.860
- Interviews with the following:
  - Investigative staff
- Investigative Reports
- Training Records for Investigators

Policy DOC 490.860, PREA Investigations, require that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. 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. 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.

Investigators are trained to follow the evidence protocol as called out by Policy DOC 420.375, Contraband and Evidence Handling.

All potential felony cases are referred to the Grays Harbor 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. Two cases were referred to the local law enforcement agency for investigation during the audit period.

WADOC policy does not allow the use of a polygraph on alleged victims, reports or witnesses in PREA investigations.

The investigations include 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 make a determination of unfounded, unsubstantiated or substantiated.

Policy mandates credibility of an alleged victim, suspect, or witness be assessed on an individual basis and not determined by the person's status as an offender or staff.

Policy mandates administrative investigations shall include efforts to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reason behind credibility assessments and investigative facts & findings. The substantiation standard for sexual abuse and sexual harassment administrative investigations is preponderance of evidence.

Policy requires that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

We conducted 3 interviews with investigative staff who indicated that investigations for allegations of sexual abuse or harassment are initiated immediately, are investigated objectively and thoroughly.

Of the 14 allegations made, 10 files were reviewed. Utilizing a checklist, the reviews looked for offender rights, safety and security of the offender, provable objectiveness, direct or circumstantial evidence, witness statements, effective communications, as well as other guidelines.

Through these file reviews, Investigative staff have shown that they are objective and treat each allegation on a case-by-case basis.

During interviews with investigative staff, they said they are contacted for all PREA allegations and respond to the facility. They investigate and gather evidence whether the allegations are against staff or offenders and review past history and prior complaints. They do not use any type of truth telling device as a condition of proceeding with an investigation. They can contact the Mason County Sheriff's Department for assistance if it looks like the case is going toward felony prosecution. The Sheriff's Department will contact the prosecutor for consultation. If staff's actions were not within policy, it would be addressed appropriately, investigated, and sent through the process. They stated that the investigation is continued on both staff and offender allegations and referred for prosecution if warranted, regardless of the perpetrators continued presence/employment at the facility.

Of the offenders interviewed that alleged sexual abuse indicated they were not subjected to any truth telling device.

Fourteen allegations of sexual abuse/harassment were alleged during the past twelve months. The PREA Compliance Manager provided SIRs for all allegations. During the site review, additional investigative reports were reviewed and collected. SIRs document that all allegations were investigated promptly, when the allegations was received.

Investigative files reviewed included 6 allegations against staff. The reports document a similar investigative process for allegations against staff and offenders. The investigative reports contained no documented assessment of credibility based on status as offender or staff. Allegations against staff and offenders did not consistently include reports evidencing findings, and whether staff actions or failure to act contributed to the abuse.

Investigative reports reviewed documented reviews of video monitoring data but did not include information regarding reviews of prior reports or complaints.

Three cases were referred for prosecution in the past 12 months, two were not being filed by the District Attorney and one is on-going.

The Record Retention Schedule (RRS) require an offender's packet to be retained for 10 years past the date of discharge. It requires retention of staff personnel files for 10 year after the employee leaves the state government agency or at the conclusion of any litigation, whichever is later. They are then transferred to the records center for retention. The records that are transferred include records relating to disciplinary notices, grievances and complaints.

**Standard 115.72 Evidentiary standard for administrative investigations**

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

**Auditor discussion, including 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 standard.**

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.860
- Interviews with the following:
  - Investigative Staff
  - Superintendent
- Sample investigative report for allegation of sexual abuse

Policy DOC 490.860, PREA Investigation, requires the Appointing Authority to determine if the allegation is as follows:

- **Substantiated:** The allegation was determined to have occurred by a preponderance of the evidence. The training that all Appointing Authorities attend teaches that substantiation is 51% that they are sure that the event occurred.
- **Unsubstantiated:** Evidence was insufficient to make a final determination that the allegation was true or false.
- **Unfounded:** The allegation was determined not to have occurred.
- **Substantiation is based on a preponderance of evidence.**

The Appointing Authority is the individual charged with determining the conclusion of the investigation.

During interviews, Investigative staff interviews confirmed that no evidentiary standard higher than a preponderance of evidence is utilized when determining whether allegations are substantiated for administrative investigations.

During the interview with the Superintendent, she stated the outcome of all allegations is based on the evidence presented, in totality, of the reports.

**Standard 115.73 Reporting to inmates**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.860

- Interviews with the following:
  - Superintendent
  - Investigative Staff
- Sample investigative report for allegation of sexual abuse

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.

Through interviews with the Superintendent, she indicated, if at the conclusion of the investigation, the offender was still in custody at MCCCW, she held a meeting with the offender and explained the process and the outcome as well as ask if the offender had any follow-up questions or concerns. This was shown in the investigation documentation.

Through interviews with investigative staff, they reported that notification was given to the offender by the Superintendent if possible. If they were not in MCCCW custody, a letter of telephone call was initiated.

Through interviews with offenders who alleged sexual abuse at MCCCW, the auditor learned that all, except two, who were in county jail custody at the conclusion of the investigation, were told of the outcome of their investigation by the Superintendent. The two were notified by executive staff at the jail.

**Standard 115.76 Disciplinary sanctions for staff**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 450.050, 490.800 and 490.860
- Interviews with the following:
  - Superintendent

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 offender or pled guilty or convicted on a sex crime where the victim was an offender.

Per WADOC policy, staff may be terminated for violation of the PREA Policies. 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.

During the interview with the Superintendent, she stated, MCCCW has had one case substantiated against an employee for sexual harassment during this audit period. The employee received appropriate disciplinary action.

#### **Standard 115.77 Corrective action for contractors and volunteers**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 450.050 and 490.860
- Interviews with the following:
  - PREA Compliance Manager
  - Superintendent

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.

During this audit period, there were no substantiated investigations involving a contractor or volunteer according to the memorandum dated February 9, 2017, authored by the Superintendent of MCCCW.

During the interview with the Superintendent, she confirmed that allegations against contractors and volunteer are immediately investigated. If the allegation is substantiated, the contractor is not allowed to enter the facility. Information is provided to the contract agency and the case is referred for criminal prosecution when appropriate. During the interview with the PREA Compliance Manager, he stated that if an allegation against a contractor or volunteer is filed, they staff member is banned (not allowed on institutional grounds or have any access to any MCCCW offender) until an investigation is concluded.

#### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 460.000, 460.050, 490.800 and 490.860
- Interviews with the following:
  - Superintendent
  - Medical Staff
  - Mental Health Staff

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 against an Offender or committing sexual assault against an offender may be sanctioned to a multidisciplinary review for consideration of available interventions (e.g., Mental Health Therapy, Sex Offender Treatment Program, Anger Management).

A report of sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.

Additionally, when all rules violations in the report are dismissed or the offender is found not guilty of any violations during the hearing, no records pertaining to the violation will be placed in the offender’s central file.

When interviewed, the Superintendent said that offender discipline is based on the level of the violation and penalties are imposed comparable to other offender’s penalties. Penalties might include placement in restricted housing, loss of good time credit, and prosecution. If the offender has a mental health history, mental health staff will be involved.

During Medical and Mental Health Staff interviews, the auditors were told the facility offers limited therapy, counseling and other interventions to address/correct underlying reasons for abuse. The offender’s issues would be addressed during regular counseling sessions or group counseling sessions. They do not require participation in interventions as a condition to access other programming or benefits.

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 610.025, 630.500, 490.800 and 490.820
- Interviews with the following:
  - Offenders that disclosed Victimization during Risk Screening
- Offender Central Files
- Memorandum, authored by Superintendent Vernell, concerning prior disclosure of victimization.

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.

This auditor reviewed 9 mental health referrals. Only one was not seen within 14 days. The remaining 8 were seen within two or three days.

WADOC Health Records Guidelines require that confidentially 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.

Policy mandates medical and mental health staff obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Offenders are made aware of this process and there is a form used to obtain the required consent. MCCCW does not house offenders under the age of 18.

Per the memorandum by Superintendent Vernell, dated February 9, 2017, no offenders, during this audit period, disclosed prior victimization during risk screening.

Interviews with staff who perform risk screening related that offenders who indicate they have previously perpetrated sexual abuse are offered a follow-up meeting with a medical and/or mental health practitioner. There are no secondary mental health/medical materials as the documentation is loaded directly on the computer that only medical staff have access to. Documentation is maintained in the automated system. Access is limited to staff in certain classifications.

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.850, 600.000, 600.025 and 610.025
- Interviews with the following:
  - First responders
  - Medical Staff
  - Mental Health Staff
  - Offenders that Reported Sexual Abuse

WADOC policy 490.850 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. 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 of contracted facility.

Medical and Mental Health staff interviewed stated the treatment they provide is immediate and based on their professional judgement. Medical and mental health work together to ensure the offender receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted infections prophylaxis, would be offered in accordance with professionally accepted standards of care and where medically appropriate.

Interviews with custody staff, non-custody staff, and first responders stated that notification is made via the telephone or institutional radio, to the medical staff who are on duty when they are informed of an incident of sexual abuse.

Interviews with offenders who reported sexual abuse stated they were escorted to and seen by medical staff right after they made an allegation.

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

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- WADOC Policy 490.850, 600.000, 610.040, 610.025, 630.500
- Interviews with the following:
  - Medical Staff
  - Mental Health Staff
  - Offenders that Reported Sexual Abuse

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.

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 of contracted facility.

Policy also states that 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 perpetrators in a substantiated allegation of sexual assault or sexual abuse unless one has already been completed.

During interviews with medical and mental health staff, the auditors learned that offenders are provided with treatment, screening, and follow-up mental health services, as determined appropriate by mental health staff. They also stated that if an offender states she has a history of sex abuse, she would be offered counseling services.

Two offenders, who reported sexual abuse, indicated they were offered tests for sexually transmitted diseases.

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.860
- Interviews with the following:
  - Superintendent
  - PREA Compliance Manager
  - Incident Review Team Member
- March 2017 Meeting Agenda with sign in sheets

Policy DOC 490.860, PREA Investigation, 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 multidisciplinary 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.

The 3-page 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 status, 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 14 PREA cases reported at MCCCW during this audit period, two required committee review. The committee notes were provided to this auditor. Both cases were in compliance with WADOC policy and PREA requirements.

During the interview with the Superintendent, she stated the Review Committee reviews each case to make sure each criterion, including timelines, was met. Every member of the committee shares their thoughts and minutes are taken.

Interviews with the PREA Compliance Manager and the Facility PREA Committee members indicates that the committee reviews each investigation and addresses each of the criteria required per the standard. The minutes are submitted to the Superintendent and the PREA Compliance Manager and Assistant Superintendent ensure any modifications recommended by the committee are completed.

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.800 and 490.860
- Interviews:
  - PREA Coordinator
- Annual Report posted on the WADOC website ([www.doc.wa.gov](http://www.doc.wa.gov))

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 SSV-IV forms.

During the interview, the PREA Coordinator stated she 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 2016, DOJ requested the 2015 PREA report information from WADOC. This information was provided as requested.

**Standard 115.88 Data review for corrective action**

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 490.860
- Interviews with the following:
  - Superintendent
  - PREA Compliance Manager
  - PREA Coordinator

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. The report contained no confidential information.

The PREA Coordinator indicates the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training.

The agency prepares an annual report and posts the information on the website. He further indicated that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

Through the interview with the Superintendent, the auditor was informed that each allegation is reviewed by the Facility PREA Committee and that information is provided to the PREA Coordinator for the annual review. Any issues identified during the Facility PREA Committee are addressed at that time.

The PREA Compliance Manager indicated all SIR information is provided to the PREA Coordinator for annual review.

## Standard 115.89 Data storage, publication, and destruction

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

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

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

- Mission Creek Corrections Center for Women (MCCCW) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WADOC Policy 280.310, 280.515 and 490.860
- Interviews with the following:
  - PREA Compliance Manager
- Washington Department of Corrections public accessible website ([www.doc.wa.gov](http://www.doc.wa.gov))

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. A review of the report posted on the website confirms that all personal identifiers were removed prior to posting.

The PREA Coordinator indicates the data is maintained in a secure data system backed up as required per departmental policy. WADOC policy states PREA related records will be maintained for a total of 50 years or 10 years after an offender is released or an employee is no longer employed, whichever is longer.

A review of the website demonstrates aggregated sexual abuse data from facilities under its control to the public is posted, as required. Information displayed on the agency website, contains no personal identifiers. No federal, state or local law was provided by the agency to indicate there was a law in place to require a data maintenance procedure which would supersede standard provision 115.89(d).

### 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.

**Roger Lynn Benton**

Auditor's Signature

**April 13, 2017**

Date Report filed