

PREA Facility Audit Report: Final

Name of Facility: Monroe Correctional Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/12/2022

Date Final Report Submitted: 11/12/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: John Katavich	Date of Signature: 11/12/2022

AUDITOR INFORMATION	
Auditor name:	Katavich, John
Email:	John.Katavich@cdcr.ca.gov
Start Date of On-Site Audit:	01/10/2022
End Date of On-Site Audit:	04/07/2022

FACILITY INFORMATION	
Facility name:	Monroe Correctional Complex
Facility physical address:	16550 177th Ave SE, Monroe, Washington - 98272
Facility mailing address:	P.O. Box 777, Monroe, Washington - 98272

Primary Contact	
Name:	Jack Warner, Superintendent
Email Address:	jkwarner@doc1.wa.gov
Telephone Number:	360-794-2201

Warden/Jail Administrator/Sheriff/Director	
Name:	Jack Warner, Superintendent
Email Address:	jkwarner@doc1.wa.gov
Telephone Number:	360-794-2201

Facility PREA Compliance Manager	
Name:	Kari Styles
Email Address:	kastyles@DOC1.WA.GOV
Telephone Number:	
Name:	Theresa Cohn
Email Address:	tlcohn@doc1.wa.gov
Telephone Number:	
Name:	Melida Ferrell
Email Address:	maferrell@DOC1.WA.GOV
Telephone Number:	
Name:	Peter Maxson
Email Address:	plmaxson@DOC1.WA.GOV
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Rachel Symon / Elke Jackson
Email Address:	rssymon@doc1.wa.gov / eljackson@doc1.wa.gov
Telephone Number:	360-794-3221 / 360-

Facility Characteristics	
Designed facility capacity:	2500
Current population of facility:	1635
Average daily population for the past 12 months:	2327
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 - 65
Facility security levels/inmate custody levels:	all - minimum to maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	1175
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	127
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	489

AGENCY INFORMATION	
Name of agency:	Washington Department of Corrections
Governing authority or parent agency (if applicable):	State of Washington
Physical Address:	7345 Linderson Way Southwest, Tumwater, Washington - 98501
Mailing Address:	
Telephone number:	3607258213

Agency Chief Executive Officer Information:	
Name:	Dr. Cheryl Strange
Email Address:	cheryl.strange@doc.wa.gov
Telephone Number:	360-725-8810

Agency-Wide PREA Coordinator Information			
Name:	Michelle Duncan	Email Address:	miduncan@doc1.wa.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
39	
Number of standards not met:	
6	<ul style="list-style-type: none"> • 115.13 - Supervision and monitoring • 115.33 - Inmate education • 115.41 - Screening for risk of victimization and abusiveness • 115.42 - Use of screening information • 115.63 - Reporting to other confinement facilities • 115.71 - Criminal and administrative agency investigations

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-01-10
2. End date of the onsite portion of the audit:	2022-04-07

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2500
15. Average daily population for the past 12 months:	2327
16. Number of inmate/resident/detainee housing units:	18
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1708
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	24
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	9
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	5

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	5
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	3
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	152
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	38
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	206
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	185
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	1018
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	262
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	216
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	30
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I reviewed the housing rosters and made sure to get at least one inmate from each housing unit. Additionally I made sure to get a random sampling of age, race, ethnicity and length of time at the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Because of a COVID outbreak at the facility when we were on-site in January, we could not conduct inmate interviews. The on-site portion of the audit was suspended until April (the PRC was consulted on this).
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	30
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2

62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	4
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility informed me in person that they did not have any. I reviewed the investigation log and the list of inmates that were deemed victim likely. I compared these list with the segregation roster.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	20
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	32
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The telephones were tested for access to PREA reporting.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	28	7	28	7
Staff-on-inmate sexual abuse	32	2	32	2
Total	60	9	60	9

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	78	0	78	0
Staff-on-inmate sexual harassment	37	0	37	0
Total	115	0	115	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	23	0	0	0	0
Staff-on-inmate sexual abuse	26	0	0	0	0
Total	49	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	23	2	3	0
Staff-on-inmate sexual abuse	26	2	4	0
Total	29	4	7	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	64	0	0	0	0
Staff-on-inmate sexual harassment	32	0	0	0	0
Total	96	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	64	3	8	3
Staff-on-inmate sexual harassment	32	3	2	0
Total	96	6	10	3

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	17
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	8
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>9</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>19</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>10</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>9</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>In the State of Washington, sexual harassments is not considered a criminal offence. There were no criminal investigations dealing with sexual harassment.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>3</p>
<p>Non-certified Support Staff</p>	

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<h2>AUDITING ARRANGEMENTS AND COMPENSATION</h2>	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify your state/territory or county government employer by name:</p>	<p>California Department of Corrections and Rehabilitation</p>
<p>Was this audit conducted as part of a consortium or circular auditing arrangement?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">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.</p> <p data-bbox="242 517 1493 712">Monroe Correctional Complex (MCC) Operational Memorandum, MCC 490.800, Prison Rape Elimination Act Prevention and Reporting, section 1. A. re-emphasizes the Washington Department of Corrections' zero-tolerance policy. The OM continues on to state that MCC does not recognize consensual sex between staff and individuals under its jurisdiction as a defense against allegations of sexual misconduct. MCC 490.850, Prison Rape Elimination Act Response, explains staff's responsibility to report all allegations of sexual abuse and sexual harassment. It provides the location of the detailed PREA response plan as well as the composure and duties of the PREA response team.</p> <p data-bbox="242 797 1493 1263">The responsibilities of the Washington Department of Corrections PREA Coordinator's duties are defined on page 3 and 4 of this policy. At the initiation of this audit, the PREA Coordinator for WADOC is Beth L. Schubach. During the audit process, Ms. Schubach retired and Michelle Duncan was assigned the PREA Coordinator for the State of Washington. Ms. Duncan's classification is a Manager and she reports directly to the Correctional Program Administrator. According to the WDOC PREA Coordinator Position Description, the PREA Coordinator administers development, implementation, and maintenance of strategies, departmental policies, and procedural operations for the Prison Rape Elimination Act federal legislation, to include compliance with federal and state legislation, federally mandated standards, and court decisions / settlement agreements. Liaison and subject matter expert to other stake holders throughout the state in areas of law enforcement, victim services, organizations, county prosecutor's offices, the State of Washington Attorney General's Office and Supreme Court Judges Association. It also over sees all PREA investigations assigned to agency appointing authorities, completes related analysis of data for strategic planning and deficiency correction, and provides related information to management throughout the agency. During the audit process Ms. Schubach was available to clarify some of the questions about the WADOC's PREA policies that this auditor had. She is extremely knowledgeable and well versed in PREA. She appears to know how to effectively manage PREA in a correctional setting.</p> <p data-bbox="242 1348 1493 1881">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. Because of the physical design of MCC the complex has four PCM positions. Each PCM is responsible for the PREA issues at their respective facilities. For the purpose of this audit, the PCM over the Special Offender Program and Intensive Management Unit was the point of contact. MCC has one specialist position that is responsible for the tracking of the investigations, the monitoring, SAIR committees, the screening and all other PREA related processes. MCC's PCM is Kari Styles, a Unit Program Manager. As the PCM, she reports directly to the Superintendent and has the authority to coordinate the facilities efforts to comply with the PREA standards. Ms. Styles has been the PCM for MCC for about nine months. At the time of the pre-audit there were four PCMs assigned at MCC. Each facility had its own PCM. In March or 2022 an administrative decision was made to create one PCM position to provide more accountability and control of the PREA process at MCC. Ms. Styles worked with the audit team though out the process. She provided the required documentation to prepare for the audit and provided the audit team with access to all of the areas at MCC that we requested during the tour. Ms. Styles and her assistant insured that all of the supporting documents were provided upon request during the onsite visit. Additionally her and her staff made sure that the audit team had access to all of the staff and offenders that we needed to interview. Even though Ms. Styles is relatively new to the position, she has a firm grasp on the goals of the PREA Compliance Managers responsibilities. She explained what her responsibilities are to ensure that the facility maintains compliance with the PREA standards.</p>

115.12	<p data-bbox="231 71 1508 1207">Contracting with other entities for the confinement of inmates</p> <p data-bbox="231 129 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 264 1508 369">Policy DOC 490.800, section IX, page 9, requires that any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with DOJ PREA standards and that the WADOC be allowed to monitor the PREA compliance.</p> <p data-bbox="231 443 1508 582">Washington Department of Corrections (WADOC) currently contracts with American Behavior Health Systems for housing offenders in residential treatment center. Copies of the contract were reviewed by this auditor. The contract contained language specific to the requirement that the facility/agency comply with the DOJ PREA standards. The contract also contained a clause allowing for WADOC to inspect the facility/agency for PREA compliance.</p> <p data-bbox="231 656 1508 728">WADOC has interstate compact agreements with the departments of corrections in both Iowa and Minnesota. These agencies are included in compliance monitoring activities.</p> <p data-bbox="231 801 1508 907">WADOC houses inmates in local county jails for short periods of time to accommodate Parole adjudication or for out-to-court purposes. According to the PREA Resource Center's clarification dated February 19, 2014, this situation does not constitute a contract, therefor 112.12 does not apply in this situation.</p> <p data-bbox="231 981 1508 1187">During the interview with the Contract Administrator for WADOC, she stated the agency has a template that goes in all new contracts for offender housing, which covers the PREA compliance and monitoring requirements. Prior to signing a new contract, the PC is provided a copy of the contact to ensure that it meets the PREA requirements. Once the contract is signed, the PC checks to see where the facility is at in the PREA audit process. She reviews the web site and talks to the local PCM or PC. The facilities are inspected by WADOC staff every couple of weeks. If something is none compliant, based on the severity, the contract could be suspended of cancelled.</p>
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Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

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

The WADOC staffing model is based on an extensive review of national correctional practices and has been approved by the Washington State Legislature. The pre-audit materials include several vulnerability assessments. These assessments were conducted by staff from the Washington Department of Corrections to help evaluate the safety and security of the facility.

These assessments include an evaluation of the on-site staffing at MCC. These quality assurance audits are conducted on an annual basis to ensure compliance with the staffing model.

Each year MCC completes an annual staffing review report. The previous two reports were provided with the pre-audit materials. This auditor was also provided with the most current copy of the Staffing Plan Review. The most recent staffing plan review was conducted on May 17, 2021. The staffing plan reviewed:

- The staffing methodology;
- If there were any judicial findings of inadequacy (none noted);
- If there were any findings of inadequacy from Federal investigative agencies (none noted);
- If there were any findings of inadequacy internal or external oversight bodies (none noted);
- All components of the physical plant (the report addresses update video camera system in 2020);
- The composition of the inmate population;
- The number and placement of supervisory staff;
- What institutional programs were occurring on a particular shift;
- If there are any applicable state or local laws or standards (none noted);
- The prevalence of any substantiated or unsubstantiated incidents of sexual abuse;
- And any other relevant factors.

This staffing review addressed resources available to maintain the staffing plan. The staffing review was signed by the Superintendent on May 18, 2021, and reviewed by the Agency PREA Coordinator.

MCC is funded for 1,128 full time employees, including 13 exempt full time employees. MCC employees seventeen Lieutenants, 72 Sergeants and 595 Correctional Officers for a total of 684 full time correctional staff. There are 203 medical staff and 241 support administrative staff.

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

MCC currently has 1,797 video cameras to enhance the security of the facility. The length of storage for these cameras is about 30 days. The cameras are monitored by various staff, depending on what the camera is monitoring and what the staff's area of supervision is.

WADOC requires each institution to complete a PREA Vulnerability Assessment. Once the initial assessment is complete it must be reviewed and up dated at least annually to ensure the corrective action plan is up to date. Any time there is a risk identified, it is tracked in the Vulnerability Assessment and a corrective action item is created. As corrections are made, these are documented in this assessment tool. MCC had a Vulnerability Assessment conducted on June 24, 2020. The

Vulnerability Assessment was reviewed by this auditor.

MCC has a minimum staffing requirement. In the event that a mandatory post is vacant the post is filled with overtime or redirection from non-mandatory posts. Additionally programs are closed if non-custody staff are not available to run the program. In the event that a program is modified or closed due to lack of staffing, the reason for the modification/closure is documented. This program modification is documented in the daily shift logs. The program being modified and a short explanation of why, is listed at the bottom of the document. Examples of the documentation were provided to the audit team.

During the COVID-19 pandemic there were several instances when staffing mandates could not be met. MCC had activated the incident command to handle, not only the outbreak of COVID, but the deficiency in staffing. These were well documented in the Incident Action Plans (copies provided with the pre-audit materials).

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. Managers log their rounds in the Incident Command Walk about Report. This reports contains the date, shift, area visited and observation. Examples of the housing unit logs were provided with the pre-audit material. The examples provided show the time, name and rank of the supervisor conducting the unannounced tour. The housing unit logs were reviewed during the audit. The managers sign the log book in ink while conducting their tours. This auditor observed the manager's signature in some of the log books. When managers were asked about the tours they informed the audit team that they do not announce rounds and they make their rounds at different times of day in random order (including weekends). Some of the housing units have supervisors assigned to them during the day shift; however managers are still required to make rounds in these buildings. The logs indicated that supervisors and managers do not routinely tour the housing units on evening shift and night shift in Special Offender Unit. This was discussed with the management team and the auditors observations were pointed out at the time of the on-site tour.

During the tour the audit team noticed sufficient numbers of staff to provide adequate coverage during each shift. There were not any areas that offenders had access to that did not have a staff member present. A review of the video monitors showed that areas that are less likely to be in the direct line of staff sight, such as hall ways and stairwells, had video coverage.

During the offenders' interviews, offenders generally stated that they felt safe at MCC.

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

In the TRU Correctional Industries Laundry area, inmates were sitting in the "out-of-bounds" areas. Staff were in their office and not supervising the inmates. The fenced off area behind the driers was unsecured. During the corrective action period, the facility discussed placing cameras in these areas. Unfortunately MCC did not receive approval to place these cameras. A mirror was installed above the "out-of-bounds" area. The mirror is visible from the supervisor's office. Three photographs and a floor plan, with the mirror's location, were provided to the auditor.

The SOU Visiting Sergeant's Office had paper covering the window creating a blind spot. During the corrective action period, the coverings were removed. On September 6, 2022, the Superintendent issued a memorandum to all staff explaining the expectation that office windows not be covered.

WSR, building 3 has unsecured elevator and stairwell. The auditor received an email on August 19, 2022, with a memorandum dated August 18, 2022, stating that this building has been closed and is no longer accessible to the incarcerated individual population. This portion of the audit is now compliant.

The supervisor rounds are not documented sufficiently. This is primarily a concern at the SOU. Each month during the corrective action period, the auditor would request copies of random housing units to review for documentation compliance. The facility provided the auditor the requested documents via email and the On-Line Audit System. Unfortunately only one

random sampling was able to demonstrate compliance with this standard. This does not demonstrate that this activity is routine, therefore MCC is out of compliance with 115.13 (d).

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

115.15

Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy 420.310, Searches of Offenders, section III, requires that a strip search must be conducted by two trained employees. Staffing will meet the following gender requirements, unless waiting for an employee of the designated gender may result in serious bodily injury to the offender, the employee, or others. Strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she will position herself to observe the employee doing the strip search, but will not be in direct line of sight with the offender. All strip searches will be documented before the search, or as soon as possible after the completion of an emergent strip search. If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed before the end of the shift. Policy 420.312, Body Cavity Search, Requires that all cavity searches will performed by staff of the same gender as the offender. According to the memorandum signed by the Superintendent, there have not been any cross gender strip searches conducted during this audit period.

On January 22, 2020, WADOC drafted a new policy on transgender, intersex and/or gender non-conforming individuals. This policy allows inmates to request to be strip searched by the gender of staff that they identify as, not the inmates birth gender. The approval must be approved by the Headquarters Multi-Disciplinary Team and only employees who volunteer and receive approved training will conduct these strip searches.

Twenty-five samples of search logs were provided with the pre-audit materials. A review of the search logs did not review any cross gender viewing concerns. In the few cases that a female staff was used as part of the strip search team, the female staff member was noted as being the observer (stand away from the search to observe the staff member doing the search, not the offender being searched).

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

MCC has installed doorbells by the entrance of each housing unit. Female staff are required to ring the doorbell prior to entering the housing unit. The WADOC informs the inmates what the doorbell signifies during orientation at the reception center. They are informed that the doorbell indicates that a female staff member is entering the housing unit and to be properly dressed. Additionally, the purpose of the doorbells is posted around the facility, in English and Spanish, for the inmate population to observe. During the tour of the facility, the audit team observed staff using the doorbell and making the cross gender announcements as they entered any living area. A majority of the inmates interviewed stated that the female staff routinely announce themselves or use the doorbell when they enter the living quarters.

During the tour of MCC, the audit team observed two offender restrooms where offenders would not be able to toilet without female staff being able to observe their private areas (addressed later in this section). All of the housing unit showers provided adequate modesty screens to allow offenders to disrobe, and shower without staff observing their private body parts with the exception of the showers in TRU Housing Unit E and F. The strip search areas provide sufficient modesty to prevent cross gender viewing. In the medical clinic, there are modesty curtains in the exam rooms to allow for medical exams without other staff observing.

The video cameras are monitored in several locations throughout the facility. Most of the cameras did not create a cross

gender viewing concern. There are cameras in the cell in the mental health treatment area. These cells are used to house inmates who are on suicide watch and under mental health observation. There are also cameras in the cells in the infirmary. The monitor for these cameras are visible by medical and non-medical staff of both genders. There are also cameras in the dayrooms of the dorms in the MSU. The inmates cannot change clothes in the dorm without staff of the opposite gender viewing them. This is addressed later in this section.

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

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. A review of the training documents provided during the audit confirmed that all custody staff had been through this training. During the interview with random staff who would conduct pat-down searches, they all claim to have received the training and were familiar with how to conduct a pat-down search of male, transgender and intersex inmates.

During the tour of the facility there were six areas that the audit team identified as a concern for cross gender viewing.

The inmate restroom toilet in the SOU Education Department/Gymnasium has a window that did not allow for modesty. The window was frosted and photographic proof of compliance was submitted on May 16, 2022.

At the time of the interim report there were five areas that were considered non-compliant with limiting cross gender viewing.

Washington State Reformatory, Building 1, inmate restroom, did not allow for modesty. I received an email on August 19, 2022, with a memorandum dated August 18, 2022, stating that this building has been closed and is no longer accessible to the incarcerated individual population.

The showers in SOU, F Unit, did not provide modesty when transgender inmates were showering. On August 25, 2022, the auditor received an e-mail with photographs of the curtains in place. The height of the curtain prevent staff and other inmates from seeing trans-female offenders breasts while in the shower. Staff will still be able to see the legs so there is no "blind spot" concerns.

The camera monitors in the SOU Infirmary are not restricted from non-medical female staff viewing. On August 25, 2022, the auditor received an e-mail with information the WADOC request to meet and confer with the union to make these gender specific posts. The initial meeting was held on September 28, 2022. As of the date of this report the table is still open. An email dated October 17, 2022, from the Superintendent stated that female staff are being redirected until the posts become gender specific.

The camera monitors in the SOU Mental Health Unit (G building) are not restricted from non-medical female staff viewing. On August 25, 2022, the auditor received an e-mail with information the WADOC request to meet and confer with the union to make these gender specific posts. The initial meeting was held on September 28, 2022. As of the date of this report the table is still open. An email dated October 17, 2022, from the Superintendent stated that female staff are being redirected until the posts become gender specific.

The cameras in the Minimum Support Unit dorms do not allow for modesty while inmates are changing clothes. I received a photo of a sign that advises the inmates of possible female staff viewing them on camera. The sign suggests they change in the restroom. Additionally this advisory has been added to the inmate handbook.

This auditor finds that MCC is now compliant with standard 115.15.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

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

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

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

During an internal review of the facilities practices, MCC management determined that, even though communication services were being provided to the special needs offenders, the method of effective communication was not being documented. On November 18, 2021, the Superintendent directed staff to include the method of effective communication when providing PREA information to the offender population. MCC developed a tracking log that contains this additional information.

When an inmate arrives at MCC, the Classification Counselor identifies the LEP or ADA offenders. Any accommodations required to assist the inmate during orientation are then documented. A total of ten inmates with learning disabilities, physical disabilities and English language barriers were interviewed during the on-site portion of the audit. All of these inmates were provided the PREA information in a way that they could understand. Each of them knew about the zero-tolerance policy, what it meant and how to report a sexual assault or sexual harassment.

While interviewing staff, about half of them were unaware of the interpretive services and how to use these services if needed. None of the staff interviewed stated that they would use another offender to interpret for them in PREA cases.

During the interview process the audit team requested to interview non-English speaking offenders. Three of these inmates were interviewed. The two inmates that were interviewed who did not speak fluent English were interviewed using the interpreter service phone line. One inmate was interviewed using a staff interpreter. The non-English speaking inmates stated that whenever the staff need to talk to him they use a staff interpreter. Two cognitive offenders were interviewed.

During their interview, both offenders claimed that the PREA information was explained to them by their caseworker. Both inmates knew the policy and knew how to report a PREA if needed.

115.17

Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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

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

WADOC requires perspective employees, promotions and contractors to complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Services Disclosure. Additionally all current employees are required to complete the DOC 03-506, during their annual PREA training. This form has five questions about previous sexual misconduct and sexual harassment, of an inmate, in an institutional setting. If the candidate answers yes to any of these questions, he/she may not be allowed access to the facility. Additionally the form requires the candidate to disclose any previous institutional work history that they may have had. Seven samples of the DOC 03-506 were provided to this auditor with the pre-audit material. All of the documents were in compliance with policy. 22 samples of new hires and 10 samples of promotions were provided with the pre-audit materials. Random reviews of 26 personnel files demonstrated compliance with this policy. All of the documents were in compliance with policy.

Prior to promoting a WADOC employee, the PREA database maintained within the Offender Management Network Information (OMNI) system is reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring review.

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

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

Policy 400.320, Terrorism Activity, requires a criminal record check will completed for all employees, contractors and volunteers. Additionally contracts between workforce agencies and WADOC require the employment agency to complete background checks that comply with PREA hiring and promotion policy on all temporary employees that will have contact with offenders. The 32 sample files submitted with the pre-audit materials all contained background checks that were conducted prior to hiring/promoting. All 26 personnel files reviewed on site, contained recent criminal background checks. Six random volunteer and contractor records were reviewed during the on-site portion of the audit. All ten had proof of background checks.

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

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

While reviewing the personnel files it was discovered that all staff background checks are completed by the HR department upon initial hiring. WADOC then completes a background check on all staff every five years. The WADOC just completed all of the background checks in the spring of 2019. Contractors and volunteers must have a background check completed to receive an identification card. The card expires after five years. Seven examples of the background checks were provided with the pre-audit materials. If an applicant had a record of criminal activity, the Captain reviewed the arrest record to insure that all hire policies and standards are complied with.

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

When a perspective candidate applies for a position at MCC, they are asked to disclose any previous employment with any other correctional employer. Of the 26 personnel files reviewed, four disclosed prior employment at other institutions/agencies. In all four personnel files where the employee disclosed such previous employment, there were records to show that an information request was submitted to the previous employer to check that the employee did not have any criminal, civil or administrative action as a result of any sexual misconduct in a confinement setting in the employment history.

During the interview with the Human Resources supervisor, he stated that all employees have to complete a criminal background check before they are considered for employment. Additionally, the application process requires the potential employee to disclose any previous sexual abuse/harassment of an incarcerated individual. If the prospective employee provides false information on the application, they are eliminated as a candidate.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 403">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.</p> <p data-bbox="229 470 1509 515">MCC has not had any significant building modification projects since the last PREA Audit.</p> <p data-bbox="229 582 1509 743">Since the last PREA audit, there have been modifications and updates to the video monitoring system. There were a total of 226 new cameras installed in 2020. These updates were reviewed by the audit team. According to the Superintendent, all video monitoring updates are reviewed to ensure that the inmate's modesty during toileting, changing clothes, showering or strip searches are not compromised. There were not any PREA violation concerns noted while reviewing the video coverage.</p>

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1473 394">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".</p> <p data-bbox="242 405 1449 528">MCC staff do not conduct criminal investigations. In the event that a case appears to be criminal in nature, the case and evidence collection is turned over to the Monroe Police Department, Snohomish County Sheriff or the Washington State Police. The Shift Commander for MCC was interviewed and he was able to articulate the entire response process and demonstrated how he would ensure compliance with PREA policy.</p> <p data-bbox="242 618 1477 712">MCC has an annual Law Enforcement meeting with Monroe Police Department, Snohomish County Sheriff and Washington State Police to discuss each agencies role in the criminal investigation process. The most recent meeting was held on Thursday, March 10, 2022. Copies of the minutes were provide to the audit team.</p> <p data-bbox="242 801 1485 925">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.</p> <p data-bbox="242 936 1485 1093">MCC does not complete forensic medical exams. All cases that require SAFE/SANE services are transferred to Providence Medical Center in Everett Washington. During the past year, there were two PREA allegation that required the victim to be examined by the SAFE/SANE Nurse. None of the other cases reviewed, meet the criteria to send the alleged victim to the medical center for a forensic exam. The SAFE/SANE nurse was interviewed telephonically. She confirmed that Providence Medical Center handles all of the forensic exams for MCC.</p> <p data-bbox="242 1182 1469 1276">WADOC requires that victims of sexual assault be offered a victim advocate. WADOC has a contract in place with Washington Department of Commerce, Office of Crime Victims Advocacy to provide victim advocates for MCC. The Providence Intervention Center for Assault and Abuse, Everett, Washington provides victim advocates for inmates at MCC.</p> <p data-bbox="242 1288 1453 1478">Providence Intervention Center for Assault and Abuse was contacted to confirm their role in a sexual assault. The victim advocate stated that they require all Victim Advocates to attend 30 hours of training initially and 12 hours every year after that. Providence Intervention Center has 16 fulltime employees and 36 part time advocates. She stated that her organization has a positive working relationship with MCC and WADOC. They meet on a periodic basis to discuss each other's roles in the event of a PREA. There was two cases that a victim advocate was requested during this audit period. The victim advocate was present during the forensic exams.</p> <p data-bbox="242 1568 1485 1792">WADOC is responsible for conducting administrative investigations. WADOC staff do not have law enforcement powers and are not authorized to conduct criminal investigations. All criminal allegations are referred to Monroe Police Department for investigation /prosecution. In the event that Monroe PD is unable to respond, MCC is required to contact the Snohomish County Sheriff or Washington State Police. The Investigator for Monroe Police Department was contacted for this audit. He was very knowledgeable in the PREA requirements. He further stated that his agency is trained in and required to follow the sexual assault protocols that the PREA standards require. He claims that he has a very good working relationship with MCC and WADOC.</p>

115.22	<p data-bbox="229 69 1509 1305">Policies to ensure referrals of allegations for investigations</p> <p data-bbox="229 1305 1509 1373">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 1373 1509 1440">Auditor Discussion</p> <p data-bbox="229 1440 1509 1597">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.</p> <p data-bbox="229 1597 1509 1843">When there is a reported PREA incident, regardless of how the information is received, the Shift Commander completes an incident report on the Incident Management Reporting System (IMRS). The IMRS is monitored by WADOC headquarters staff. All PREA incident reports are reviewed by the Headquarters PREA Unit to determine if the allegation meets the prima fascia of PREA. If the allegation is determined to be a PREA incident, the report is returned to the institution and assigned an investigation number. This process takes as little as a couple of hours or as long as two days to assign an investigator. According to the PREA Coordinator, this process is tracked very closely and any delayed investigations are researched by the PREA Unit.</p> <p data-bbox="229 1843 1509 2000">During a review of the Washington Department of Corrections website, the PREA policies and investigation protocols were located using the search tool in "Policies".</p> <p data-bbox="229 2000 1509 2157">WADOC staff are not sworn peace officers, therefore cannot conduct criminal investigations. If at any point during the administrative investigation, it appears that a crime was committed, the case should be referred to the Monroe Police Department for criminal investigation. There were several criminal PREA allegation referred to the local law enforcement during this audit period. The management staff at MCC meet with the representatives from Monroe PD and the Washington State Police at least annually to discuss and coordinate each agencies responsibility during a criminal investigation. This auditor reviewed copies of the minutes from the last meeting, March 22, 2022, between the agencies.</p> <p data-bbox="229 2157 1509 2240">The agreement between Monroe Police Department and MCC state that misdemeanor sexual assault cases, such as grouping outside clothing, will not be referred to the police department. There were several PREA cases that alleged criminal conduct during the past year that were referred to the local law enforcement agencies, however rejected due to insufficient evidence. There are still four cases being investigated by the Monroe Police Department at the time of this report.</p>
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115.31

Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- The WADOC zero tolerance policy;
- How to prevent, detect, report, and respond to sexual misconduct;
- Offender's rights to a sexual abuse and sexual harassment free environment;
- Offender's and staff's right to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamic of sexual abuse and sexual harassment in confinement;
- The common reactions of victims; How to detect and respond to signs of threatened or actual sexual abuse;
- How to avoid inappropriate relations with offenders;
- How to communicate effectively with LGBTI offenders and;
- How to comply with laws related to mandatory reporting.

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

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

The current training was initiated in 2014. All staff were required to take the training at that time. Since that date, all staff are required to take the training on PREA annually. During this audit period, the training was completed through a computer delivered class. In addition to the annual PREA training, all staff, contractors and volunteers must self-certify that have not had any civil, criminal or administrative action taken against them for sexual misconduct involving an incarcerated individual. According to the information provided with the pre-audit materials, over 66% of the employees did not complete the training. This was discussed with the Training Manager while on-site. She was able to provide documentation that demonstrated that over 95% of the staff had attended the required training over the past two years. All 25 random employee training files reviewed demonstrated compliance with the training.

WADOC requires employees to sign form DOC 03-483, PREA Training Acknowledgment, upon completion of the class. Thirteen examples were provided with the pre-audit materials, demonstrating compliance. All 25 random training files reviewed had these acknowledgment forms in the file.

The training year for MCC starts in July and ends in July of the following year. The training manager ensures that all staff attend the required training. She makes the schedules for the employees to attend the training. The employee is pulled off post and assigned to training and coverage is provided by Training Relief Staff. If the employee does not attend, they are rescheduled and their supervisor is notified. She tracks all of the training that staff attend to make sure that they maintain their training requirements. Because of medical concerns, the training manager was not available on the second visit to the facility. The 26 random training records reviewed showed compliance with the standard requirements. At the time of the on-site portion of the audit about 710 of the 1234, (58%) of the facility staff had completed the annual training. At the time of the interim report about 1150 staff had completed the annual training. This is over 90% with about 45 days left in the training cycle.

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

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1465 432">Policy 490.800, section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. The training that most volunteers and contractors are required to take is the same training that employees must take (PREA 101). This training exceeds the requirement for this standard. The contractor is then required to sign the acknowledgment form (DOC 03-383) stating they understand WADOC PREA policy. The agreement contracts with vendors and service providers include this information in the contracts.</p> <p data-bbox="242 517 1490 712">According to the information provided with the pre-audit materials, all 489 volunteers and 124 of 127 contractors completed the training and signed the document acknowledging the training. The lists indicate that all of the contractors except for two had a background check conducted within the past 5 years. 49 of the 489 volunteers did not have a background check in the past five years according to the documents provided with the pre-audit materials. During the on-site portion of the audit a more accurate list was provided showing that background checks had been completed as required. Six examples of PREA training acknowledgement were provided prior to the on-site portion of the audit.</p> <p data-bbox="242 799 1481 929">Contractors and volunteers that have limited access to the facility (i. e. contractors filling the vending machine, fixing office equipment or one time repair services) are provided the policy via pamphlet. The pamphlet includes the definition of PREA, the duty to report, the zero tolerance policy and additional relevant information. These contractors and volunteers must also acknowledge that they received and understand the information by signing the form DOC 03-478.</p> <p data-bbox="242 1014 1490 1176">During an interview with the Training Coordinator, she explained how she tracks the training for the volunteers. Each volunteer must complete the training every fiscal year. The Training Coordinator maintains a tracking report on all contractors and volunteers. If the volunteer is delinquent, they are removed from the clearance list until they meet the training requirements. Six random volunteer and contractor records were reviewed during the on-site portion of the audit. All six had proof of training.</p>

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

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

Offenders are provided with a brochure (English or Spanish) that explains the Department's policies and how to report sexual misconduct when they arrive at MCC. The orientation class is typically given within the next week of arrival. During orientation, the offenders watch a video and receive the offender handbook which explains the PREA policy and how to report any allegations. The staff member who is providing the information also explains the department's zero tolerance policy, what constitutes a PREA, how to avoid becoming a victim and how to report a PREA. The offenders sign a document demonstrating that they attended the class. Copies of their completion certificate are placed in OMNI. Twenty-four copies of signed documents were provided to this auditor with the pre-audit materials

Once the inmates have received the PREA education, they sign a form DOC 21-992. This form is an orientation check list. The inmates initial next to the PREA section of the check list. By initialing the DOC 21-992, the acknowledges that he/she has received the PREA policies (including zero-tolerance and reporting), watched the PREA video and had an opportunity to discuss PREA with staff. Twenty-four examples of initialed and signed DOC 21-992s were included in the pre-audit materials.

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. MCC provided a list of offenders housed at MCC prior to 2015. All 172 offenders on the list received initial PREA orientation. A random review of the inmate files confirmed that the education did occur.

In November 2021, while preparing for this audit, MCC determined that, even though effective forms of communication were being used, the documentation was not occurring. WADOC has several versions of PREA brochures available for low functioning offenders. MCC plays a video that explains the PREA policy and how to report sexual misconduct. The video is close captioned for the hearing impaired. This video is also in Spanish. If an offender does not appear to comprehend the information provided, the facilitator takes additional time to explain it to this offender.

The list of all inmates who arrived at MCC between November 1, 2020 and October 31, 2021, was provided with the pre-audit materials. Of the approximately 660 inmates who arrived at MCC during the time period from May1, 2021, to October 31, 2021, 391 stayed at the facility for over 30 days. Of those 391 inmates, around 72 inmates did not receive the education within 30 days. That is a compliance rate of about 81%. During the onsite portion of the audit, the last 90 days of tracking was reviewed. 27 Of the 87 inmates that had been at the facility for at least 30 days had not received the inmate orientation within the 30 day time frame.

Of the 21 random offender files reviewed, all but one of them had the signed acknowledgement forms indicating that the offender did receive the PREA information. The training was provided, within 72 hours of arrival.

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

During the corrective action period, the auditor was provided the intake tracking list each month of the CAP. This tracking documents when the inmate is initially PREA screened, the follow-up PREA screening and when the inmate attends orientation. Based on the data provided, MCC was not able to provide timely PREA education to the newly arriving inmate population. The highest attendance rate for any given month was 85%. The average attendance rate for the five month period was about 59%. Based on the evaluation of the supplied documents, MCC does not comply with standard 115.33 (b).

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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 to become an investigator.

MCC currently has 42 trained investigators on staff that are utilized to investigate PREA allegations. When there is PREA allegation received, and it has been determined to be handled administratively, the Superintendent assigns one of the certified investigators to conduct the investigation. When an investigator is assigned, consideration is made as to their normal duties or assignments so as to not create a conflict of interest. Five example of the transcripts were provided to the auditor with the pre-audit materials. The auditor requested and reviewed another five random transcripts during the on-site portion of the audit. The transcripts show the date that the course was completed. WADOC Headquarters also keeps a tracking log of which staff have completed the investigations course.

While interviewing the staff trained for PREA investigations, they were able to articulate the investigation process and their responsibility. The training that they attended prepares the investigator on how to conduct an investigation without compromising the integrity of the investigation. If at any time the investigation appears to reveal possible criminal activity, the investigation is suspended and the case is referred to the local law enforcement agency. Five training certificates were provided with the pre-audit materials. Additionally, five random training certificates were requested and reviewed by this auditor to insure compliance.

All criminal investigations are referred to either the Monroe Police Department or the Washington State Police. The Deputy Investigator for Monroe Police Department was interviewed for this audit. He stated that his investigation team received training specific to investigating sexual assaults in a confined setting. The training that his staff receive is provided by the State of Washington. His staff take additional training on-line through National Institute of Corrections. All Washington State law enforcement agencies (Sheriff Department, Police Departments and State Police) were mandated by the Washington Legislature to require all staff assigned to investigate sex crimes to attend specialized training. This training includes sexual assault evidence, victimization and trauma response.

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

115.35	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1469 365">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:</p> <ul style="list-style-type: none"> <li data-bbox="308 416 836 445">Detecting and assessing signs of sexual misconduct; <li data-bbox="308 551 1023 580">Responding effectively and professionally to sexual misconduct victims; <li data-bbox="308 685 855 714">Completing DOC 02-348 Fight/Assault Activity Review; <li data-bbox="308 819 959 848">Preserving physical evidence; Reporting sexual misconduct, and; <li data-bbox="308 954 703 983">Counseling and monitoring procedures. <p data-bbox="242 1070 1426 1099">Additionally all of the contract medical staff must attend the same PREA training that all employees receive every year.</p> <p data-bbox="242 1182 1169 1211">A review of the provided lesson plan demonstrates compliance with this training requirement.</p> <p data-bbox="242 1301 1485 1529">The pre-audit documents provided by MCC show that 206 of the 250 medical/mental health staff/contractors have received the required specialized PREA training. This is only 82% of the medical/ mental health staff. Additionally, only about 33% of the medical/mental health staff have completed the required WADOC staff annual PREA training. During the on-site portion of the audit the training information was reviewed in more detail. During the on-site portion there were currently 197 medical and mental health staff assigned to the facility. Less than 5% had not taken the required training (most were off of work long term). This was immediately addressed by the PCM with the medical administrator. Six random medical staff training files were reviewed. The documents showed that all six had taken the required courses.</p> <p data-bbox="242 1619 1485 1713">The audit team interviewed 2 random medical staff and 2 random mental health staff. All four staff explained the training that they received relative to PREA. The four staff knew the zero tolerance policy and what their role is in the event of a PREA incident. They all knew their responsibility to report it and what the limits of confidentiality are.</p> <p data-bbox="242 1803 1442 1897">Medical staff at MCC do not conduct forensic exams. The victim and suspect are taken to Providence Medical Center in Everett, Washington whenever a PREA allegation is made where there is a chance of exchange of body fluids or other physical evidence. The forensic medical exams are conducted by a SAFE/SANE at that time.</p>

115.41

Screening for risk of victimization and abusiveness

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

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

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

- First incarceration;
- Age less than 25 years or over 65 years;
- Male size and stature: Less than 5' 8" and/or less than 140 lbs;
- Previous or current commitment for sex offence/crime with sexual motivation in which the victim was a child of 13 years or younger or an elderly person of 65 years or older;
- Mental impairment-developmentally or intellectually disabled, mentally ill or physically disabled;
- History of sexual abuse-victimization;
- Victim of sexual assault in confinement;
- Behavior characteristics or display of sexual orientation in a way that projects vulnerability;
- And Offender perceives themselves as vulnerable.

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

A list of all 1592 offenders received between November 1, 2020 and October 31, 2021, was provided with the pre-audit materials. 1587 offenders were retained longer than 72 hours. 390 of the offenders did not have their initial screening completed within the 72 hours according to the documentation provided. That is a completion rate of about 75%. Of the 1592 offenders received during that time period, 724 stayed at the facility for more than 30 days. Of the 724 offenders who required the 30 day follow-ups only 411 were completed within the required time frames. This is a completion rate of about 70%. Twenty-four examples of the initial intake PREA screening and twenty-three examples of the follow-up screening were provided with the pre-audit materials. About 70% of the initial screening documents that were provided with the pre-audit materials were completed within 72 hours. Only 78% of the 30 day follow-up documents were completed within the required 30 days. 21 random offender files were reviewed during the on-site portion of the audit. 15 of 21 had the initial screening completed within 72 hours and 17 of 21 had the follow-up screening completed within 30 days. A 90 day tracking list was reviewed during the on-site portion of the audit. The tracking showed a 75% completion rate of the initial tracking and a 68% completion rate of the follow-up tracking.

MCC completes a new risk screening on offenders if staff observe issues that may indicate that the offender may be at risk or predatory. The facility also completes new risk screenings if the offender is the victim or suspect in a substantiated sexual abuse/assault or if the offender requests to be re-evaluated. Sixteen examples of the re-assessments were provided with the pre-audit materials.

PREA Risk Assessments are completed within a restricted component of the Offender Management Network Information (OMNI) system. Access to this system is restricted to the following:

Classification Counselors and Work Release Community Corrections Officers responsible for the completion of assessments.

Correctional Unit Supervisors, Community Corrections Supervisors, Correctional Program Managers, Associate Superintendents, Superintendents, and the Work Release Program Administrator responsible for override approval and ensuring assessments are completed as required in agency policy.

Staff as identified by the facility Superintendents and the Work Release Program Administrator responsible for oversight of risk assessment for offenders who do not have an assigned Classification Counselor or Community Corrections Officer generally due to a vacancy.

Identified Information Technology and PREA Unit staff responsible for system maintenance.

This system maintains all completed assessments along with the response / detail associated with related scoring. All access to this system outside of access automatically assigned by position, per above, must be reviewed and approved by the agency PREA Coordinator to ensure compliance with established restricted access parameters. It is noted that no such access requests were made during the audit documentation period.

The intake process was explained to the audit team. The Classification counselor III, for the receiving facility, is responsible to ask the risk screening questions and entering the information into the OMNI system. When an inmate arrives at MCC, the inmate is asked the risk assessment questions on the day of arrival. If the inmate arrives after hours or on a week-end, they are asked the questions on the next business day. The inmate is handed the PREA information pamphlet, told about the zero-tolerance policy and how to report a PREA allegation at this time. The inmate is then scheduled to attend orientation for the following week.

With-in 30 days of arrival, the CCIII re-interviews the inmate and completes the follow-up screening. The PREA Compliance Manager's Secretary tracks all of the screenings.

51 of the 60 random and targeted offender interviewed told the audit team that they were asked the series of questions from the screening form on the day they arrived or the next day. About 50% of the offenders also stated that they remember being asked those questions again after being here "a couple of weeks". 27 of the 60 offenders interviewed, could not recall being asked about their sexual safety a second time.

Risk Assessment are updated as a result of substantiated sexual abuse investigation. Risk assessments were reviewed following the conclusion of three investigations to confirm this.

During the corrective action period the auditor was provided the intake for each subsequent month. On average, the intake screening was completed within 72 hours only 78% of the time. The highest completion rate for any one month was about 85%.

The average completion rate of the follow-up screening for inmates who remained at MCC for at least 30 days was about 65%. The highest completion rate for one month was about 85%. Based on the high number of incomplete intake and follow-up screenings, MCC is not compliant with standard 115.41 (b) or 115.41 (f).

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

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

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

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

If a monitoring plan is needed due to an offender's increased potential to be sexually victimized or for predation, a monitoring plan will be included in the comment section of the Custody Facility Plan and in an OMNI PREA Monitoring Chrono. The monitoring plan are set up based on each individuals need to insure their safety. Monitoring plans are not just used for PREA concerns. The WADOC uses monitoring plans on offenders who fall under other high risk categories such as mental health concerns. Twenty examples of monitoring plans were included with the pre-audit materials.

MCC accepts offenders as parole violators and do not have sufficient time to complete a PREA assessment prior to being housed. The Assistant Secretary for WADOC has given direction that these offenders will be housed, single cell, until an assessment can be completed. According to the PCM, offenders are given bed assignments prior to arriving at MCC. Offenders that are deemed at risk for potential victimization are not placed in the same cell as offenders who are deemed to be potential predator. Once the offender arrives, their case factors are reviewed again to ensure that offenders are not housed in unsafe situations. The risk factors are reviewed again when placing the offenders in a program assignments so as to avoid placing potential victims with potential predators. Twenty-four examples of housing assessments were provided with the pre-audit materials.

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

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

According to the Superintendent, there were 40 offenders that identified as transgender or intersex housed at MCC during this audit period. The documentation (DOC 02-384) on the assessments on five random inmates was provided to the audit team. The documentation provided complies with the standards. During the interviews, the transgender/intersex inmates stated that the facility does make accommodations to allow them to shower during count times and non-movement times.

According to documentation provided by the MCC PCM, there are 156 offenders that identify as LGBTI housed at MCC. These inmates are housed in all four of the different facilities, in different housing units.

WADOC memorandum, dated August 29, 2019, authored by the Assistant Secretary of Prisons, directs the Superintendents to ensure that LGBTI offenders are not grouped together in a facility based solely on this status. LGBTI offenders are housed in several different units within MCC. They are not housed in just one location. The physical design of the showers at MCC allow for every offender to shower separately. While interviewing transgender offenders, they stated that they are reviewed for program concerns twice each year. They also stated that they are frequently asked about their perceived safety.

The inmate showers in SOU, Unit F, does not allow for transgender inmates to shower without having their torso observed by the video surveillance system. Physical design modifications were discussed with management team at MCC. On August 25, 2022, the auditor received an e-mail with photographs of the curtains in place. The height of the curtain will prevent staff from seeing trans-female offenders breasts while in the shower. Staff will still be able to see the legs so there is no "blind spot" concerns.

Because MCC does not conduct a PREA risk assessment on all inmates that arrive at the facility, the facility is not compliant with standard 115.42 (a). When the facility complies with standard 115.41 (b) and 115.41 (f), it is this auditor's opinion that MCC will be compliant with standard 115.42 (a).

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 453 235">Auditor Discussion</p> <p data-bbox="242 271 1485 463">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.</p> <p data-bbox="242 553 1497 846">According to a memorandum dated January 5, 2022, authored by the Superintendent, MCC has not had any offenders placed in involuntary segregation as a result of risk of victimization for more than 24 hours. The Correctional Counselor III that oversees the administrative segregation process was interviewed. The staff that work the Segregation Unit stated that they have not had any offenders placed in segregation for this reason. However, segregation is the last housing option for either potential victims of sexual abuse, or alleged victims of sexual abuse. She stated that, if an offender were placed in segregation, against his will, for victim concerns, they would be entitled to all program that they could safely be provided. The offender would receive any privileges that can be provided safely in segregation. All of the program that the offender was granted or denied would be logged into the OMNI system. The case is reviewed after 3 days of arrival and then every 14 days after that. According to staff, inmates wait 60 to 90 days for transfers from MCC Ad-Seg to a different facility.</p> <p data-bbox="242 936 1422 963">At the time of the on-site portion of the audit, there were no inmates in segregation based on potential victim concerns.</p>

115.51

Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Report verbally to a staff member, volunteer or contractor;

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

Send a KIOSK message;

Call the PREA hotline toll free;

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

Send an Offender Grievance;

Send a report of Prison Rape Elimination Act Allegation form DOC 21-379 to the Colorado Department of Corrections.

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

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

WADOC has a contract in place with the Colorado Department of Corrections to serve as each other's external reporting entity. If the offender chooses to report to an agency outside of the State of Washington, they complete the DOC 21-379 form. This form is pre-addressed to the Colorado Department of Corrections PREA Unit. Once Colorado receives the form they would then inform Washington State PREA Coordinator, providing enough information so that the allegation can be investigated without violating confidentiality. This contract with Colorado State was initiated in 2014 and, with the amendment, is valid until March 1, 2022. There was twenty-one PREA allegations reported to Colorado.

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

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

The investigations were reviewed as part of this audit. During this audit period, allegations were received in several different methods. WADOC received allegations from inmates at MCC on the PREA hotline, through written correspondence, staff reporting, the Colorado Department of Corrections, verbal self-reports and third-party reports.

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

Policy DOC 490.850, Prison Rape Elimination Act Response, section I. E., states "Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process". The PREA training syllabus explains to staff on how to report a PREA allegation confidentially. Staff are also issued a PREA pamphlet that provides different resources to report a PREA confidentially.

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

115.52	Exhaustion of administrative remedies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 398">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.</p> <p data-bbox="242 483 1469 745">If an offender files a grievance alleging sexual misconduct, a copy of the grievance is forwarded to the WADOC PREA unit. If it determined that the issue of the grievance is not related to PREA, the offender may pursue the issue through the grievance process. If the issue has been determined to be PREA related, the case is referred to the Appointing Authority who assigns the case to an investigator. The investigation is pursued like any other PREA investigation. This process requires that the allegation is investigated by a PREA trained investigator and that the Appointing Authority makes the final decision. Additionally, since PREA allegations are removed from the grievance process, offenders do not have to exhaust administrative remedies before attempting to resolve the issue through litigation. This information is available to the offenders in the grievance policy handbook and the offender handbook.</p> <p data-bbox="242 831 1477 927">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.</p> <p data-bbox="242 1012 1477 1075">A review of the PREA allegation log revealed that MCC received 57 PREA allegations through the grievance process during this audit period. All of them were referred for investigation.</p> <p data-bbox="242 1160 1410 1223">Even though WADOC is exempt from this standard because it does not process PREA allegations as grievances, the policies and practices that are in place comply with this standard.</p> <p data-bbox="242 1308 1485 1570">The Appeals Coordinator explained the process of screening out PREA appeals to the audit team. Appeal forms are available in each housing unit. An offender can fill out the form and hand it to staff or place it in the appeals box. The box is checked and emptied twice a week. She reviews all appeals. If the appeal contains a PREA allegation, or the Appeals Coordinator is unsure if it is a PREA allegation, she forwards it to the Shift Commander and the Assistant PCM. If the PREA Unit in Headquarters determines that it is a PREA allegation, the Superintendent is notified and investigation is initiated. The inmate is informed the grievance was removed from the grievance process and it will be investigated as a PREA. If the PREA Unit deems that the appeal is not reporting a PREA allegation, it is returned to the appeals coordinator to handle through the normal appeals channel.</p> <p data-bbox="242 1655 1490 1718">The Grievance does not require the offender to resolve the issue with the staff member that the complaint is about, nor would she forward the complaint to that staff member.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 566">WADOC has entered a contract with the Washington State Office of Crime Victims Advocacy (OCVA). A contract extension was recently signed, extending the contract until June 30, 2023. When an Offender wishes to speak to a victim advocate, the offender calls the toll free number and the OCVA directs the call to the Rape Crisis Center designated to work with that particular facility. MCC is partnered with Providence Intervention Center for Assault and Abuse (PICAA). After the initial consultation, PICAA will work with the offender so that the victim advocate will be available at a pre-determined time to receive follow-up phone calls from the offender. If needed, arrangements would be made with the facility to provide on-site support for the offender. Offenders are also provided a list of community rape crisis centers throughout the State of Washington in the event that they wish to seek these services when they are released from WADOC. All of the information is provided in both English and Spanish.</p> <p data-bbox="242 651 1493 745">Due to the COVID-19 pandemic, all Victim Advocate assistance is restricted to telephonic contact, other than attendance of a forensic exam or an investigative interview. The offender population was advised of this temporary restriction via memorandum in English and Spanish.</p> <p data-bbox="242 831 1493 963">The information on how to contact the OCVA is provided to the offenders during the offender orientation video, on posters throughout the facility and via pamphlets. The OCVA pamphlet states that the calls are toll free, offenders are not required to use their personal identification number to make the call and these calls are not recorded. This information is available in both English and Spanish.</p> <p data-bbox="242 1048 1493 1344">A supervisor of PICAA was interviewed telephonically. She stated that PICAA has a great working relationship with MCC and WADOC. According to the supervisor, PICAA and MCC have open communication and hold meetings periodically to discuss any issues. The advocates are required to attend a 30 hour training course upon initially being hired and then take 12 hours of annual training each year thereafter. She stated that confidentiality is maintained per law. The only time that confidentiality would be breached is if the victim signs a release, there is a court order ordering its release or there is an imminent risk of harm to self or others. Currently PICAA has 36 victim advocates, either full-time or part-time that assist in helping victims of sexual assault. According to the supervisor, PICAA has received several calls from offenders at MCC seeking emotional support. Twice in the past year a victim advocate has attended a forensic exam for a victim of sexual assault that occurred at MCC.</p> <p data-bbox="242 1429 1493 1523">The information about the OCVA is posted throughout the facility and provided in the offender's hand books. Some of the offenders were not aware of the program. When asked further about the posters, a couple of them admitted that they never paid attention, while others stated that if they needed it, they were sure they could find it.</p>

115.54	Third-party reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1473 331">Policy DOC 490.800, PREA Prevention and Reporting, assigns responsibility to the PREA Coordinator for ensuring that the WADOC website is current with information on how friends and families can report sexual abuse and sexual harassment.</p> <p data-bbox="242 338 1485 499">The PCM is responsible to ensure that posters are viewable by visitors and the public providing information on how to report an allegation of sexual abuse or sexual harassment. WADOC provides information on its web-site on how family, friends or visitors can report sexual abuse or sexual harassment on behalf of an offender. The information is also posted in the visiting room. Staff are required to forward any allegation of sexual abuse and sexual harassment to their supervisor upon receiving the information.</p> <p data-bbox="242 589 1468 781">Policy DOC 490.850, Prison Rape Elimination Act Response, section I. A., states staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Staff are required to report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor.</p> <p data-bbox="242 871 1477 994">Inmate Orientation Handbook, page 11, tells the different methods that a PREA can be reported. It states that Inmates, visitors, inmate family members/associates and other community members can report any allegations of sexual misconduct, retaliation by inmates or staff for reporting sexual misconduct, and staff actions or neglect that may have contributed to an incident of sexual misconduct.</p> <p data-bbox="242 1084 1422 1144">During the audit tour, posters and visitor handbooks relative to PREA were visible in the visiting room. Additionally the WADOC website has information on how to report a PREA allegation on behalf of an offender.</p> <p data-bbox="242 1234 1461 1357">Several of the offenders interviewed knew that they could report a PREA to a third party. The shift commander stated that third party reports are forwarded to the PREA Unit the same as any other allegation, regardless of how it is received. The investigator stated that they would treat a third party report as any other allegation. All of the staff interviewed stated that anyone can report a PREA allegation for another individual. This includes other inmates.</p> <p data-bbox="242 1447 1437 1507">A review of the completed investigations revealed that thirteen PREA investigation was initiated as a result of third party reporting.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

Policy DOC 490.850, PREA Response, states "Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action".

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

Policy DOC 350.550, Reporting Abuse and Neglect/ Mandatory Reporting, states that The Department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitation, or neglect involving vulnerable adults to the appropriate authority. Information regarding abuse and neglect must be immediately reported to the appropriate authority.

The appropriate authority is provided as the Washington State Department of Children, Youths and Families, the Adult Protective Services or local law enforcement. This includes sexual abuse or sexual harassment of a juvenile offender or an offender who has been deemed by the Department to be a vulnerable adult.

WADOC has a mutual aid agreement with Adult Protective Services to address the needs of a vulnerable adult who is a victim of sexual abuse while in custody. The mutual aid agreement states that WADOC is responsible for investigating all sexual abuse allegations of vulnerable adults in the custody as well as providing medical and mental health needs for the victim. Adult protective Services is a consultation resource to provide direction on proper care for the victim.

MCC has not had any juveniles housed at their facility during this audit period. MCC did receive three allegations from offenders that are classified as vulnerable adults. Upon initial review of the documentation, the cases had not been referred to Adult Protective Services. Prior to the on-site portion of the audit, all three cases were referred to APS as required by DOC 350.550 and documentation was provided.

All allegations of sexual abuse or sexual harassment at MCC 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 Unit in headquarters reviews the allegation to determine if it falls under the definition of PREA. If it does, a request for investigation is assigned to the appropriate Appointing Authority. The Appointing Authority then assigns the investigation to a trained PREA investigator at the facility.

Every staff member that the audit team interviewed knew the importance of reporting any PREA allegation to the Shift Commander. All of them said they would report it immediately. All of the staff interviewed also stated that they would report if staff actions or neglect resulted in a sexual assault. Additionally they stated that they would report any retaliation as a result of reporting a PREA that they witnessed. When the issue of maintaining confidentiality was discussed all of the staff stated that they would not share the information with anyone other than staff who had a need to know.

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

115.62	<p data-bbox="231 71 1508 1245">Agency protection duties</p> <p data-bbox="231 145 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 212 1508 257">Auditor Discussion</p> <p data-bbox="231 268 1508 537">Policy DOC 490.850, PREA Response, section V, states that upon receipt of an allegation of offender-on –offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses. The accused may be placed in restrictive housing. Placement decisions will be based on the seriousness of the allegation. Least restrictive housing should be considered. In the event that the allegation involves staff sexual misconduct, the one-on-one contact between the accused and alleged victim is prohibited while the allegation is investigated. The Appointing Authority can redirect or modify the duties of the staff member during the investigation. If the accused is a contract staff or volunteer, the Appointing Authority may restrict their entrance into the institution until the conclusion of the investigation.</p> <p data-bbox="231 616 1508 952">WADOC also has a policy to monitor all offenders that are deemed victim likely or predator likely during the PREA Risk Assessment Screening or offenders identifies as transgender or intersex. Policy DOC 490.820, Prison Rape Elimination Act Risk Assessments and Assignments, directs staff to create a monitoring plan and meet with the offender on a regular basis to insure that they are not experiencing any sexually motivated interactions. Additionally the housing unit staff are notified to be aware of any sudden change in behavior and the offender is encouraged to meet regularly with mental health. The monitoring plan is documented in the offender’s electronic file and reviewed during Facility Risk Management Team Meetings. Victim likely, transgender and intersex offenders are not the only offenders that are monitored. If staff observe that an offender has difficulty adjusting to incarceration, or has mental health or medical concerns, these offenders would also be monitored. With such a diverse population being monitored, the victim likely offenders are not singled out. Twenty examples of the monitoring plan were provided with the pre-audit materials.</p> <p data-bbox="231 1030 1508 1232">The Superintendent and the Shift Commander both explained to the audit team the steps that the facility takes when they receive information that an offender is in imminent risk of sexual assault. They would separate the potential victim from the potential predator (if known) by completing a housing assignment change. They would interview the potential victim in regards to their own perceived safety and they would investigate the claim. Every staff member interviewed stated that, if they received information that an offender was in imminent risk of sexual abuse, they would separate the offender and notify shift command.</p>
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115.63	<p>Reporting to other confinement facilities</p> <p>Auditor Overall Determination: Does Not Meet Standard</p> <p>Auditor Discussion</p> <p>Policy DOC 490.850, PREA Response, requires that the Appointing Authority notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when an alleged incident occurred within another Department or another jurisdiction or involves a staff who reports through another Appointing Authority.</p> <p>MCC reported seventeen cases during the audit period when offenders reported a sexual assault to MCC staff that allegedly occurred at another facility. Documentation that the facility contacted the other facility/agency was provided on nine of the seventeen cases. According to the PCM, the other eight notifications could not be located or did not occur. Copies of e-mails provided to the audit team, show that the Superintendent contacts the supervisor of the respective jails. One of the nine notices that was conducted did not occur within 72 hours of discovery. Because the PREA Coordinator assigns the investigations to WADOC facilities, the allegations that happened within the WADOC are reported to the Appointing Authority by the PREA Coordinator. The allegation that was received at MCC, that took place at a different WADOC facility, was reported to the Superintendent of that facility within 72 hours.</p> <p>Any allegations received by MCC from another facility are handled in the same manner as any PREA allegation. According to the investigation log, they had eleven PREA allegations from other facilities during this audit period. All eleven were investigated or are currently under investigation.</p> <p>During the interview with the Superintendent, he stated that when he is advised that an allegation occurred at a different facility/agency he sends an e-mail to the head of that facility providing as much information as possible about the incident. The correspondence is conducted via e-mail so that it can easily be tracked and monitored.</p> <p>During the corrective action period, the auditor was provided seven facility head-to-facility head notifications. Of these seven notifications, four did not comply with the 72 hour notification requirement. Based on the provided documentation, MCC is not compliant with standard 115.63 (b).</p>
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115.64	Staff first responder duties
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1455 398">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:</p> <ul style="list-style-type: none"> <li data-bbox="308 450 699 479">Separating the victim from the suspect; <li data-bbox="308 584 762 613">Preserving the crime scene for evidence and; <li data-bbox="308 719 1455 781">Requesting the victim and ensure the accused do not destroy any evidence by washing, toileting, changing clothes, eating, drinking, or smoking. <p data-bbox="242 869 1444 963">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.</p> <p data-bbox="242 1048 1476 1211">The PREA Response plan is maintained in the four different Shift Offices at the complex. The plan was reviewed during the on-site portion of the audit. The plan is very detailed and includes check lists to make sure that steps are not missed. The contact numbers for the various outside agencies as well as relevant departmental staff are included in this plan. The plan included how to properly preserve the crime scene, collect usable physical evidence, how to transfer the victim to the SAFE/SANE nurse for the forensic exam and who to contact for proper reporting and response.</p> <p data-bbox="242 1296 1471 1424">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.</p> <p data-bbox="242 1509 1481 1709">During an interview with the shift commander, he was able to tell this auditor, step by step, how MCC responds to a PREA incident. All of the staff, volunteers, and contractors knew to separate the suspect and victim, preserve the crime scene and other physical evidence, seek medical aid (if needed) and report the incident. Most of the staff stated that they would not let the suspects or victims destroy usable evidence by showering, brushing their teeth, or going to the bathroom. However when asked to what extent they would prevent the victim from doing this, they stated that if the victim insisted on performing any of these functions, the staff said they would probably ask the victim not to do any of these things and explain why.</p> <p data-bbox="242 1794 1449 1856">Most offenders interviewed stated that they feel very comfortable reporting a PREA incident to staff and they believe staff would take the allegation seriously and respond appropriately.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1453 394">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. The Sexual Assault Response Plan is maintained in all four Shift Offices at the complex.</p> <p data-bbox="240 488 1481 611">As mentioned in Standard 115.64, the shift commander was able to tell this auditor, step by step, how MCC responds to a PREA incident. In addition to the policy and check list, the Shift Commander has contact information for managers who play a more significant role in the response to PREA so that they can be reached at any time of day. All of the staff, volunteers, and contractors knew what their specific role was when responding to a PREA incident.</p> <p data-bbox="240 701 1485 994">The first staff to receive the information or come upon the scene notifies the Shift Commander. That staff member separates the suspect and victim and waits for back-up staff. The crime scene is secured and, if it is a criminal offence, the Monroe Police Department is called to process the scene. If the Police Department is unavailable trained WADOC staff process the crime scene. The victim and suspect are taken to the clinic for emergency medical care. The victim is transported to Providence Medical Center for a forensic exam, if appropriate. If the suspect also requires a forensic exam, s/he is transferred in a separate vehicle from the victim. Upon return to the facility, medical staff review the doctor's notes and provide appropriate treatment. This includes STI treatments, as prescribed. The victim is then evaluated by a mental health clinician. At no time during the process are the victim and suspect allowed to be within sight or sound of each other. This entire process is monitored by the Superintendent or the on call administrator.</p>

115.66	<p data-bbox="231 71 1508 1308">Preservation of ability to protect inmates from contact with abusers</p> <p data-bbox="231 145 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 201 1508 246">Auditor Discussion</p> <p data-bbox="231 257 1508 392">A review of the Collective Bargaining Agreements provide to this auditor demonstrate compliance with this standard. Management does have the right to separate the offender from a staff member who is the subject of an investigation either by temporarily reassigning the employee, redirecting the employee or restricting that employee from grounds during the investigation.</p> <p data-bbox="231 481 1508 616">The Correctional Officers employed by Washington State are represented by the Teamsters Union. Section 8.4 of the Teamsters Union Contract states, "An employee accused of misconduct will not be removed from his/her existing work assignment unless there is a safety/security concern, including security issues due to any allegation that involves a conflict between staff."</p> <p data-bbox="231 694 1508 828">Section 3.10 of the Washington Federation of State Employees Bargaining Unit Agreement states, "Nothing in this Article will preclude management from reassigning an employee from their bid position to another position on a different shift or to a position with different days off, provided the employee is notified, in writing, of the reason(s) for the reassignment. A copy of the notice will be sent to the Union."</p> <p data-bbox="231 907 1508 1075">Section 27.6 of the agreement states, "An employee placed on an alternate assignment during an investigation will be informed of the general reason(s) for the alternative assignment, unless it would compromise the integrity of the investigation, and will not be prohibited from contacting their union steward unless there is a conflict of interest, in which case the employee may contact another union steward. This does not preclude the Employer from restricting an employee's access to agency premises. Upon completion of the investigation process(es), the employee will be notified."</p> <p data-bbox="231 1153 1508 1288">During the audit interview, the Superintendent explained when and how employees may be removed from specific posts or prohibited from coming on grounds. Depending on the nature of the allegation, an employee will be moved from their post to separate the alleged victim from the alleged suspect during the investigation. If there appears to be retaliation or the allegation is more serious, the employee may be restricted from grounds until the completion of the investigation.</p>
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115.67	Agency protection against retaliation
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1469 465">Policy 490.860, PREA Investigation, section II, explains the WADOC retaliation prevention policy. The policy prohibits retaliation against any individual for opposing or reporting sexual misconduct or participating in an investigation. Individuals may be subject to disciplinary actions if found to have engaged in retaliation, failed to report such activities, or failed to take immediate steps to prevent retaliation. Staff and offenders who cooperate with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority will take appropriate measures to address the concerns</p> <p data-bbox="242 551 1481 712">The Appointing Authority at the facility where the victim is housed will notify the PCM that monitoring is required. The PCM will ensure alleged victims and offender reporters are monitored and meet with at least monthly. Retaliation against employees is monitored by the Human Resource Manager at the direction of the Appointing Authority. While monitoring, the PCM looks for housing unit/job changes, negative performance reviews or disciplinary reports. The monitoring is conducted for at least 90 days unless the Appointing Authority determines that the monitoring period should be extended.</p> <p data-bbox="242 797 1497 896">At MCC the monitoring is to the Correctional Counselor 2 or 3, Correctional Unit Supervisor or Case Manager Supervisor in the housing unit, depending on the program designation for the housing unit. The monitoring staff interviews the offender and documents the monitoring of offenders on a form DOC 03-503, PREA Monthly Monitoring Report, and returns it to the PCM.</p> <p data-bbox="242 902 1449 1028">During this audit period, it appears that MCC has not been monitored for retaliation. On November 17, 2021, the Superintendent directed staff to be assigned to conduct the retaliation monitoring. According to the tracking log provided, there have been 57 allegations of retaliation during between November 1, 2020, and October 31, 2021. Twenty-nine of these allegations were filed by two individuals.</p> <p data-bbox="242 1115 1437 1211">The PCM requires the counselor to interview the offender being monitored every 30 days over a period of 90 days. If retaliation is suspected, or circumstances dictate, the monitoring period can be extended. The PCM maintains a spread sheet that contains the dates that the counselor interviewed the offender and the date and results of the investigation.</p> <p data-bbox="242 1296 1433 1359">There were no staff monitored for retaliation during this audit period, however the PCM stated that Human Resources is responsible for retaliation monitoring of staff also.</p> <p data-bbox="242 1444 1485 1574">During the on-site portion of the audit the audit team reviews the retaliation monitoring documentation. The documentation revealed that during the monitoring period, several reviews were completed behind schedule or missed completely. The DOC 03-503's are not completed correctly. Some are missing dates of monitoring initiation, names of who is being monitored, or what case they are being monitored for.</p> <p data-bbox="242 1659 1485 1789">During the corrective action period, the monitoring tracking was updated and kept current. The monitoring tracking documentation (DOC 03-503) were provided to the auditor. Initially there was some confusion by the MCC staff on how to complete the forms, however that appeared to have been corrected. Comparing the monitoring forms to the investigation log sheet, it appears that retaliation monitoring is being conducted properly at this point.</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 499">Policy 490.820, PREA Risk Assessment and Assignment, states that offenders, who score at potential risk for sexual victimization, may be placed in Administrative Segregation if necessary to separate potential victims from potential predators. This placement shall only occur if no alternative housing is available. In the rare case that the offender is in Administrative Segregation for more than 30 days, a review will be conducted every 30 days to determine continued placement. Offenders on this type of placement will have access to programming and job assignments to the extent possible. When unavailable, the reason and duration will be documented in the offender's electronic file. This is the same policy that MCC uses for placement of offenders who alleged to have suffered sexual abuse.</p> <p data-bbox="242 589 1485 779">According to the Superintendent, MCC had one offender placed in segregation as a result of reporting a sexual assault. The inmate request segregation placement because she feared for her own safety. The inmate was in segregation for one day before being placed in alternative housing. The Administrative Segregation Correctional Counselor III stated that she does not recall any offenders being placed in Ad-Seg involuntarily solely due to suffering a sexual assault. If the victim were placed in Ad-Seg due to no other available housing, the offender would receive whatever privileges they were entitled to, as long as it is safe to do so. The restrictions to program imposed on the offender would be documented in the offender's file.</p> <p data-bbox="242 786 1485 880">The offender would be reviewed in the first three days of placement and every 14 days following that. Staff informed me that the longest the offender would have to stay, before transfer to another facility would be about 60 to 90 days. During that time the facility would still attempt to place the victim in less restrictive housing.</p> <p data-bbox="242 969 1485 1126">According to a memorandum, signed by the Superintendent on January 5, 2022, there have not been any inmates placed in segregation, involuntarily, as a result of being a victim of a sexual assault. While reviewing the PREA allegations, there were no indicators that any offenders were involuntarily placed in segregation as a result of being a victim of a sexual assault. At the time of the on-site portion of the audit there were no inmates in segregation solely based on them being a victim of a PREA.</p>

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

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

When a staff member, contractor or volunteer receives information that a PREA violation has occurred they are required to report the incident to the Shift Commander or the Appointing Authority immediately. The Shift Commander completes a PREA report in Incident Management Reporting System (IMRS). The PREA unit in Headquarters monitors the IMRS. They review all PREA allegations to determine if it meets the prima facie of PREA. If it is determined to be a PREA case; the case is assigned a log number and returned to the Appointing Authority to assign an investigator. If the allegation is criminal in nature, the Clallam County Sheriff's Office is contacted and they conduct the criminal investigation.

Staff investigating PREA allegations will be trained in: Crime scene management, including evidence collection; Confidentiality; Miranda and Garrity warnings; Crisis intervention; Investigating sexual misconduct; Techniques for interviewing victims of sexual misconduct and; Criteria and evidence required to substantiate administrative action or prosecution referral. Training records were reviewed during the tour of the facility. MCC has 56 local investigators that have completed all of the required courses to conduct PREA investigation.

Investigators are trained to follow the evidence protocol as called out by Policy DOC 420.375, Contraband and Evidence Handling. In general the investigators followed the policy for collection of evidence. The investigators saved and reviewed all relevant electronic surveillance available, and any physical evidence. In every case the investigator interviewed the victim and the suspect, and witness. The reports included file reviews of the alleged suspect. During the interviews the investigators were able to articulate the evidentiary process that they follow while conducting an investigation. Most of the cases reviewed were based on circumstantial evidence, however if there was any physical evidence to collect it was done according to policy.

Policy requires that the potential criminal cases be referred to the Monroe Police Department, Snohomish Sheriff's Office or the Washington State Police. WADOC investigators only conduct compelled interviews if the Prosecuting Attorney's Office has declined prosecution. According to the Monroe Police Investigator, there were seven cases referred to their department in the past calendar year. Once the case is referred to the local law enforcement agency, that agency determines if the case will be referred for prosecution. There was one case that is being reviewed for possible prosecution, the other six were declined by the Prosecuting Attorney's Office during the audit period.

WADOC policy requires that investigations are completed thoroughly even if the victim or suspect (offender or staff member) is no longer with WADOC. The Monroe PD investigator stated that 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. The Superintendent confirmed that this is the practice at MCC. Three of the cases reviewed involved a staff member who had separated from the department prior to the allegation being made. The facility continued the investigation and came to a conclusion.

WADOC policy does not allow the use of a polygraph on alleged victims, reporters or witnesses in PREA investigations. Both the Superintendent and the investigators informed the audit team that MCC or Monroe PD does not use any form of polygraph or voice stress analysis on victims, reporters or witnesses during interviews. While reviewing the cases, the audit team did not see any indication that one individual's testimony was given more credibility than another. All of the staff involved in the investigation process, which were interviewed, claimed that each individual's testimony is weighed on its own merit.

The investigations included all physical evidence, testimony, and investigative facts and findings. All administrative investigations are forwarded to the Appointing Authority who will make a determination if the staff actions of failure to act contributed to the abuse. The Appointing Authority then makes a determination of unfounded, unsubstantiated or substantiated. Once a case is closed all cases are discussed in the PREA Committee to evaluate policy, procedure, staff actions, investigative practices and other prevention and response concerns.

At the time of the on-site portion of the audit there were 193 allegations during the past 12 months. 37 were staff-on-inmate sexual harassment, 32 staff-on-inmate sexual abuse, 78 inmate-on-inmate sexual harassment, 28 inmate-on-inmate sexual abuse, 14 staff other misconduct and three retaliation allegations. 33 of the 193 have completed the investigation process. 11 were determined unfounded, 19 were unsubstantiated, and 3 were substantiated. 160 cases were still in the process of investigation or awaiting to be assigned an investigator. Fifty-three of the allegations were filed by one inmate.

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

At the initiation of this audit the investigation reports were not very thorough and investigations were not typically started within 9 months of reporting. Early on in the audit process these concerns were discussed with the staff at MCC. Immediately the investigators started including more details in the reports and interviewing all potential witnesses. At the time of the on-site portion of the audit, the investigations were being completed thoroughly. Because of the large volume of accusations and the enormous backlog, there were 160 cases of the 193 allegations either in the investigation process or still pending investigation.

To come in compliance with this standard, MCC will need to initiate the investigation more promptly. This will help the investigators with collection of evidence, such as video footage. During the corrective action period, every month the auditor received the PREA investigation tracking log. Even though cases were being assigned to investigators earlier in the process, the sheer volume of allegations did not allow for the facility to close out a majority of the cases. As of September 2022, MCC had 117 cases for the year (22 by one inmate). Of those 117 cases, only 40 cases were completed (22%). In the past six months MCC had 92 cases and 27 of these were closed (29%). According to the data provided, MCC still has 41 of the 188 cases from 2021 still open.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Policy DOC 490.860, PREA Investigation, requires the Appointing Authority to determine if the allegation is substantiated, unsubstantiated, or unfounded. Substantiation is based on a preponderance of evidence.</p> <p data-bbox="229 407 1509 586">The training that all Appointing Authorities attend teaches that no standard higher than preponderance of the evidence is to be used in determining whether allegations are substantiation. The training also teaches that a case is unfounded if the investigation reveals that it did not occur. The Appointing Authority is the individual charged with determining the conclusion of the investigation. During his interview the Superintendent stated that he uses the standard of preponderance of evidence to determine if a case is substantiated.</p> <p data-bbox="229 663 1509 777">The conclusions of the investigations were consistent with policy and training. Five unfounded cases were reviewed prior to the interim report. All five of the cases either had proof that it did not occur (witness testimony or video evidence), or the victim did not cooperate with the investigation.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1497 533">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.</p> <p data-bbox="244 618 1469 779">Once the Superintendent determines the result of the investigation, he notifies the Supervising Counselor who then informs the offender. This is documented in the investigative file. Each of the investigations reviewed during the audit contained proof that the offender was notified of the outcome of the investigation. Two of the investigations reviewed, prior to the interim report, substantiated staff-on-inmate sexual abuse. Both cases had documentation that the victim was notified that the volunteer/employee was no longer working for the department.</p>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 365">Washington State Human Resources policies state that the Secretary shall immediately institute proceedings to terminate the employment of any persons who is found to have had sexual intercourse or sexual contact with an inmate or pled guilty or convicted on a sex crime where the victim was an inmate.</p> <p data-bbox="240 454 1493 613">Per policy 490.800, Prison Rape Elimination Act Preventing and Reporting, the Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate. In the event that the employee resigns prior to the completion of the investigation, the investigation is continued. If the nature of the staff sexual misconduct is criminal in nature, the case is forwarded to the local law enforcement agency to conduct the investigation.</p> <p data-bbox="240 703 1477 898">During the interview with the Superintendent, he stated that, if an employee were found to have committed sexual misconduct on an inmate, he would immediately initiate termination proceedings on that employee. MCC has had six cases substantiated against an employee for sexual harassment/sexual abuse during this audit period. Two staff received supervisor conference documentation for staff misconduct (a review of the documentation demonstrated that this is an appropriate level of discipline), one received a Official Letter of Reprimand for sexual harassment and three resigned while under investigation.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 479">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.</p> <p data-bbox="229 479 1508 629">The Superintendent confirmed that he would not allow a contractor or volunteer on ground if they had committed a sexual assault. During this audit period there were two substantiated investigations involving volunteers at MCC. One of the volunteers was removed from his services for sexual harassment of an offender. The other withdrew her position as a volunteer. A gate stop was issued so that she can no longer volunteer at a WADOC facility.</p>

115.78	<p data-bbox="231 71 1508 1274">Disciplinary sanctions for inmates</p> <p data-bbox="231 145 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 212 1508 257">Auditor Discussion</p> <p data-bbox="231 268 1508 403">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.</p> <p data-bbox="231 481 1508 683">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 statues, prior conduct or overall prison adjustment. An offender that is found guilty of committing sexual abuse/assault/harassment against an offender may be sanctioned to a multidisciplinary review for consideration of available interventions (e.g. Mental Health Therapy, Sex Offender Treatment Program, and Anger Management).</p> <p data-bbox="231 761 1508 862">Offenders can be disciplined for filing a false PREA allegation; however there must be proof of malicious intent. Offenders are subject to disciplinary action for consensual sexual behavior. WADOC does not consider consensual sexual behavior between offenders a PREA incident.</p> <p data-bbox="231 940 1508 1075">According to the Superintendent of MCC the offender disciplinary process is applied equally to all offenders. Each specific charge has a range of sanctions that can be imposed. The charge can be modified if the evidence implies that the misconduct was less serious than the original charge. Factors of mitigation and aggravation are considered when determining the level of sanction that are imposed.</p> <p data-bbox="231 1153 1508 1265">MCC had one substantiated PREA investigation involving inmate–on–inmate behavior during this audit period. A review of the disciplinary documentation issued demonstrates compliance with this standard. The hearing officer follow due process standards and the level of discipline was constant with the charge.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>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.</p> <p>When an offender arrives at MCC, they are screened for sexual victimization and sexual predatory concerns. If, during the screening, the offender indicates that they have experienced prior sexual victimization, or previously perpetrated sexual abuse, the staff conducting the screening completes a Mental Health Referral form (DOC 13-509). If the offender declines the offer to meet with a Mental Health Clinician, this refusal is documented and the DOC 13-509 is placed in the offender's file. If the offender wishes to see a Mental Health Clinician, the DOC 13-509 is forwarded to the Mental Health Department. An appointment with Mental Health is scheduled to meet with the offender within 14 days of arrival at MCC.</p> <p>According to a memorandum dated 11/17/2021, signed by the Superintendent, MCC Mental Health referral forms are not being completed for offenders who disclose prior victimization or who perpetrated a prior sexual abuse when they disclose this information upon screening. Upon discovering this lapse in policy, the facility started properly referring them to mental health.</p> <p>24 examples of the mental health referrals were provided with the pre-audit materials. During the on-site portion of the audit, ten more Mental-Health referral documents were requested and reviewed. These six were requested because the offender has answered affirmative to being a victim or a perpetrator of a sexual offense. Of these ten, six accepted the Mental Health appointment. All six of these cases the inmate was seen within 14 days. During the interviews with offenders that had claimed to be victims of sexual abuse or perpetrated sexual abuse, they stated that they were offered a mental health appointment.</p> <p>According to the Mental Health staff interviewed, MCC does not offer therapy or counseling designed to address the underlying reasons for sexual abuse to sexual predators as the facility does not have this program available.</p> <p>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. Interviews with medical staff confirmed this practice was in place.</p>

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1485 463">WADOC policy DOC 490-850, Prison Rape Elimination Act Response, section III, requires that victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental health care. The response to a PREA allegation is designed so that offenders are seen by emergency medical staff before being transferred out to the hospital for a forensic exam. In non-emergency cases, the medical/ mental health staff must assess the victim within 24 hours. Prior to being transported for the SAFE/SANE exam, the clinician will provide the offender with information on post-exposure prophylaxis for sexually transmitted infections.</p> <p data-bbox="242 553 1469 712">Medical and mental health staff stated that they provide emergency medical treatment when necessary on PREA incidents. If the offender is sent to be seen by the SAFE/SANE nurse at Providence Medical Center, the mental health clinician sees them upon their return. If they do not go out for a forensic exam the offenders are offered to be seen after reporting an incident. In each of the sexual assault investigations reviewed by the audit team, the victim was offered a mental health assessment according to the documentation that was included in the report.</p> <p data-bbox="242 801 1485 929">According to the documentation that was provided, MCC had two aggravated sexual assault cases that reported within time frames that forensic exam would be useful in collecting evidence. The victims in both of these cases were immediately taken to the Providence Medical Center for a SAFE/SANE exam. Documentation from these exams were provided to the audit team with the pre-audit materials and while on-site. A victim advocate was provided during both of the exams.</p> <p data-bbox="242 1019 1469 1111">According to medical staff, they make the determination on what medical and mental health services will be provided based on their professional training and judgment. The medical and mental health staff that were interviewed all stated that the level of care provided to the offenders at MCC meets or exceeds the level of care that they would receive in the community.</p> <p data-bbox="242 1200 1469 1328">Policy DOC 600.000, Health Services Management, states that all medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided at no cost to the offender. According to the medical staff interviewed, they do not charge victims of sexual assault for medical treatment or after care.</p> <p data-bbox="242 1473 1469 1632">In the past twelve months there were sixty sexual abuse/assault allegations that were reported to have occurred at MCC. Random sampling of documentation for mental health referrals was provided upon request. Additionally, the investigation files reviewed for this audit contained proof that medical aid was provided (when required) and a mental health meeting was offered to the victim. Most of the victims refused. The inmates stated that they were offered a mental health meeting during the interviews with inmates who alleged a sexual assault while in custody.</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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.

Thirteen examples of the mental health referrals for offenders who alleged sexual abuse at MCC were provided with the pre-audit materials. Only two of the offenders were in the samples provided were seen by Mental Health on the next business day, however they were seen within one week. This is a violation of WADOC policy and not a violation of the PREA standards, as the standard do not give a timeframe. This was discussed with the administrative staff at MCC.

According to the medical and mental health staff that were interviewed the level of care at MCC is consistent with what the community offers. All medical decisions and treatments are based on their professional training and medical guidelines. When an offender is received at MCC, and claims prior victimization, he is offered a mental health evaluation. If the offender accepts the offer, he is evaluated by mental health within 14 days of arrival as spoken to in standard 115.81. If, during the initial evaluation, follow-up therapy or counseling is indicated a treatment plan is established. If the offender's medical file indicates that he was already under a treatment plan, that plan is continued at MCC. Any medical treatment that the offender was receiving prior to arrival at MCC is continued.

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

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

- Testing for and treatment of sexually transmitted Infections;

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

Part of the medical response plan for PREA victims is to offer the offender tests for sexually transmitted infections. According to the SAFE/SANE nurse, these tests are conducted during the forensic exam. All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender while housed in a Department or contracted facility.

Policy DOC 610-025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, requires Mental health professionals will attempt to conduct a mental health evaluation within 60 days of receiving the information for all offenders who have been identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions unless one has already been conducted for the specific allegation. MCC did have a substantiated Sexual Abuse incidents that was perpetrated by another offender. The suspect was found guilty during the disciplinary process. He was seen by mental health for an evaluation within ten days after the guilty charge.

115.86	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Policy DOC 490.860, PREA Investigation, section III, states that for each substantiated or unsubstantiated finding of offender-on-offender sexual assault and staff sexual misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case. The committee will meet every 30 days or as needed. The committee will consist of facility managers, supervisors, investigators and medical/mental health practitioners. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.</p> <p data-bbox="242 517 1489 645">At MCC the PREA review Committee is held at the direction of the Superintendent or PCM at the conclusion of the investigation. The committee can be comprised of the Superintendent, the PCM, Unit Supervisors, Correctional Counselor 3, Registered Nurse Practitioner, Psychologist, Lieutenant or PREA investigator. The committee discusses the case and documents their discussion on the form DOC 02-383. The Superintendent signs the form at the conclusion of the committee.</p> <p data-bbox="242 730 1161 759">The Local PREA Investigation Review Checklist, (form DOC 02-383) includes the questions:</p> <p data-bbox="308 813 1114 842">As a result of the investigation, is a change in policy or local procedure indicated;</p> <p data-bbox="308 949 1477 1010">Was the incident motivated by race, sexual orientation, transgender or intersex statues, gang affiliation or other group dynamic;</p> <p data-bbox="308 1120 991 1149">Did physical barriers or other physical plant layout enable the abuse;</p> <p data-bbox="308 1256 959 1285">Did the incident take place in an area subject to video monitoring;</p> <p data-bbox="308 1393 1406 1422">Were the Department approved staffing models followed and; Was monitoring technology available/adequate?</p> <p data-bbox="242 1507 1485 1731">Eleven examples of the PIRC DOC-383 were provided with the PAQ. Of those only 6 of the eleven were completed within 30 days of the conclusion of the investigation. This concern was discussed at the beginning of the audit process with the PCM. A review of all of the committee notes since that time (five month period) demonstrated compliance with the 30 day time frame. The committees were comprised of the Superintendent, the PCM, the investigator, an Associate Superintendent and a representative from medical. The form 02-383 was completed thoroughly and addressed the relevant issues. During the interviews, both the Superintendent and the PCM explained the process completely demonstrating their competence in the subject.</p>

115.87	Data collection
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Auditor Overall Determination: Meets Standard

Auditor Discussion

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. The data includes:

Case outcomes and sanctions;

Accused (gender, age, race, height and weight);

Investigation Participants (witnesses, alleged victims, accused, reporter);

Source of allegation;

Location (facility and location within the facility);

Date allegation was received;

Date and time of incident;

Type of allegation;

Individual reporting the information;

Date and time reported;

Who the information was reported to;

Incident description;

Investigation finding;

Alleged victim (gender, age, race, height and weight);

Referral (law enforcement, prosecution, licensing body) and disposition of the referral;

Case notes.

The PREA Coordinator collects the data annually from all WADOC facilities and contracted facilities and compile an annual report. The collected data is analyzed to identify factors contributing to sexual misconduct in Department Facilities and offices. The Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans, is accessible at <http://www.wa.gov/corrections/prea/resources.htm#reports>. Reports beginning with calendar year 2013 are also available. These reports contain both agency level and facility-specific accurate and uniform data for every allegation of sexual misconduct for each calendar year. In 2019, DOJ requested the 2018 PREA report information from WADOC. This information was provided to the DOJ as requested. The DOJ has not requested the 2020 or 2021 PREA data as of this date.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 479">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.</p> <p data-bbox="229 479 1509 591">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.</p> <p data-bbox="229 591 1509 844">This auditor reviewed the WADOC website and was able to easily find the annual PREA report at www.doc.wa.gov/orrections/prea/resources/reports. The report contains a thorough analysis of the PREA data collected during the previous year. It contains comparisons for each year since 2013. The report addresses what the actions the Department is currently doing to reduce sexual assault/harassment in their penal system. There is a report of findings and corrective actions for each facility under the jurisdiction of WADOC. The report does not contain any personal identifiers or confidential information.</p>

115.89	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>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.</p> <p>This report is posted on the WADOC website and can be found at www.doc.wa.gov/corrections/prea/resources/reports. This site contains all of the Annual PREA Reports since 2013. A review of the report posted on the website confirms that all personal identifier were removed prior to posting.</p> <p>Office of the Secretary of State for the State Washington Record Retention Schedule requires that all PREA investigations be retained for 50 years. All sensitive documents, such as investigative reports, hotline call recordings and other allegation related material is maintained on a secure access restricted drive maintained in the Agency PREA Unit. The PREA database in OMNI is restricted to:</p> <ul style="list-style-type: none"> Agency Executive Administrators; Appointing Authorities; Facility Staff including investigators, Human Resources, Associate Superintendents, Captains and PREA Compliance Managers and support staff; Identified IT staff responsible for maintaining the system.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1484 432">The WADOC website contains the results of all of the PREA audits conducted since 2014. A review of these audits appears to show that all of the facilities operated by WADOC are audited every three years. A list of facilities and when the PREA audits were conducted was provided to the auditors by WADOC. The list includes 24 facilities that are currently open. Seven of the facilities are audited the first year, eight on the second year and nine on the third year of a three year cycle. This is the third year of the cycle.</p> <p data-bbox="242 517 1493 712">During this audit, the auditor had access to, and toured, the entire facility. This auditor had access to every inmate, staff member, volunteer and contractor that this auditor requested to interview. The interviews were all conducted in the privacy of a staff office either in person or telephonically. Each document that was requested was received, including sensitive documents, such as investigation reports, personnel information and inmate files. Inmates were allowed to send confidential correspondence to this auditor, if they wished. There were four letters received from inmates prior to the audit. All four inmates were interviewed.</p> <p data-bbox="242 799 1484 994">It should be noted that the on-site portion of the audit was conducted in two phases. Originally the audit team was on-site January 10-14, 2022. On Wednesday of that week, every housing unit at the facility was placed on modified program due to a COVID outbreak. Additionally, because of unexpected staffing changes, several of the documents required to comply with the PREA standards could not be located. After consulting with the PREA Resource Center, the on-site portion of the audit was postponed until April 5-April 7, 2022. During those three days, all of the inmate interviews were conducted and the remainder of the documents needed were provided.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The WADOC website contains a copy of the previous audit conducted at MCC. The audit was completed on December 20, 2018. The report is posted on the WADOC web site.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	no
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	no
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	no

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	no
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	no
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	no
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	no
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	no
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	no
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	no
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	no
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes