

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

Interim Final

Date of Report 12-09-2020

Auditor Information

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Company Name: PREA America	
Mailing Address: P. O. Box 1473	City, State, Zip: Raton, NM 87740
Telephone: 405-945-1951	Date of Facility Visit: September 16 & 17, 2020

Agency Information

Name of Agency: Department of Adult and Juvenile Detention		Governing Authority or Parent Agency (If Applicable): King County	
Physical Address: 500 5th Avenue		City, State, Zip: Seattle, WA 98104	
Mailing Address: Same as above		City, State, Zip: <small>Click or tap here to enter text.</small>	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.kingcounty.gov/depts/jails/prison-rape-elimination-act.aspx			

Agency Chief Executive Officer

Name: Director John Diaz	
Email: johndiaz@kingcounty.gov	Telephone: 206-263-3669

Agency-Wide PREA Coordinator

Name: Dawn Breen	
Email: dholmes@kingcounty.gov	Telephone: 206-477-3830
PREA Coordinator Reports to: Director John Diaz	Number of Compliance Managers who report to the PREA Coordinator 2

Facility Information

Name of Facility: Maleng Regional Justice Center (MRJC)

Physical Address: 620 West James Street

City, State, Zip: Kent, WA, 98032

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

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

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.kingcounty.gov/depts/jails/prison-rape-elimination-act.aspx>

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: Corinna Hyatt

Email: Corinna.hyatt@kingcounty.gov

Telephone: 206-477-5061

Facility PREA Compliance Manager

Name: Edwin Bautista

Email: Edwin.bautista@kingcounty.gov

Telephone: 206-477-2804

Facility Health Service Administrator N/A

Name: Sean Moody

Email: semoody@kingcounty.gov

Telephone: 206-263-3049

Facility Characteristics

Designated Facility Capacity:	916	
Current Population of Facility:	789	
Average daily population for the past 12 months:	829	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-91	
Average length of stay or time under supervision:	24.76 days	
Facility security levels/inmate custody levels:	Minimum-Maximum	
Number of inmates admitted to facility during the past 12 months:	32,558 (2019, KCCF and MRJC)	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1972	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1178	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	234 (171 CO, 14 SGT, 4 CAPT)	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	58 in 2019, 5 in 2020 (KCCF and MRJC)
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	9
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	16
Number of single cell housing units:	6
Number of multiple occupancy cell housing units:	9
Number of open bay/dorm housing units:	5
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	20
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	7
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

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

PREA America was retained 09-23-2019 to perform the 2020 PREA Audit of Maleng Regional Justice Center (MRJC). The Audit was initially scheduled in April but had to be postponed to September due to the COVID-19 pandemic.

Introductory communication with the PREA Coordinator, to discuss the audit process, audit preparation, the Pre-Audit Questionnaire (PAQ), and supporting documents and elements of the On-Site Visit, took place shortly after scheduling the On-Site Audit dates. Since the Audit was rescheduled, some updated information was provided later, but if documentation was still valid, and representative of the current practices at the jail, it was utilized for the Audit. The Audit Notice Posting was sent, with instructions to print on colored paper and about proper distribution of the posting. An alternative-language posting was also made available. Proof of posting was verified by emailed photos of the various locations in the facility where the posting was placed. The date of the email was used to verify that the posts were in place the required minimum of six weeks prior to the On-Site Audit, along with observations of the posting during the physical plant tour. The postings were up by August 1.

During the Pre-Audit Phase, an extensive desk audit of the facility/agency was conducted, including of its PAQ, policies, and procedures, as well as of supporting documentation. Several emails and phone calls were exchanged to clarify issues. Also, audio and audio/video conferences were held regularly. This phase of the Audit was used to collaborate with the facility staff on questions and concerns regarding documenting compliance. The communication with the facility staff was used not only to understand the policies and procedures unique to the facility, but also to understand how PREA was put into practice. Internet research was done on the facility.

All documents received were reviewed, including logs, training files and curriculum. To verify compliance with regulations regarding background checks, 5-year rechecks, and training, files were reviewed of randomly selected staff, contractors, and volunteers. Files of inmates were randomly selected, as well, to verify PREA education and PREA Screenings. Phone calls were made to listed advocates, to verify the advocacy required by the Standards.

Due to the rescheduling of the On-Site Audit, the Pre-Audit Phase lasted longer than usual. Although dealing with the pandemic required an immense amount of time and resources, the agency and facility were able to make some corrections and improvements regarding their practice of the PREA Standards at the facility, and to provide verification to the Audit Team.

Also, some corrections were started during the Pre-Audit Phase and continued into the Post-Audit Phase, with verification of institutionalized compliance being provided to the Auditor after improved practices became more routine. The fact that the agency has been able to demonstrate that they had

well established PREA practices for years prior to the pandemic has contributed to their ability to incorporate recent enhancements into practice during a time of crisis.

DAJD improved their system for § 115.41 Screening for risk of victimization and abusiveness to better identify sources of new risk information. Improvements have been added into the Jail Management System (JMS) launching soon after the audit. This was in addition to changes underway prior to the On-Site Audit which included JMS technological improvements to applications for the screening, classification, and tracking of accommodations for inmates.

DAJD refined and improved 115.71 Criminal and administrative agency investigations as well. The “PREA log” now includes only allegations of sexual abuse or sexual harassment. DAJD demonstrated that they use fully trained personnel, always available, who have the capacity to read an allegation and recognize whether it contains allegations of sexual abuse or sexual harassment. The Audit team continued to receive documentation, even after the On-Site Audit, of deliberate, ongoing efforts of quality improvement regarding the recording and tracking of the various kinds of reports that are received.

During Pre-Audit work, as well as in the 60 days after the On-Site Audit, the facility retrained investigators regarding certain specifics of conducting, and consistently documenting, full and thorough investigations and reporting to inmates. This includes to consistently document attempts made to gather all types of evidence and to list the finding in a consistent location, and using shared language for greater transparency.

They also raised the bar in policy and practice to conduct more administrative investigations in concert with criminal investigations that have been completed. They complete administrative investigations when it appears that the criminal investigative file does not include all the provisions of the PREA Standard. The Audit Team was provided with verification that the training was completed, as well as investigative work after the training was completed which showed the changes in practice.

DAJD expanded retaliation monitoring following sexual abuse allegations to include staff and inmates who report sexual abuse as third-party reporters, or who are witnesses, in every case rather than upon request.

In the 60 days after the On-Site Audit, DAJD conducted targeted training in areas of staff and inmate education where the level of staff or inmate knowledge was inconsistent. These actions are to address observations that, during the Site Review, it appeared that opposite-gender staff were not consistently announced. Interviews also indicated that staff need to better understand First Responder Duties. Staff, as well as inmates, appeared to need better information on victim advocacy which was passively available in the inmate handbook and brochures. Victim advocacy is now affirmatively offered during the course of investigations.

Inmates are questioned during Audit interviews about the PREA education they receive and about the screening (for risk of abusiveness and risk for victimization) they receive, as well as about follow-up, if indicated. Although the documentation review showed present, for each inmate, a screening and a signed PREA education form, there was a range of answers that indicated some either did not remember the screening, or they felt there had been no meaningful follow-up.

DAJD has purchased new video technology to increase access to education by all inmates through increased showings within housing units of the introductory closed-captioned “PREA video,” previously shown during intake only. Inmate interviews indicated that some inmates may not have been receiving their PREA education in a way that they can understand it. Inmates with vision problems or with low

reading ability seemed to be particularly uninformed, as they were less able to review PREA information provided in their inmate handbook and posters.

It should be acknowledged that the COVID-19 pandemic has caused some interviews with inmates carried out by agency and facility staff, to have to be conducted in ways to accommodate social distancing and/or via video conferencing systems. COVID accommodations have changed through the months as new information about the virus has become known.

The On-Site Audit on September 16 and 17, 2020, started with a briefing, which included confirmation of current population, review of agenda and logistics, discussion of mandatory reporting, and clarifying the need to allow any staff or inmate who requests an interview to get one. The Audit Team checked to see if there were questions or concerns.

The Site Review included obtaining and studying the facility diagram of the physical plant. The supervision and movement of staff and inmates were observed, along with casual conversation to ascertain whether observations made were of “normal” supervision and movement. Random checks were made to assure that doors intended to be secured were locked. Random checks of PREA Hotline phones for functionality were made. All housing units and bathroom facilities were inspected for compliance for cross-gender supervision. This included a camera review for those areas with cameras. All areas of the physical plants were observed, with attention to those areas which statistically are high-risk for sexual abuse. PREA Postings in the Visitation area, including third-party reporting postings, were checked. Confirmation of the availability to staff of First Responder Duties was also a part of the tour. Blind spots were identified, and procedures for checking them were verified.

Private face-to-face interviews of inmates were selected and completed in accordance with the guidance of the PREA Auditor Handbook, with random selections of inmates to ensure diversity of geographic location (from each housing unit), race, and those with risk factors. Random interviews of staff were made to include gender, shift, and post diversity. Interviews were in a conversational manner, to gain the confidence of those interviewed and to put them at ease, so the Audit Team could better understand their comprehension of PREA and its practice in the facility.

30 of the 714 inmates incarcerated at MRJC were interviewed. Prior to the On-Site Audit, and early in the first day, a substantial amount of information was provided to the Audit Team regarding inmates with risk factors. This process allows Auditors to randomly select inmates for interviews who have identified factors that make them at possible risk for sexual victimization. Although inmates are sometimes considered to be at high-risk for victimization, most may just have one or two factors that the PREA Standards identify as factors to be considered. The interviews of inmates who have been selected due to an identified risk factor are referred to as “targeted” interviews in the PREA Auditor Handbook. It is recommended that roughly half of inmate interviews be targeted interviews. At MRJC, the Audit Team started the On-Site Audit with well over the number of targeted selections recommended. However, there were more than the usual number of refusals, especially among female inmates. In total, only 12 of the 30 interviews conducted were targeted, while the other 18 were selected, not due to a risk factor, but in a way to assure that inmates from each housing unit were interviewed. In addition, checks are also made to assure representation by race, ethnicity, and sex among those interviewed. 6 of the 58 female inmates in the facility were interviewed. When inmates refuse to be interviewed, other inmates are randomly selected. Inmates sometimes have risk factors that are known to the facility, but sometimes they reveal risk factors not listed in facility records. By the end of the interviews, the Audit Team had interviewed inmates with the following risk factors: age (inmates among the youngest and oldest inmates); small stature; self-perception as vulnerable; blind; physical disabilities; limited English proficient; mental illness; cognitive disabilities; transgender; lesbian; sexual victimization prior to incarceration; and alleged victimization during incarceration.

29 staff were interviewed during the Audit. This number is broken into two categories: 15 specialized staff and 14 random staff. The following interviews of Specialized staff were conducted: Agency Head Designee, Agency PREA Coordinator, Contract Manager, Jail Administrator, Agency Human Resources, Investigator, PREA Compliance Manager, higher-level staff for unannounced rounds, medical staff, mental health staff, SANE Nurse, contractors, volunteers, staff who perform Screening and Intake, staff who monitor for Retaliation, Incident Review Team members, First Responders, and staff who monitor in Isolation. Some Specialized Staff perform multiple specialized roles, so they were interviewed regarding each role they fill. An additional 14 staff were selected randomly, representing the various stations, housing units, shifts, and genders. Some interviews, such as those with volunteers who are not entering the facility due to COVID-19 restrictions, were conducted by phone prior to the On-Site Audit.

It is significant that the Audit Team also conducted the Audit of MRJC sister facility King County Correctional Facility (KCCF) on September 14 and 15. Many inmates at each facility had prior experiences being incarcerated at the other facility. Also, a number of staff have worked at both facilities. These staff and inmates provided valuable perspectives throughout the week of the Audits.

The Exit Briefing, conducted September 17, addressed all aspects of the Audit to date. No determination of compliance was given. The recap of the aggregated information obtained and observed was summarized. By request of the facility staff, to assist in furthering the efforts of the facility to prevent and detect sexual abuse and harassment, this summary included a SWOT briefing: a review of Strengths, Weaknesses, Opportunities, and Threats. As detailed in this narrative, and later throughout this report, there were some areas addressed during the Exit Briefing of which the Audit Team sought additional information, explanation, or verification of compliance.

The Auditor granted MRJC a 30-day extension, beyond the 30 days that facilities typically have after an Audit, to hopefully assist MRJC to catch up on minor corrective actions, or the documentation thereof, delayed due to COVID-19. Additional items provided in the 60 days between the On-Site Audit and November 16 are included in the narratives of this report regarding specific Standards. Justification for the 30-day extension includes documentation from the agency, as well as news accounts, regarding agency efforts to mitigate the effects of COVID-19. After the On-Site Audit, the COVID-19 Pandemic was clearly not letting up. The U. S. Department of Justice's PREA Management Office had released an "Important Message" back on March 19, 2020, which stated, in part, "The primary purpose of this initial communication is to assure all stakeholders that the PMO and PRC will not take any action that has the effect, either directly or indirectly, of punishing agencies, facilities, DOJ-certified auditors, or others who may be unable to comply in a timely fashion with PREA requirements because of efforts to address, manage, and mitigate the effects of COVID-19." It went on to say, "The PMO anticipates the current outbreak may necessitate auditing delays, and recognizes that this may impact their ability to uphold requirements in the PREA Standards."

The agency and facility participated fully in the Pre-Audit and On-Site Audit processes as required by the PREA Prisons and Jail Standards, then addressed remaining issues in the 60 days after the On-Site Audit. This report chronicles that activity and concludes that the facility is fully compliant with the Standards.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, inmate or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing

units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Maleng Regional Justice Center (MRJC) is a single-floor structure with 2-tier housing units. 2 large hallways intersect in the middle of the facility at a large Control room that controls all interior access and egress. Off of each hallway are entrances into the living units. The jail consists of 16 units, and they are labeled alphabetically: D, E, F, G, H, J, K, L, ME, MW, NE, NW, P, Q, R and S. Most units can house a maximum of 64 single-bunked inmates, including ADA cells. Units M and N are divided in half by an interior wall, and they have 32 inmates on each side. Each cell is equipped with a buzzer, allowing the inmate to communicate with staff when their cell door is locked. This buzzer is also connected to Housing Control, providing coverage when there is no officer in the housing unit. Cameras are also used throughout the facility, to monitor areas and to provide a line-of-sight into identified blind spots. These cameras are monitored by the Central Control and Visiting Control officers, and some provide recording capability. The population was 714 on the first day of the Audit.

ME has historically been used for new bookings, but due to COVID, the ME unit is currently being utilized for 72-hour vulnerable housing. MW is designated as the medical unit, and it is currently being used for COVID+ and droplet precaution inmates. Inmates with serious health needs, such as chronic psychological issues, suicidal concerns, or those who are actively detoxifying, are not housed at the MRJC. NE is for restrictive housing, and NW is temporarily housing vulnerable females. There is no “O” unit, and “P” is dedicated female housing. Showers are located in common areas but have sufficient covering to provide privacy that allows detainees to use them without being seen by a member of the opposite sex. Toilets are located in each cell. All units have a recreational area, furnished with tables and chairs, where inmates can read, watch television, or play boardgames. There is also an outdoor yard-out. In addition, each unit has a medical examination room, where inmates can be seen by medical personnel and/or interviewed.

There are currently 251 FTE’s working for DAJD at the MRJC. Public Health – Seattle & King County / Jail Health Services have approximately 39 FTE’s assigned to the division. Officers work three 8-hour shifts. Both volunteer and mandatory overtime are used, if needed, to ensure that all essential posts are covered.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As required by this Standard, the Maleng Regional Justice Center (henceforth, "MRJC") has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, which also outlines the agency's approach to preventing, detecting, and responding to such conduct. The PREA Coordinator is an upper-level administrator. This position is imbued with enough authority to develop, implement, and oversee agency efforts to comply with the PREA Standards. The agency PREA Coordinator and the facility PREA Compliance Manager both report to the Director of the Agency. During the 60 days after the On-Site Audit, the new PREA Compliance Manager, a Major, completed PREA Compliance Manager training, as well as Sexual Abuse Investigator training.

Evidence used to determine compliance with this Standard includes: Interviews with PREA Coordinator and Compliance Manager; Agency policy (6.04.001) mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities operated directly or under contract; verification of training received; and Agency organizational chart.

Finding: MRJC is in full compliance with this Standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Presently, no MRJC inmates are placed at other facilities. However, a contract exists with the State of Washington, which is PREA-compliant.

Evidence used to determine compliance with this Standard includes: Interview with the Contract Administrator; Contract for the confinement of inmates with Washington State DOC; and contract monitoring. DOC PREA Annual Reports and PREA Audit Reports can be found at:

<https://www.doc.wa.gov/corrections/prea/resources.htm#reports>.

Finding: MRJC complies fully with this Standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC has developed a staffing plan that adequately provides levels of staffing and video monitoring so as to protect inmates against abuse, while taking into account all portions of this Standard. This staffing plan must be reviewed, at a minimum, once a year, to see whether adjustments are needed. Each time there is a deviation from the staffing plan, the facility is obliged to document and justify every deviation. During the Site Review, the Audit Team recommended, but did not require, some added video coverage for blind spots. In the 60 days after the Site Review, the PC verified that funding for these cameras has been added for future budget asks.

Evidence used to determine compliance with this Standard includes: Interviews with the Jail Administrator, PREA Coordinator, PREA Compliance Manager, and intermediate-level staff; Documentation of staffing plan development process; Staffing plan; Documentation of deviations from the staffing plan, with written justifications for all such deviations; Documentation of Annual Staffing Plan Reviews; Policy requiring that intermediate-level and higher-level staff conduct unannounced rounds, to identify and deter staff sexual abuse and sexual harassment; and Documentation that unannounced rounds were conducted, and that those rounds covered all shifts.

Finding: A triangulation of evidence shows MRJC’s compliance with this Standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC does not house youthful inmates.

Evidence used to determine compliance with this Standard includes: Interviews with line staff and administrators; review of inmate demographics and population reports; and documentation verifying that the facility does not house youthful inmates.

Finding: MRJC complies with this Standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC's written policy includes language consistent with this Standard. However, during the Pre-Audit Phase, wording was proposed, and later approved and implemented, to make training and policy more consistent regarding opposite-gender searches of inmates when there are exigent circumstances, and searches of transgender inmates when there are not exigent circumstances. During the On-Site Audit, staff did not announce "male/female on deck." Some inmate interviews indicated that these cross-gender announcements are made. During the 60 days after the On-Site Audit, a Memo was sent out and steps were taken to train staff to make this announcement and to verify, during roll calls, that all staff have been informed and are adhering to this practice consistently.

Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff and inmates; Policies (found in 6.04.001) governing: 1) pat-down searches of inmates; 2) strip searches; and 3) cross-gender viewing; forms to be used in the event of exigent circumstances; Policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status; Training curricula regarding cross-gender pat-down searches and searches of transgender and intersex inmates; and Staff training logs.

Finding: MRJC materially complies with this Standard.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC has established procedures through which to provide inmates who are disabled and/or who have limited English proficiency with 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. The agency's policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants, except in the limited circumstances in which an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of First Responder duties, or the investigation of the inmate's allegations. Exceptions must be documented.

To reduce the spread of COVID-19, measures were implemented that might, unintentionally, hinder some inmates from fully benefitting from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Any inmates already having difficulty understanding the facility rules and PREA policies, may have even more difficulty during the pandemic. Efforts to address these issues were underway since the beginning of the COVID pandemic. However, during interviews, some inmates with disabilities reported lack of accommodations for PREA education and/or lacked comprehension of the basics of PREA of which they are required to be educated. The agency and facility have engaged in several documented activities throughout this process, to improve the chances for all inmates, regardless of disability, to receive needed information. They released an updated version of ADA policy and handbook for Classification, refreshing the officers on changes. They increased opportunities for the use of translators and the use of mental health practitioners for inmates with cognitive deficits. They produced more materials in braille. They added large informative PREA posters to the pods in highly visible areas.

Evidence used to determine compliance with this Standard includes: Interviews with Agency Head, inmates with disabilities and limited English proficiency, and randomly selected staff. Policies and procedures regarding equal opportunity of disabled inmates, and of inmates with limited English proficiency, to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy prohibiting use of inmate interpreters, inmate readers, or other types of inmate assistants, except in limited circumstances. Contracts with interpreters or other professionals hired to ensure effective communication with inmates. Written materials used for effective communication about PREA with inmates with disabilities, limited reading skills, or limited English proficiency (Policies found in 6.04.001 B1, 6.01.012A8, & 7.08.001). Documentation of staff training on PREA-compliant practices for inmates with disabilities.

Finding: MRJC has shown its compliance with this Standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The policies of MRJC explicitly prohibit hiring or promoting anyone who may have contact with inmates, and they prohibit the services of any contractor who may have contact with inmates, who has engaged in any of the practices that are prohibited by the provisions of this Standard. This includes that the policies require that, before hiring any new employees, and before enlisting the services of any contractor who may have contact with inmates, criminal background checks are conducted. These background checks are consistent with the provisions of this Standard. Policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Evidence used to determine compliance with this Standard includes: Interviews with Human Resources staff. Policies on promotions and hiring of employees and contractors, including policies governing criminal background checks, of current employees and contractors who may have contact with inmates (including DAJD GPM 1.02.010 Workforce-Management; Policy 6.04.001 PREA; Policy 1.03.016 Background Investigations; Policy 1.03.008 Employee Code of Conduct; Promotion Opportunity Announcement; MOU between King County and Unions Representing King County Employees; Job Announcement; Criminal History Authorization Form; Labor Contract Appendix and Master Agreement with Coalition of Unions). Files of 10 randomly selected persons hired or promoted in the last 12 months, to determine whether proper criminal record background checks have been conducted, and whether questions regarding past conduct were asked and answered. Records of background checks

of 5 contractors who might have contact with inmates. Documentation of background records checks, of 3 current employees at five-year intervals.

Finding: MRJC fulfills the obligations of this Standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC has neither acquired any new facilities, nor made any substantial expansions or modifications of existing facilities, since the previous Audit.

Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head and facility administrators, as well as PAQ documentation such as the facility schematic, indicate no updates or modifications.

Finding: MRJC does not deviate from this Standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

MRJC is responsible for conducting administrative investigations, but it is not the entity responsible for conducting criminal sexual abuse investigations. The Sheriff's Department has responsibility for conducting criminal sexual abuse investigations. The facility offers all inmates who experience sexual abuse access to forensic medical examinations, without financial cost to the victim. When possible, SAFEs and SANEs conduct the exams. However, if those are not available, a qualified medical practitioner would perform the forensic medical examinations. MRJC documents their efforts to provide those SAFEs and SANEs. It attempts to provide access to a victim advocate from a rape crisis center, either in person or by other means, and it documents those efforts. If the victim consents, a victim advocate accompanies and supports the victim throughout the forensic medical examination process and investigatory interviews, and the advocate provides emotional support, crisis intervention, information, and referrals, as well. As verified by the Deputy Executive Director of King County Sexual Assault Resource Center (KCSARC), KCSARC provides system coordination and medical advocacy to assure that alleged sexual assault victims receive appropriate care. Information regarding this care, and about KCSARC is available to inmates (www.kcsarc.org; 24-Hour Resource Line: 888.99.VOICE (86423))

Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff, KCSARC staff, investigators, and SANE Nurse. Uniform evidence protocol, governing how to obtain usable physical evidence in allegations of sexual abuse. Documentation of efforts to provide SAFEs or SANEs. Documentation that forensic medical exams are offered for free. KCSARC brochure. DAJD GPM 4.01.021 Evidence Collection and Storage; Policy 1.05.001 Special Investigation Unit; MOU King County and Harborview Medical Center; King County Sexual Assault Resource Center (KSARC) MOU; Summary of KSARC Services; MOU with Seattle Police and King County Sheriff's Office; Kent PD MOU; Blank PREA Response and Containment Checklist; Jail Health Services MOU; Overview of Off-site Medical Services; Jail Health Services (JHS) Policy and Operating Procedure Response to Sexual Abuse; JHS Procedures for Victim of Sexual Assault; JHS Federal Sexual Abuse Regulations; JHS Forensic Information; MOU with Harborview Center for Sexual Assault and Traumatic Stress; and Harborview Medical Center's Professional Guidelines at https://depts.washington.edu/hcsats/pro_guidelines.html.

Finding: MRJC succeeds in upholding this Standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency makes sure that an administrative or criminal investigation is completed for all allegations of sexual harassment and sexual abuse. MRJC completes administrative investigations, and the Sheriff's Department completes criminal investigations.

Evidence used to determine compliance with this Standard includes: Interviews with Agency Head and Investigative staff, policies, procedures, and forms (including updates) governing investigations of allegations of sexual abuse and sexual harassment; agency website; documentation of reports of sexual abuse and harassment; and documentation of investigations, including full investigative reports with findings. Policies and interviews are consistent with the Standards. The documentation of investigations indicate referrals are made to law enforcement all cases where there is any chance the Sheriff's Department might see a criminal element in the allegation(s).

Finding: MRJC meets the qualifications of this Standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MRJC trains all employees who may have contact with inmates on all the matters required in this Standard. Between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment, at least once a year, and any time that there are changes. The agency uses electronic employee signatures to document that employees who may have contact with inmates understand the training they have received. During the Pre-Audit process, instructions were reviewed of First Responder Duties that appeared to omit the crucial step of securing the scene and the alleged perpetrator in such a way as to allow for collecting evidence from the perpetrator. They made changes to training slides and other materials to assure consistency and to assure that all crucial steps are appropriately emphasized. Interviews indicated a need for additional staff education on first responder duties, cross-gender announcements, and the role of victim advocates. This was carried out during the 60 days after the On-Site Audit. Higher-ranking officers received additional instructions to assure that victim advocates will be offered prior to investigative interviews.

Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff; training policy (1.07.004; 6.04.001 A); staff training curricula (with updates); and records documenting staff training regarding compliance with this Standard, including quizzes verifying comprehension. During interviews, staff remembered most required areas of training. Training topics with which they were less familiar prompted additional training that was carried out and verified.

Finding: MRJ fulfills all aspects of this Standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC’s policies require that every volunteer and contractor who has contact with inmates is trained on their responsibilities under the agency’s policies and procedures regarding prevention of, detection of, and response to sexual abuse and sexual harassment. All volunteers and contractors who have contact with inmates have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, and they have been informed as to how to report such incidents. The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

Evidence used to determine compliance with this Standard includes: Interviews with contractors; training curriculum for volunteers and contractors who have contact with inmates; and samples and logs of training records for contractors who have contact with inmates. No contractors or volunteers are allowed into the facility under the protocols of the COVID-19 pandemic, but 2 contractors were interviewed by phone.

Finding: In all aspects, MRJC complies with this Standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

MRJC's policy requires that inmates receive information at time of Intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. All inmates have typically received this information at Intakes and have received comprehensive information within 30 days. Inmate PREA education is to be available in accessible formats for all inmates, including for those who are: limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. The agency maintains documentation of inmate participation in PREA education sessions. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible, via posters, inmate handbooks, and other written formats. The COVID-19 Pandemic, as well as the changes required by the COVID-19 Pandemic, may disproportionately affect inmates with disabilities and limited proficiency. Some inmates who were interviewed for the Audit did not recall their PREA education. In the 60 days after the On-Site Audit, the facility implemented additional measures to assure that each inmate gets the training in a manner that they can understand it.

Evidence used to determine compliance with this Standard includes: Interviews with Intake Staff and randomly selected inmates, Agency policy governing PREA education of inmates (6.04.001 A6). Intake records of 20 randomly selected inmates entering the facility in the past 12 months. Inmate educational materials in formats accessible to those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to those who have limited reading skills. Agency Policies 6.04.001 B1, 6.01.012A8, 7.08.001 for various formats of Inmate Education. An additional 10 records corroborating that those inmates received comprehensive education were provided in the 60 days after the On-Site Audit. Education and informational materials, including posters and the inmate handbook (with recent updates), etc., in compliance with the Standard.

Finding: MRJC complies with this Standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC Investigators are trained. This training includes techniques for interviewing victims, the proper use of the Miranda and Garrity warnings, collection of evidence, criteria, what evidence is required to substantiate a case or to refer it to prosecution, and documentation.

Evidence used to determine compliance with this Standard includes: DAJD GPM General Training Policy 1.07.004, IIU SIU Staff Training, Special Investigation Unit Policy, On-line PREA Refresher for all staff, Agency training policy for Investigative staff (1.05.001 A-5), interviews with Investigative staff, Investigator training curriculum, and documentation that 7 Investigators have completed the required training.

Finding: MRJC is within compliance of this Standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

All medical and mental health care staff have been trained consistent with this Standard.

Evidence used to determine compliance with this Standard includes: Interviews with Medical and Mental Health Staff; policy and procedures governing training of medical and mental health care practitioners around sexual abuse and sexual harassment (Jail Health Services MOU; Overview of Off-site Medical Services; Jail Health Services (JHS) Policy and Operating Procedure Response to Sexual Abuse; JHS Procedures for Victim of Sexual Assault; JHS Federal Sexual Abuse Regulations; JHS Forensic Information; and Policy 6.04.001, Prison Rape Elimination Act (PREA), and 6.01.012, Accommodating Inmates with Disabilities, in DAJD General Policy Manual); and documentation showing that medical and mental health care practitioners have completed the required training per Policy and Procedure J-C-09, Orientation Training for Health Staff.

Finding: MRJC has shown compliance with this Standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?

Yes No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy and procedure that require screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates, and reassessment. This process follows all the details of the provisions of this Standard. In preparation for the On-Site Audit, the facility provided a detailed list of inmates with disabilities in need of some level of accommodations.

Inmates are questioned during Audit interviews about the screening (for risk of abusiveness and risk for victimization) they receive within 72 hours of admission, as well as about follow-up, if indicated. Although there was a range of answers, about half the inmates who were interviewed regarding these

issues indicated that they remembered being asked the questions and that they feel they have had follow-up. Others answered questions in a way that indicated that either they do not remember the screening, or they feel there has been no meaningful follow-up. It should be acknowledged that the COVID-19 pandemic has caused face-to-face interviews by facility screeners to be conducted in ways to accommodate social distancing and/or via video conferencing systems. COVID accommodations have changed through the months, as new information about the virus became known. However, prior to the crisis triggered by the COVID-19 pandemic, the facility had already planned for technological improvements to their processes and computer applications for the screening, classification, and tracking of accommodations for inmates.

A plan was devised to address these issues in the 60 days after the On-Site Audit. The agency and facility administrators held several meetings and reviewed their processes and devised a plan to connect all DAJD knowledge to inform the screening answers on the screening tool. One way they accomplished this was by adding a step to their Investigation protocol: to report new knowledge to Classification, so as to trigger PREA Risk Assessment renewal for those inmates who have been questioned during investigations. They added cross-notification protocols, reviews, and training to address any time a “yes” should be indicated for any question on the screening tool. This was also required of Jail Health Services. Along with training records and curriculum, they provided another 10 randomly selected screening documents to show improved practice.

Evidence used to determine compliance with this Standard includes: Interviews were conducted with Risk Screening staff, with randomly selected inmates, with the PREA Coordinator, and with the Compliance Manager. Agency policy and procedures governing screening of inmates upon admission to a facility, or transfer to another facility, and during reassessments were reviewed (6.01.005 and A2, 6.01.002, 6.01.005 A1). Screening instrument used to determine risk of victimization or abusiveness was reviewed. One set of 20, and a later set of 10 records for randomly selected inmates were reviewed for evidence of appropriate and timely screening.

Finding: MRJC materially fulfills this Standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC policy requires the use of information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The agency/facility makes individualized determinations about how to ensure the safety of each inmate. The facility makes housing and program assignments for transgender or intersex inmates that it houses on a case-by-case basis. Placement and programming assignments for each transgender or intersex inmate are reassessed at least twice annually, to review any threats to safety experienced by the inmate. A transgender or intersex inmate's own view, with respect to their own safety, is given serious consideration. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. Lesbian, gay, bisexual, transgender, or intersex inmates are not placed in dedicated facilities, units, or wings solely on the basis of such identification or status.

Evidence used to determine compliance with this Standard includes: Interviews were conducted with the PREA Coordinator and the Compliance Manager, Risk Screening Staff, and LGBTI inmates. Documentation was reviewed of the use of screening information to inform housing, bed, work, education, and program assignments, with the goal of keeping all inmates safe and free from sexual abuse. Facility policies (DAJD GPM 6.01.002 Classification Reviews; 6.01.005 Inmate Classification and Assessment; 6.03.007 Transgender Inmates; 6.04.001 PREA Policy) were reviewed that govern isolation of inmates; and that prohibit placing lesbian, gay, bisexual, transgender, or intersex inmates in particular housing, bed, or other assignments solely on the basis of such identification or status; and that prohibit considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. Documentation of 30-day Reviews was examined for compliance with the Standard.

Of importance to the ongoing ability to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, is the sharing of information about risk factors when they become known to medical and mental health staff. The Audit Team reviewed the 2019-2020 Memorandum of Understanding Between the Department of Adult and Juvenile Detention and Public Health-Seattle and King County, which expires December 31, 2020. It states, "The purpose of this MOU is to provide the framework for a long-term investment in joint planning, operations, and collaboration between DAJD and JHS to deliver quality and timely health care in a cost-effective manner. This MOU defines the individual roles and responsibilities of DAJD and JHS, as well as the need for both entities to:

- Develop and adhere to policies that do not conflict
- Maintain accreditation as required under the Hammer Law settlement
- Comply with all relevant local, state, and federal standards and regulations
- Ensure preparedness of staff and the facility in the event of an emergency or disaster"

It goes on to specify a number of specifics regarding data sharing, and points out that the "King County Information Technology (KCIT) Department directly supports DAJD's automated systems and will provide the requested data elements at DAJD's direction/approval and data interfaces to PH, which will, in turn, transfer and integrate selected data into PH's electronic health record management system."

In the 60 days after the On-Site Audit, the facility provided proof of ongoing efforts, with examples, to work within the existing technology system, looking up specific records when needed, until the updates can be fully released that will make data sharing and tracking more reliable. Also, verification was provided of communication underway with Public Health (Seattle & King County Jail Health Services), to improve, update, and renew their MOU. The facility has addressed the risk factors that did not seem adequately tracked at the time of the Audit, and they have shown extensive and bone fide efforts toward a long-term sustainable fix to the technology system, that seem likely to reduce the chances of such failures in the future.

Finding: MRJC upholds the components of this Standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC has policies that prohibit the placement of inmates at high risk for sexual victimization in involuntary segregated housing, unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separating them from likely abusers. There have not been any inmates at risk of sexual victimization who were held in involuntary segregated housing for their protection in the 12 months prior to the Pre-Audit Questionnaire. Policies and procedures ensure that inmates at risk for sexual abuse placed in segregated housing shall have access to programs, privileges, education, and work opportunities, to the extent possible. If MRJC restricts access to programs, privileges, education, or work opportunities, the facility will document: (1) the opportunities that have been limited; (2) the duration of the limitation(s); and (3) the reasons for the limitation(s). These will be reviewed weekly, to try to find alternative placements.

Evidence used to determine compliance with this Standard includes: Interviews were conducted with the facility administrators, inmates in segregated housing (none were there involuntarily for protection against sexual abuse), and staff who supervise inmates in segregated housing. Policy governing involuntary segregated housing for inmates at high risk for sexual victimization was reviewed (DAJD GPM 6.01.002 Classification Reviews; 6.01.005 Inmate Classification and Assessment; 6.03.007 Transgender Inmates; and 6.04.001 PREA Policy).

Finding: MRJC acts in compliance with this Standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. The standard requires agencies to provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates, verbally and in writing. The auditor interviewed the Director of the King County Ombudsman’s office. She verified they are not part of the agency and that they forward complaints, including anonymous (with identity redacted) and third-party complaints, as per the standards. They provide this service for all King County correctional facilities.

Evidence used to determine compliance with this Standard includes: (1) Interviews with all of the following people: randomly selected staff and inmates; the PREA Compliance Manager; Ombudsman; inmates who reported sexual abuse. (2) Reviews of all of the following policies and agreements: inmate reporting policy; documentation on inmate reporting; documentation of agreement with outside entity responsible for taking reports; inmate reporting policy relevant to reporting to outside entity (6.04.001 B2, C, 6.03.001 B2.b); policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties; and policy and documentation (6.04.001 A8) outlining procedures for staff to privately report sexual abuse and sexual harassment of inmates.

Finding: The policies and procedures of MRJC comply with this Standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing

the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

MRJC has policies and procedures for handling inmate grievances regarding sexual abuse, and those policies and procedures are consistent with all provisions of this Standard. The policies allow inmates to submit grievances regarding allegations of sexual abuse at any time, regardless of when the incidents are alleged to have occurred. Agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Agency policy and procedure require that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Evidence used to determine compliance with this Standard includes: interviews with inmates who reported Sexual Abuse; policy regarding inmate grievances of sexual abuse (6.04.002 A 9-13); policy for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse (6.04.002 A9); policy limiting the agency's ability to discipline an inmate for filing a grievance related to alleged sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith; Inmate Handbook, to determine that relevant information is provided; documentation of grievances that alleged sexual abuse; and documentation of the final decision in each such grievance. Also, Agency Policies 6.04.002 B5, and E1-3.

Finding: MRJC is in compliance with this Standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers of rape crisis organizations. In addition, the agency has MOU's with advocacy organizations, and information regarding advocacy is provided soon after, or during, First Responder duties, as well as in conjunction with investigations and forensic exams. Interviews indicated that staff and inmates did not seem to be getting adequate information regarding advocacy. Remedies, in the form of additional trainings and postings, were provided during the 60 days after the On-Site Audit. Also, provisions were made for redundancy so that inmates with disabilities can receive the information in a manner that it can be understood.

Documents reviewed for compliance with this standard include: DAJD GPM 6.01.001 Inmate -Kites; Policy 6.04.001 PREA; Policy 5.02.003 Booking of Foreign Nationals; Inmate Handbook; Consulate notification; KCSARC MOU; DAJD HMC MOU; PREA Education at intake for inmates (in multiple languages); and Multi-lingual PREA Posters. Forms, response plans, training, and checklists were revised to include additional references to advocacy. Other evidence used to determine compliance with this Standard includes the interviews with randomly selected inmates, with inmates who reported sexual abuse, with the PREA Compliance Manager, and with the Jail Administrator.

Finding: The policies and practices of MRJC are in compliance with this Standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has numerous methods to receive third-party reports of sexual abuse and sexual harassment, and this information is available publicly. Not only can jail staff members/administrators be notified in person, phone, or in writing/email, but the independent King County Ombudsman's Office can be contacted at 206-477-1051. During the Site Review there was a lack of posters in public access areas for family/friends to know how to report (for those who do not visit the website). During the 60 days after the On-Site Audit, posters were printed, laminated, and posted in visiting areas on the public facing side, in both English and Spanish. Methods of reporting, including third-party options, are explained verbally during inmate PREA Education.

Documents reviewed for compliance with this standard include: PREA Posters; King County PREA Website; PREA Education at Intake Form; PREA Education at Intake in numerous languages; PREA First Responder duties poster; and Inmate Handbook. To confirm that the agency and facility is compliant with this Standard, the Audit Team also tested the reporting system, reviewed relevant training materials, and interviewed the Ombudsman, as well as random facility staff, and inmates.

Finding: MRJC complies fully with this Standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency obliges all staff to report, instantly and according to agency policy: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; Any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials and to designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone, other than to the extent necessary for making treatment, investigation, and other security and management decisions. Medical and mental health practitioners are required to report sexual abuse, and they are required to inform inmates of the practitioner’s duty to report, and of the limitations of confidentiality, when they initiate services. If the alleged victim is a vulnerable adult, applicable laws must be followed regarding mandatory reporting.

Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff, with medical staff, with mental health staff, with the PREA Compliance Manager, and with the Jail Administrator. Relevant policy, governing the reporting by staff of incidents of sexual abuse or sexual harassment found in 6.04.001 A9-10. Training, and materials, provided to staff regarding their responsibilities to report. In addition, inmates were interviewed who had made reports.

Finding: MRJC complies fully with this Standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

When the agency or the facility becomes aware that an inmate is subject to a substantial risk of imminent sexual abuse, it takes action immediately to protect the inmate. The documentation indicates that there were no times in the 12-month period reviewed for this Audit that an inmate was identified as being at substantial risk of imminent sexual abuse that was not part of an investigation.

Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head, with the Jail Administrator, and with randomly selected staff; and relevant policy governing the agency's protection duties, when inmates are subject to a substantial risk of imminent sexual abuse found in 6.04.001 A7. Several investigations that were reviewed detailed times when immediate action was taken to protect inmates.

Finding: MRJC complies with this Standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of MRJC must notify the head of the external facility, or the appropriate office of the agency or facility at which sexual abuse is alleged to have occurred. Agency policy requires that MRJC's head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. MRJC documents that it has provided such notification within 72 hours of receiving the allegation. The agency or facility policy requires that allegations received from other facilities and/or agencies are investigated in accordance with the PREA Standards. During the Pre-Audit work, it was identified that the policy (Policy 6.04.001) allows a Shift Commander to notify another entity regarding an allegation that sexual abuse occurred at another facility. Standard 115.64 states this notification should be done by the Agency Head. They made corrections to the wording of the policy, replacing diction that indicated it would be a "shift commander" making a notification with "Facility head or their designee." Final approval and implementation of the policy change came in the 60 days after the On-Site Audit. No case has been identified where practice was not consistent with this Standard.

Evidence used to determine compliance with this Standard includes: Interviews were conducted with the Agency Head and the facility administrator. Agency policy regarding reporting of allegations of sexual abuse of inmates while confined at another facility, and Agency policy requiring that allegations of sexual abuse of inmates received from other agencies or facilities are investigated in accordance with the PREA Standards, are found in 6.04.001 B.

Finding: The facility and agency are in material compliance with this Standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a First Responder policy for allegations of sexual abuse consistent with this Standard. During the Pre-Audit process, some references to First Responder duties left out the collection of forensic evidence from alleged perpetrators. Also, interviews conducted during the On-Site Audit indicated that staff needed to better understand the First Responder Duties. Verification of policy and training updates, along with proof of training, was provided during the 60 days after the On-Site Audit.

Evidence used to determine compliance with this Standard includes: Interviews with inmates who reported sexual abuse; interviews with staff who have acted as First Responders; and interviews with randomly selected staff. Agency policy governing staff First Responder duties are found in 6.04.001 B3, in the PREA Containment Checklist, training curriculum, and in other materials.

Finding: MRJC and its agency fulfill this Standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC has developed a written institutional plan to coordinate actions taken, among staff First Responders, medical and mental health practitioners, investigators, and facility leadership, in response to an incident of sexual abuse. During the Audit Process, the First Responder Duties were clarified, along with associated forms related to the CRP. In addition, training was provided to staff, as well as to Investigators which included a review of the CRP. In particular, information about advocacy for survivors of sexual abuse was emphasized.

Evidence used to determine compliance with this Standard includes: Interviews with the Jail Administrator, Commander, PC, and PCM; and a review of the Facility's Coordinated Response Plan.

Finding: All aspects of this Standard are upheld by MRJC.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency's collective bargaining agreement does not interfere with the ability to protect inmates from contact with abusers.

Evidence used to determine compliance with this Standard includes: An interview with the Agency Head, and a review of all collective bargaining agreements.

Finding: MRJC is not out of compliance with this Standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC has a policy to protect all inmates and staff who report sexual abuse and/or sexual harassment, and/or who cooperate with investigations of sexual abuse and/or sexual harassment, from retaliation by other inmates or by staff. The agency designates staff members as responsible for monitoring for possible retaliation. For at least 90 days, the agency monitors 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 and/or sexual harassment, or for cooperating with investigations. In the case of inmates, such monitoring also includes periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation, as well. The agency acts promptly to remedy retaliation, and it continues to monitor for longer than 90 days, if such is necessary.

Some investigations, and interviews regarding retaliation monitoring, did not indicate an active practice of monitoring for retaliation among staff. The Standard requires retaliation monitoring to include staff who reported the sexual abuse or were witnesses. The facility provided in-person training during the Pre-Audit work to implement processes for making sure this monitoring is completed in the future. In the 60 days after the On-Site Audit, records of retaliation monitoring were provided, which were fully compliant with the Standard.

Evidence used to determine compliance with this Standard includes: (1) Interviews with each of the following: the Agency Head, the Jail Administrator, staff responsible for retaliation monitoring, inmates in Isolation, and inmates who reported sexual abuse. (2) Agency policy protecting all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other inmates or staff, including policies on the monitoring of inmates and staff following a report, and the Agency response to suspected retaliation. These policies are in 6.04.001 11, 14. (3) Documentation of monitoring efforts in 14 cases.

Finding: The policies and procedures of the agency and facility comply with the intent and requirements of this Standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. In the past 12 months, no inmates were assigned to involuntary segregated housing for protection against sexual abuse. If an involuntary segregated housing assignment is made, the facility allocates to each such inmate a review every week, to determine whether there is a continuing need for separation from the general population, and it documents these reviews.

Evidence used to determine compliance with this Standard includes: (1) Interviews with each of the following: The Jail Administrator; staff who supervise inmates in Isolation for any reason; medical staff; mental health staff. (2) Facility policy that inmates who allege to have suffered sexual abuse may only

be placed in Isolation as a last resort, only if less restrictive measures are inadequate to keep them and other inmates safe, and only until an alternative means of keeping all inmates safe can be arranged. Policy states: Their restrictive housing policy is to utilize the "least restrictive housing possible." This is echoed as a memo reminder from Majors. There were no examples of Isolation used for such protective purposes in the last 12 months.

Finding: There are no indications that MRJC would be out of compliance with this Standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC has policy related to criminal and administrative agency investigations consistent with this Standard. Substantiated allegations that appear to be criminal are referred for prosecution. Where sexual abuse is alleged, the agency is to use Investigators, who have received special training in sexual abuse investigations. These investigations are to be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigators are to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Where the evidence seems to support criminal prosecution, the agency should conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and will not be determined by the person's status as inmate or staff. The agency will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Investigations are to include efforts to determine whether staff actions or failures to act contributed to the abuse; and document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Investigations should be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility or agency is not a basis for terminating an investigation.

During Pre-Audit work, as well as in the 60 days after the On-Site audit, the facility addressed the absence of the documentation of some types of interviews in a few of the investigative files reviewed. They re-trained investigators in October regarding these matters. Among the priorities reiterated was that, in all cases, each type of evidence must be gathered; and if a type of cannot be obtained, attempts made to gather it must be documented. This includes as available; video; physical evidence, such as SANE exam results; and face-to-face interviews with people familiar with the evidence. Interviews with alleged perpetrators must be attempted, even when they are staff members who have provided written

statements. MRJC also addressed the issue of the absence of administrative investigative information that is needed in order to make administrative decisions when criminal investigations had been completed. They now complete administrative investigations when it appears that the criminal investigative file does not include all the provisions of the PREA Standard. They were trained regarding to what extent a criminal investigative file can be utilized in the administrative investigation, as well as when, and in what ways, it is appropriate to conduct administrative work when the criminal investigation is still active. They were instructed to request the entire case file, as well as the finding, from the entity conducting the criminal investigation. The Audit Team was provided verification of the training being completed, as well as any additional investigative work available after the training was completed.

Evidence used to determine compliance with this Standard includes: Interviews with Investigative staff, with the Jail Administrator, with the PREA Coordinator, and with the Compliance Manager; Agency/Facility policies related to criminal and administrative agency investigations, which are found in 1.05.001; Training records for Investigators; 10 randomly selected investigative records/reports during the Pre-Audit, and 3 additional records during the 60 days after the On-Site Audit, to show additional proof of practice as described above.

Finding: A triangulation of the evidence suggests that MRJC is compliant with this Standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy requires that Investigators impose no standard higher than preponderance of the evidence in determining whether allegations of sexual abuse and/or sexual harassment are substantiated.

Evidence used to determine compliance with this Standard includes: Interviews with Investigative staff; policy imposing a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated; and documentation of administrative findings for proper standard of proof, which is found in 1.05.001; and a review of investigations.

Finding: The policies and practices of the agency are found to be compliant with this Standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy that requires that any inmate who makes an allegation that he or she suffered sexual abuse in any agency facility is informed, verbally or in writing, as to whether the allegation has been determined to have been substantiated, unsubstantiated, or unfounded, following an investigation by the agency. Policy also requires each of the other provisions of this Standard.

In the Pre-Audit work a closure letter was not found in one of the cases. In other cases, a finding was present, but not stated consistently. The PC worked with investigative staff, to instruct them not only to document that they provide these notices to inmates, but also to consistently include the finding, and in so doing, to use PREA terminology (unfounded, substantiated, unsubstantiated). These efforts were documented (training meeting held 10-30-2020), and subsequent investigative documentation was consistent with all provisions of the Standard, as well.

Evidence used to determine compliance with this Standard includes: Interviews with the Jail Administrator and with Investigative staff. Agency policy requiring that any inmate who makes an

allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, following an investigation by the Agency (1.05.001). 10 randomly selected sexual abuse / sexual harassment investigations completed by the Agency. Agency policy requiring documentation of notifications. Sample documentation of notifications as described above.

MRJC complies in all necessary aspects with this Standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Staff are subject to disciplinary sanctions, up to and including termination, for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated were it not for their resignations, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Evidence used to determine compliance with this Standard includes: Staff disciplinary policy regarding violations of Agency sexual abuse or sexual harassment policies, which are found in 6.04.001 A17. The 10 Investigations reviewed were consistent with this Standard, indicating appropriate follow-up when staff did not follow agency policies.

Finding: MRJC complies with this Standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates. Currently no volunteers or contractors are allowed to enter the facility.

Evidence used to determine compliance with this Standard includes: An interview with the Facility Administrator and Agency policy requiring that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies (6.04.001 pg. 3). Investigations reviewed did not indicate an allegation against volunteers or contractors. However, contractors interviewed, and training materials reviewed, indicated an understanding that this Standard will be followed when indicated. Also relevant to this Standard is DAJD GPM 1.03.008 Employee Code of Conduct, and the Criminal History Check.

The facility and agency are in compliance with this Standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates of MRJC are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding, or criminal finding, that the inmate engaged in inmate-on-inmate sexual abuse. Interviews conducted, and policy reviewed, indicate sanctions are 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. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Evidence used to determine compliance with this Standard includes: Interviews with medical staff and mental health staff; policy DAJD GPM 6.02.002 Inmate Disciplinary System, Inmate Handbook, and Inmate Rules of Behavior. Investigations reviewed were consistent with this Standard, indicating appropriate referrals and follow up for inmates determined to have engaged in sexual abuse or sexual harassment.

Finding: A triangulation of evidence shows compliance with this Standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

All inmates at MRJC who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. Information related to sexual victimization or abusiveness that occurred in an institutional setting is, for the most part, strictly limited to medical and mental health practitioners. But information that is considered indicative of risk factors for sexual abuse and/or sexual harassment is shared appropriately with administrators who make housing, bed and work decisions, in order to protect inmates, as required in Standards 115.41 and 115.42.

Evidence used to determine compliance with this Standard includes: Interviews with each of the following: an inmate who disclosed sexual victimization at Risk Screening; medical staff; mental health staff; and staff who perform Risk Screening. Policies relating to medical and mental health screenings including DAJD Adult Divisions General Policy Manual Policy 6.01.012 (Accommodating Inmates with Disabilities), 6.04.001 (PREA), and 5.01.001 (Intake Procedures); Seattle / King County Jail Health Services Policy and Procedure J-C-09 (Orientation Training for Health Staff); Overview of

Offsite Medical Services; and information from 10 randomly selected Intake Medical Screenings with follow-up information.

Finding: MRJC upholds the principles of this Standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Inmates who are victims of sexual abuse at MRJC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff First Responders take preliminary steps to protect the victim, pursuant to Standard 115.62, and they immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse while incarcerated are offered timely information about, and timely access to, emergency contraception and prophylaxis for sexually transmitted infections, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to every victim, without financial cost to the victim, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Evidence used to determine compliance with this Standard includes: Interviews with medical staff, with mental health staff, and with 3 inmates who reported sexual abuse; and policies and procedures regarding access to treatment services by inmate victims of sexual abuse, including the Coordinated Response Plan. Forms reviewed also include the Supervisor's Incident Report; Officer's Report, and the PREA Response and Containment Checklist. Depending on the emergency, Jail Health Services and/or the King County Sexual Abuse Response Center would coordinate with jail administrators to facilitate these services. Emergency services might be provided at the Harborview Medical Center, Valley Medical Center, or University of Washington Medical Center.

Finding: This Standard is complied with by the agency and the facility.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MRJC offers medical and mental health evaluations, and, as appropriate, treatment, to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and, when needed, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. MRJC provides such victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections, as medically appropriate. Treatment services are provided to the victim, without financial cost to the victim, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Evidence used to determine compliance with this Standard includes: interviews with medical staff, with mental health staff, KCSARC administrator, and with inmates who reported sexual abuse; and policies and procedures governing ongoing medical and mental health care for sexual abuse victims and abusers. Documents include: DAJD 6.04.001 PREA Policy; MOU with Harborview Center for Sexual Assault and Traumatic Stress; MOU with KCSARC; and King County Jail Health Services (JHS) Policy (J-B-05), Procedure in the Event of Sexual Assault, with Compliance Indicators, with JHS Report of History of Sexual Assault/Sexual Abuse or Harassment, and with Service Level Procedures (regarding the Victim, Perpetrator, Medical Practitioner, Mental Health Practitioner, and including performance expectations and standards for each). Also reviewed was the KCSARC brochure.

Finding: This Standard is fulfilled fully by the agency and the facility.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

According to policy, the facility conducts a sexual abuse Incident Review, at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility, according to policy, ordinarily conducts a sexual abuse Incident Review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The sexual

abuse Incident Review Team is to include upper-level management officials, and it allows for input from line supervisors, Investigators, and medical and/or mental health practitioners.

Evidence used to determine compliance with this Standard includes: interviews with the Jail Administrator, with the PREA Compliance Manager, and with members of the Incident Review Team; policies and procedures on conducting sexual abuse Incident Reviews (4.03.010); and documentation of sexual abuse Incident Reviews. These reviews have been consistently completed for each investigation, with the understanding that some leeway in timing is understandable when dealing with limitations imposed by responses to the COVID-19 pandemic.

Finding: MRJC is in compliance with this Standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency collects accurate, uniform data for every allegation of sexual abuse, using a standardized instrument and a standardized set of definitions. The standardized instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization, conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data, at least annually. The agency maintains, reviews, and collects data monthly, from all available incident-based documents, including reports, Investigation files, and sexual abuse Incident Reviews.

Evidence used to determine compliance with this Standard includes: the policy regarding sexual abuse data collection; the set of definitions used for collecting data on sexual abuse allegations at facilities; and the data collection instrument used for collecting data on sexual abuse allegations at facilities. (Policy 6.04.001 pg. 4)

Finding: The agency conducts itself in accordance with this Standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency reviews 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, and training, including: 1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an Annual Report of its findings and corrective actions for the facility. The Annual Report includes a comparison of the current year's data and corrective actions with those from prior years. The Annual Report provides an assessment of the agency's progress in addressing sexual abuse. The reports are approved by the agency head. During the Pre-Audit process, the Auditor required that all findings in sexual abuse and sexual harassment investigations match the findings allowed in the PREA Standards: Substantiated, Unsubstantiated, and Unfounded. Changes were made so that the most recent (2019) Annual Report does not contain a category of "Other" as a subcategory.

Evidence used to determine compliance with this Standard includes: interviews with the Agency Head, with the PREA Coordinator, and with the Compliance Manager; documentation of corrective action

plans; Annual Reports of findings from data reviews and any corrective actions; and the website where the Annual Reports are available.

Finding: The agency complies with this Standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

MRJC policy and procedure ensure that incident-based and aggregate data are securely retained, requiring that aggregated sexual abuse data be made readily available to the public, at least annually. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Annual reports with this data can be found on the agency website. That website can be found at this address: <https://www.kingcounty.gov/depts/jails/prison-rape-elimination-act.aspx>.

Evidence used to determine compliance with this Standard includes the interviews and emails with PREA Coordinator; DAJD PREA Policy; PREA Definitions; File Retention; SSV; PREA Checklist; PREA Log; Annual Reporting available on the King County website, as well as the DOC webpage. Policies, procedures, interviews, and reports consistently verify compliance with all parts of this Standard.

Finding: The agency is in full compliance with this Standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency is in year two of the Audit cycle. Although timing has been affected by the COVID-19 pandemic, the agency maintains a schedule of Audits consistent with this Standard.

Evidence used to determine compliance with this Standard includes: a review of Audit Reports and the timing and planning of the facility Audits.

Finding: For all intents and purposes, the agency is in compliance with this Standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

On the agency website, the agency has published its prior Final Audit Report. This previous PREA Final Audit Report can be found at this website address. <https://www.kingcounty.gov/depts/jails/prison-rape-elimination-act.aspx>.

Evidence used to determine compliance with this Standard includes: a review of the details regarding the availability of the Facility Final Audit Reports.

Finding: The agency complies materially with what is required by this Standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

D. Will Weir _____

12-09-2020 _____

Auditor Signature

Date

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

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