

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: May 11, 2022

Auditor Information

Name: Lynni O’Haver	Email: scarlettohara1@mac.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: P. O. Box 1071	City, State, Zip: Cypress, Texas 77410
Telephone: 713.818.9098	Date of Facility Visit: March 25, 2022

Agency Information

Name of Agency: Missouri Department of Corrections			
Governing Authority or Parent Agency <i>(If Applicable):</i>			
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson, MO 65102	
Mailing Address: P. O. Box 236		City, State, Zip: Jefferson, MO 65102	
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 type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.doc.mo.gov			

Agency Chief Executive Officer

Name: Anne Precythe, Director	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573.751.2389

Agency-Wide PREA Coordinator

Name: Darren Snellen	
Email: Darren.Snellen@doc.mo.gov	Telephone: 573.526.6417
PREA Coordinator Reports to: Vincent Rost, Director – Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator: 27

--	--

Facility Information

Name of Facility: Poplar Bluff Community Supervision Center (PBCSC)

Physical Address: 1441 Black River Industrial Park Road

City, State, Zip: Poplar Bluff, MO 63901

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

- | | | | |
|------------------------------------|---------------------------------------------|-------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit | |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |

Facility Website with PREA Information: : <https://doc.mo.gov/programs/PREA>

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
- N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Facility Director

Name: James Berry

Email: James.Berry@doc.mo.gov

Telephone: 573.840.9555

Facility PREA Compliance Manager

Name: Marc Carter

Email: Mar.Carter@doc.mo.gov

Telephone: 573.778.5042

Facility Health Service Administrator N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:

40

Current Population of Facility:	29	
Average daily population for the past 12 months:	24	
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 checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 - 55	
Average length of stay or time under supervision	82 days	
Facility security levels/resident custody levels	Field Supervision	
Number of residents admitted to facility during the past 12 months	114	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	113	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	102	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	54	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether residents 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 residents, 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.	3
Number of resident housing units: 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 residents 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 residents 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.	0
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	2
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
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>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:</p>	<p>10</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A
<p>Administrative Investigations</p>	
<p>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?</p>	<p>10</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<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: <input checked="" type="checkbox"/> N/A

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:	N/A

Standards Met

Number of Standards Met:	41
---------------------------------	----

Standards Not Met

Number of Standards Not Met:	0
List of Standards Not Met:	N/A

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	March 25, 2022
2. End date of the onsite portion of the audit:	March 25, 2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Haven House
Audited Facility Information	
4. Designated Facility Capacity:	40
5. Average daily population for the past 12 months:	24
6. Number of inmate/resident/detainee housing units:	0
<p>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 residents 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>	0
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	34
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	1
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0

22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	
<i>Staff, Volunteers, and Contractors Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i>	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	54
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	
Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	22
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)

<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>The Auditor was provided with a resident roster which lists the resident's reception date, housing assignment, program level / assignment.</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	
<p>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>One barrier to completing interviews within a community confinement facility, is a large portion of the resident population was on exit status" (away) from the facility, either for appointments or work. Twelve informal resident interviews were completed.</p>

Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>1</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Community Confinement facility – does not hold youthful residents</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided with the facility roster; Total resident count was 34. There were no intellectual impaired residents within the facility on the day of the audit.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided with the facility roster; Total resident count was 34. There were no vision impaired residents within the facility on the day of the audit.</p>

<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided with the facility roster; Total resident count was 34. There were no hearing-impaired residents within the facility on the day of the audit.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided the facility roster; Total resident count was 34. There were no LEP residents within the facility on the day of the audit.</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided the facility roster; Total resident count was 34. There were no LGBTI residents within the facility on the day of the audit.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided the facility roster; Total resident count was 34; there were no transgender or intersex residents within the facility on the day of the audit.</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided the facility roster; Total resident count was 34; there were no residents who reported SA within the facility on the day of the audit.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided the facility roster; Total count was 34; there were no residents who disclosed prior sexual victimization within the facility on the day of the audit.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility has not placed a resident in segregated housing during the auditing period. The facility does not have a segregated unit.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>One barrier to completing interviews within a community confinement facility, is a large portion of the resident population was on exit status" (away) from the facility, either for appointments or work. Additionally, at a small community confinement facility, the total resident count was 34 at the time of the on-site phase. Twelve residents were out of the facility during the on-site phase, the Auditor completed informal or formal interviews with the remaining twenty-two residents.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe)</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	

Specialized Staff, Volunteers, and Contractor Interviews

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

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	<p align="center">15</p>
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	

<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<input checked="" type="checkbox"/> Agency contract administrator <input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe)
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p style="text-align: center;">2</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</p>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>59. Did you have access to all areas of the facility?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------------------------------	---------------------------------------------------------------------

<p>a. If no, explain what areas of the facility you were unable to access and why.</p>	
-----------------------------------------------------------------------------------------------	--

Was the site review an active, inquiring process that included the following:

<p>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

<p>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</p>	
--------------------------------------------------------------------------------------------------------------------	--

<p>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

<p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p>	
--------------------------------------------------------------------------------------------------------------------------------------	--

<p>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

<p>63. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Documentation Sampling

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

<p>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate</u> sexual abuse	1	0	1	0
<u>Staff-on-inmate</u> sexual abuse	0	0	0	0
Total	1	0	1	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	
----------------------------------------------------------------------------------------------------------------------------------	--

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate</u> sexual harassment	0	0	0	0
<u>Staff-on-inmate</u> sexual harassment	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate</u> sexual abuse	0	0	0	0	0
<u>Staff-on-inmate</u> sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	0	1	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	0	0	1	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Sexual Harassment Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
a. If 0, explain why you were unable to review any sexual abuse investigation files:	
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
--	----------------------------------------------------------------------------------------------------------------------------

Staff-on-inmate sexual harassment investigation files

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
--------------------------------------------------------------------------------------------------------------	---

87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
----------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Support Staff Information

DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	
--------------------------------------------------------------------------------------------------------------------------------	--

Non-certified Support Staff

91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	
--------------------------------------------------------------------------------------------------------------------------------	--

Auditing Arrangements and Compensation

92. Who paid you to conduct this audit?	<input type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)
------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (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

115.211 (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

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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Organizational Chart

Interviews conducted with:

PREA Coordinator

PREA Compliance Manager

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the department has zero tolerance for all forms of resident sexual abuse, harassment, and retaliation. All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of a resident which includes sexual contact with or without the resident's consent.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the staff members shall communicate professionally with all residents, including gender non-conforming residents in accordance with institutional services procedures regarding transgender and intersex residents.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states all staff members, volunteers, and contractors shall immediately report any knowledge suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against residents or staff members who reported such an incident and any staff member neglect or violation of responsibilities that contributed to an incident or retaliation in accordance with this procedure.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states resident sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex resident and failure to report resident sexual abuse is a Class A Misdemeanor.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states to ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to resident sexual abuse, harassment, and retaliation. The PREA Coordinator reports directly to the MDC Director, Office of Professional Standards.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's

compliance with the PREA standards at their assigned facility. The Director of the Board of Probation and Parole will designate a PREA Site Coordinator at each facility at the level of unit supervisor or higher.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* defines PREA Manager as a staff member responsible for the implementation and compliance of PREA within the department.

Missouri Department of Corrections utilizes the terms PREA Manager for the position of PREA Coordinator, and PREA Site Coordinator for the position of PREA Compliance Manager. For the purpose of this report, the Auditor will utilize the terms set forth in the Department of Justice PREA Standards, PREA Coordinator and PREA Compliance Manager.

During the on-site phase of the audit, the Auditor conducted an interview with the PREA Coordinator who verified he has sufficient time and authority in his position to accomplish PREA responsibilities for the agency. The PREA Coordinator oversees twenty-seven PREA Compliance Managers. The PREA Coordinator confirmed he reports directly to the MDC Director, Office of Professional Standards. A review of the MDC organizational chart provided evidence that the agency has designated an upper-level position as the PREA Coordinator.

During the on-site phase of the audit, the Auditor interviewed the PREA Compliance Manager and verified he has sufficient time and authority in his position to accomplish the PREA responsibilities for Poplar Bluff Community Supervision Center (PBCSC). Evidence shows that the Missouri Department of Corrections has designated a facility PREA Compliance Manager for Poplar Bluff Community Supervision Center (PBCSC) as verified through a review of the MDCC organizational chart and through interviews with the PREA Compliance Manager and the Facility Director.

During the on-site phase of the audit, the Auditor interviewed the Facility Director who confirmed the responsibilities of the PREA Compliance Manager assigned to Poplar Bluff Community Supervision Center (PBCSC) and verified he is provided sufficient time and authority in his position to accomplish these responsibilities.

Upon review of the policy and the agency organizational chart and upon completion of interviews conducted with the PREA Coordinator, PREA Compliance Manager, and Facility Director during the on-site visit, Poplar Bluff

Community Supervision Center (PBCSC) demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents 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 residents.) Yes No NA

115.212 (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 residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) 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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Interviews conducted with:

Agency Contract Administrator

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states all community confinement facilities shall adopt and comply with PREA standards as outlined in their contract with the department. The Chief Administrative Officer (CAO) or designee shall regularly audit community confinement facilities to ensure compliance with the PREA Standards.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Contract Administrator regarding how contracts are monitored to determine if the contractor complies with the PREA requirements of the contract. The Agency Contract Administrator explained the contracts include verbiage related to the vendor's obligation to comply with the PREA Standards prior to entering into agreement with the agency. The Agency Contract Administrator explained that Missouri Department of Corrections Division of Probation and Parole currently has two existing contracts for the confinement of residents. Additionally, these contracts are monitored by CAO or designee to ensure the compliance of the PREA standards is maintained.

During the on-site, the Auditor reviewed the two existing contracts for confinement of residents and verified each contract has the required verbiage and the obligation for the contractor to maintain compliance with 28 Code of Federal Regulations (CFR) Part 115.

Upon review of the policy and upon completion of the interview with the Agency Contract Administrator, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
 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 resident population? 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

115.213 (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

115.213 (c)

- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? 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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections *Implementation Teams Report*

Missouri Department of Corrections *PBCSC Staffing Analysis Report*

Interviews conducted with:

Facility Director or Designee

PREA Coordinator

On-site Review Observations:

Daily operational functions

Staff interaction with residents

Resident movement

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect residents against sexual abuse.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or residents may be isolated, the composition of the resident population, and the prevalence of substantiated and unsubstantiated resident sexual abuse allegations.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justified for deviations noted.

The facility reported in the PAQ, there were no deviations from the staffing plan that occurred in the 12 months prior to the on-site visit. During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director and discussed the actions staff would take if deviations from the staffing plan were to occur. The Facility Director confirmed that in any instances of non-compliance with the staffing plan, would be documented.

During the pre-on-site phase of the audit, the Auditor reviewed the Missouri Department of Corrections *PBCSC Staffing Analysis Report*. Upon review of the *PBCSC Staffing Analysis Report*, the facility, when reviewing staffing requirements and the appropriate numbers of assigned staff, took into consideration the following requirements:

- All the components of the facility's physical layout (including blind spots).
- Composition of resident population.
- Prevalence of substantiated and unsubstantiated incidents of sexual abuse.
- Any other relevant factors.

The average daily number of residents on which the facility-staffing plan was predicated on was 32 Security Level / Custody Level Field Supervision custody residents. The facility reported there were no deviations from the staffing plan in the last 12 months.

During the on-site phase of the audit, the Auditor, conducted an interview with the Facility Director and inquired how does the facility ensure compliance to the staffing plan. To ensure compliance with the staffing plan, the Facility Director confirmed that he conducts an annual review, which includes review of the facility layout, resident population, and duties and responsibilities of the staff. The Facility Director also explained that video monitoring is also taken into consideration when assessing ways to protect residents from sexual abuse and sexual harassment. PBCSC has 42 video cameras installed throughout the facility that are reviewed on a regular basis.

During the on-site phase of the audit, the Auditor conducted interviews with the PREA Coordinator who confirmed the process of developing a staffing plan previously described by the Facility Director. The PREA Coordinator also confirmed that an assessment of the facility-staffing plan is conducted annually, and he is consulted regarding any adjustments to the staffing plan.

During the on-site phase, the auditor reviewed the average daily number of residents' report, staff shift rosters, facility blueprint, and daily resident activity schedules to verify adequate staff coverage in comparison to resident population, resident movement, and facility size and layout.

During the on-site phase of the audit, the Auditor toured the facility and observed the daily operational functions, staff interacting with residents, general resident movement, residents attending meetings, and residents participating in programs.

Upon review of the policies and documentation provided and upon completion of interviews conducted with the Facility Director and PREA Coordinator during the on-site visit, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (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

115.215 (b)

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

115.215 (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 residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents 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 residents 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 area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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

115.215 (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 residents 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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Procedure P4-4.13, *Searches*

Missouri Department of Corrections PBCSC PREA Training Curriculum / Records

Interviews conducted with:

Random sample of Residents

On-site Review Observations:

Daily operational functions

Staff interaction with residents

Resident movement

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches.

Missouri Department of Corrections Procedure P4-4.13, *Searches* states directed strip searches approved by the CAO/designee shall be conducted when there is reasonable suspicion that a resident is concealing weapons, contraband or illegal substances and an immediate search is necessary to prevent introduction of said items into the facility.

- a. The resident shall be directed to remove their clothing.

- b. Strip searches shall be conducted by two staff of the same gender as the resident, except in exigent circumstances.
- c. If evidence exists a client has swallowed or is concealing contraband in a body cavity, then efforts shall be made to ensure the health of the resident is maintained. Notification of the incident shall be made per SOP. The use of a dry cell may be utilized, if authorized by the CAO/designee.

Documentation provided by the facility indicated there were no cross-gender strip searches or cross-gender visual body cavity searches conducted during the last 12 months. During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director and the PREA Compliance Manager and verified that no cross-gender strip searches or cross-gender visual body cavity searches were conducted.

During the pre-on-site phase of the audit, the Auditor reviewed the provided documentation to include shift schedules, shift rosters, and daily resident activity schedule. During the on-site phase of the audit, the Auditor compared the information reviewed with her observations made during the facility tour and noted the number of male staff members is more than adequate and covers all shifts.

During the on-site phase of the audit, the Auditor observed the facility operations throughout the day, to include continuous resident movement throughout the facility, continuous physical interactions between staff and residents, and residents performing job assignments throughout the facility and within the compound grounds. The Auditor also observed opposite gender announcements being conducted throughout the facility tour.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states residents will not be supervised by officer of the opposite gender while residents are showering or in the toilet areas unless appropriate privacy screening is provided to obscure from view the breasts of female residents and the genitalia and buttocks of both male and female residents. Residents will be required to cover themselves appropriately in accordance with local rules and requirements when not in the shower or not utilizing toilets and while in route to and from these areas.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* and the Missouri Department of Corrections Procedure P4-4.13, *Searches* states staff members of the opposite gender shall

announce their presence prior to entering an residents housing unit. If an opposite gendered staff member is assigned to the housing unit, the announcement shall be made at the beginning of the shift. at the beginning of each shift that they will be present in the housing unit at any time during the shift. This announcement will be documented on the housing unit chronological log.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each time a cross gender announcement is made it shall be recorded in the housing unit chronological log. If a circumstance arises to where a cross gender announcement could comprise the safety, security, and good order of the facility, the shift supervisor may declare the circumstances to be exigent and grant the authority to waive the announcement. All exigent circumstances shall be documented by the shift supervisor in the chronological log.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states to notify hearing impaired residents of cross gender staff in the housing unit, all housing units shall display a sign indicating when a cross gender staff member is present.

During the on-site phase of the audit, the Auditor requested interviews with a random representation of residents. Residents from every housing unit and of various diversities were interviewed. Ten random resident interviews were completed, and all ten residents confirmed they have privacy while showering, changing clothes, or using the bathroom facilities. Additionally, all ten residents interviewed confirmed staff of the opposite gender announce her presence prior to entering the housing unit.

During the on-site phase of the audit, the Auditor conducted a review of nine housing logs and observed entries indicating opposite gender entering housing dormitory with notification to residents being announced prior to opposite gender entry. The sample of housing logs reviewed covered several days throughout the month selected by the Auditor and were from all shifts. The Auditor also observed the announcement of an opposite gender entering the housing dormitory during the on-site tour of the facility, which provided additional documentation and the facility's compliance with this standard.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of

determining a resident's genital status in accordance with the institutional services procedures regarding searches, reception, and orientation, and receiving screening intake center.

Missouri Department of Corrections Procedure P4-4.13, *Searches* states no search or physical examination of a transgender or intersex resident shall be conducted for the sole purpose of determining the resident's genital status.

During the pre-on-site phase of the audit, the Auditor reviewed documentation provided by the facility showed the facility has had zero searches of a transgender or intersex for the sole purpose of determining the resident's genital status.

During the on-site phase of the audit, the Auditor requested a resident roster for transgender or intersex residents to conduct targeted interviews. The facility provided the Auditor with documentation showing no transgender residents in custody at the time of the on-site; therefore, residents in this targeted category were not interviewed.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* and Procedure P4-4.13, *Searches* states staff members shall be trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.

During the on-site phase of the audit, the Auditor reviewed the training records and training curriculum provided to staff members who may have contact with residents, how to perform cross-gender pat-down searches and searches of transgender and intersex residents. Training records indicated staff members receive training on the agency's PREA policies and how to perform cross-gender pat-down searches annually. The training curriculum outlined the agency's policy on cross-gender pat-down searches and searches of transgender and intersex residents, policy prohibiting search of residents for the sole purpose of determining the resident's genital status, defining exigent circumstances, and conducting searches in a professional and respectful manner.

Upon review of staff training records and training curriculum, observations during the on-site visit, and information obtained during random staff interviews conducted during the on-site phase, PBCSC demonstrated

facility-wide practices that are consistent with policy and with the requirements that complies with the PREA standard.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (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 residents 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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident'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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Contracts w/Language Translation Services & DEAF Inter-Link Inc.

Missouri Department of Corrections PBCSC Resident Handbook

Missouri Department of Corrections Resident Sexual Abuse & Harassment Brochure (Multiple Languages & Braille)

Interviews conducted with:

Agency Head

Residents with Impairments or LEP

Random sample of Staff

On-site Review Observations:

PREA informational signage posted in multiple languages

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the Department shall provide PREA related education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing residents, disabled residents, and blind and visually impaired residents.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states residents who have limited English proficiency shall be provided a copy of the video transcript and the PREA resident brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the resident's native language. If it is not possible to translate the documents to the resident's native language the department's PREA Compliance Manager or designee shall utilize an interpreter to assist the resident in understanding the information provided.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the PREA Compliance Manager shall make key information readily available or visible to all residents through PREA posters, the resident rulebook, and the resident brochure on sexual abuse and harassment.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states resident interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties, or the investigation.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head regarding how the facility takes appropriate steps to ensure that all residents have an equal opportunity to participate in the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Agency Head detailed the efforts made by the facility to ensure impaired residents are provided opportunities and benefits equal to those of unimpaired residents. Residents with either disabilities or LEP residents are provided with alternatives to accommodate participation in the PREA program such as videos and brochures tailored to their primary language. Additionally, every effort is made to provide all training in a format that will be easily understood by residents who have a physical or developmental impairment or who have limited English proficiency.

During the pre-on-site phase of the audit, the Auditor reviewed the existing contracts between the Missouri Department of Corrections and language translation services, sign language services, and DEAF Inter-Link services. The contracts outline the translation services provided for each MDC facility, rate of service, and the contract start and ending dates.

The Auditor was also able to confirm compliance with Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* during the on-site visit when intake staff demonstrated the process utilized when communicating with a resident who is LEP, deaf, or disabled. Staff provided a thorough demonstration of providing PREA education to residents using the language translation services, large print resident brochures for vision impaired, or sign language or *DEAF Inter-Link* services for the hearing impaired.

During the on-site phase of the audit, the Auditor conducted interviews with a random sample of staff. Each staff member confirmed the agency policy prohibiting the use of a resident to provide translation services; all staff members acknowledged the use of the language translation services, large print or Braille print resident brochures for vision impaired, or sign language or DEAF Inter-Link services for the hearing impaired.

During the on-site phase of the audit, the Auditor requested a resident roster for residents with physical or cognitive disabilities, LEP, or hearing or vision impaired. The facility provided the Auditor with documentation showing one resident in custody at PBCSC with physical or cognitive disabilities, LEP, or hearing or vision impaired.

During the on-site visit, the Auditor interviewed one targeted resident who was hearing or vision impaired. The resident acknowledged receiving PREA information during the intake / transfer process. The resident acknowledged the PREA information was provided to him in an accessible format specific to his individual needs.

During the on-site phase of the audit, the Auditor conducted a tour of the facility and observed PREA informational bulletins posted in every housing area as well as various locations throughout the compound. These PREA bulletins are posted in multiple languages, located just inside the dorm, as well as several posted in common areas throughout the facility. The bulletins display phone numbers and addresses for multiple reporting methods to include PREA Hotline (Dial 855.733.6391), writing to Department of Public Safety Crime Services Unit, and advocacy services through Rape, Abuse, & Incest National Network (Dial 7246), or contacting Just Detention International (213.384.1400).

Upon review of the policies, resident handbook, and upon completion of formal and informal interviews with facility staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents 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 residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, 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

115.217 (d)

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

115.217 (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 residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents 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 residents 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

115.217 (g)

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

115.217 (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.

Documents:

Missouri Department of Corrections Procedure D2-2.2, *Background Investigations*

Missouri Department of Corrections Procedure D2-2.8, *Promotional Appointment*

Missouri Department of Corrections Procedure D2-11.4, *Annual Employment Requirements*

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Interviews conducted with:

Administrative / Human Resources Staff

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with a resident when it is known that he:

- a. Has engaged in sexual abuse with a resident in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. Has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with residents in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states before hiring new employees the Human Resources staff members or designee shall perform a criminal background

records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations.

Missouri Department of Corrections Procedure D2-2.2, *Background Investigations* states contract staff, volunteers, and student interns shall have a background investigation conducted that consists of the criminal history check and any violations that have been reported to pertinent professional licensing and/or certification organizations if applicable. The criminal history check shall be conducted at the worksite by the CAO or designee.

Missouri Department of Corrections Procedure D2-2.2, *Background Investigations* states interviews being interviewed for positions within the department shall be notified that a background investigation will be completed prior to his/her employment with the department. All investigations shall be completed prior to employment with the department. Department supervisors must comply with guidelines established in the department procedure regarding maintenance of employee records when releasing information.

Missouri Department of Corrections Procedure D2-2.8, *Promotional Appointment* states prior to approval of a promotional appointment, regardless of the salary range, a check will be conducted of the employee's official personnel file through Central Office Human Resources. This check will be performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All substantiated allegations will be considered by the department before an employee is promoted.

Missouri Department of Corrections Procedure D2-11.4, *Annual Employment Requirements* states criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record printout. When adverse findings are noted, the Chief Administrative Officer will be notified and copied on the criminal history printout.

Missouri Department of Corrections Procedure D2-11.4, *Annual Employment Requirements* states each calendar year, in the month following each staff member's birth month, a criminal history check shall be conducted to include outstanding warrants. Inquires shall be conducted by the Chief Administrative Officer (CAO) or designee in an objective, confidential and nondiscriminatory manner.

During the on-site phase of the audit, the Auditor conducted an interview with the agency's Human Resources personnel who confirmed the agency conducts the required criminal background checks prior to hiring a new employee, employees who are considered for promotions, or enlisting the services of a contractor or volunteer. Additionally, the HR Staff Member confirmed background checks are conducted for all staff each calendar year, in the month following each staff member's birth month. The HR Staff Member confirmed the MDC requirement imposed upon all employees to disclose any previous misconduct and the agency's requirement to provide information regarding a former employee upon request of another institution or agency.

PBCSC reported, in the 12 months prior to the audit, six background checks were performed of persons hired or promoted who may have contact with inmates. During the on-site visit, the Auditor reviewed forty-three background investigations conducted on staff assigned to PBCSC which were completed during the twelve-month auditing period. Each background investigation was conducted in accordance with agency policy.

Upon review of the policies and review of personnel files and upon completion of the interview conducted with the Human Resources Staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (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 residents 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

115.218 (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 residents 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.

Documents:

Missouri Department of Corrections Procedure D4-4.8, *Security Camera Operations*

PBCSC Security Camera Report

Interviews conducted with:

Agency Head

Facility Director

Missouri Department of Corrections Procedure D4-4.8, *Security Camera Operations* states to assist in the prevention, detection, and prosecution of resident sexual abuse and overall security of the facility, the security camera committee will conduct an annual assessment of the entire facility and submit a report to the Chief Administrative Officer indicating the status of the camera system and recommend changes and additions.

Missouri Department of Corrections Procedure D4-4.8, *Security Camera Operations* states weekly inspections of security cameras will occur according to institutional services procedures regarding inspections of institutions. Inspections will be documented on the institutional security inspection report form.

During the on-site tour of the facility, the Auditor observed convex mirrors, security cameras, and video monitoring equipment in the housing areas, hallways, in common areas, facility lobby, and outside the entrances to the facility.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head and discussed if the agency considers how modifications or expansions to a facility effects the ability to protect residents from sexual abuse. The Agency Head explained that the agency considers and evaluates how a facility is designed to maximize the agency's ability to protect residents. When installing or updating video monitoring systems we consider how those systems will enhance the facilities ability to protect residents from sexual abuse, focusing on blind spots.

The Agency Head also explained that Missouri Department of Corrections uses video monitoring to target secluded or blind areas where residents may become victimized. The video cameras do not ever take the place of direct supervision but supplements our supervision of residents to ensure the safety and security of the residents, staff, and facility.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director. During the interview, the Facility Director confirmed that prior to designing or acquiring any new facility or when planning any substantial expansion or modification, of existing facilities, the facility shall consider the effect of the design, acquisition, expansion, or modification might have upon the facility's ability to protect residents from sexual abuse. The Facility Director also confirmed that prior to the installation of the additional cameras the facility shall considered how the addition of such technology would enhance the facility's ability to protect residents from sexual abuse.

The Facility Director also informed the Auditor, both video and audio surveillance is reviewed weekly to ensure compliance with requirements for security checks and proper implementation of all security and safety procedures. Since the last audit, PBCSC has not added any cameras or made any modifications to the facility.

Upon review of the policy and the Security Camera report, and upon completion of the interviews conducted with the Agency Head and the Facility Director, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (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

115.221 (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

115.221 (c)

- Does the agency offer all residents who experience 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

115.221 (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 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

115.221 (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

115.221 (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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Procedure D1-8.8, *Evidence Collection, Accountability and Disposal*

Missouri Department of Corrections *PBCSC Coordinated Response to Offender Sexual Abuse*

Missouri Department of Corrections Offender Sexual Abuse & Harassment Brochure

SANes / SAFEs Uniform Evidence Protocol

Interviews conducted with:

Random sample of Staff

SANE/SAFE Staff

PREA Coordinator

On-site Review Observations:

Sexual Abuse / Harassment Informational Posters

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the Chief Administrative Officer (CAO) or designee shall coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of resident sexual abuse and harassment as outlined in the divisions' coordinated response to resident sexual abuse protocol.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states all allegations of resident sexual abuse and/or sexual harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegations notification penetration/non-penetration event checklist.

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards* states the Office of Professional Standards (OPS) was established and charged with processing all department internal investigations into allegations that a staff member or, in certain circumstances, a resident has violated a policy, procedure, or rules. The OPS consists of the following investigation units: civil rights unit (CRU), employee conduct unit (ECU) and Prison Rape Elimination Act Unit (PREA Unit).

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards* states investigations involving a staff member who is the subject of the allegations will be conducted by the OPS except in the cases of allegations of staff on resident sexual harassment. All internal investigations involving a resident will be conducted by institutional investigators or the PREA unit as set forth in this procedure and in accordance with the department procedures for institutional investigations.

During the on-site phase of the audit, the Auditor conducted an interview with an investigator assigned to the Office of Professional Standards who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The investigator also confirmed that all investigators assigned to the Office of Professional Standards (OPS) follow the United States Department of Justice, *A National Protocol for Sexual Assault Medical Forensic Examinations* a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecutions.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgement.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states if an allegation of resident sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall:

- a. Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival.
- b. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions.

Poplar Bluff Community Supervision Center does not have medical staff assigned to the facility. Emergency healthcare, as well as forensic examinations by SANE/SAFE nurses are provided by an outside facility with no cost to the resident. PBCSC utilizes the Poplar Bluff Regional Medical Center to conduct all protocols and forensic medical examinations.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states treatment services shall be 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.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each facility shall offer victims of resident sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each facility shall enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts.

During the on-site phase of the audit, the Auditor reviewed the existing MOU between MDC and Haven House of Poplar Bluff. Haven House of Poplar Bluff is the designated organization that provides residents at PBCSC with emotional support, crisis intervention, and counseling services. Haven House of Poplar Bluff is a non-profit

certified community behavioral health organization. Haven House of Poplar Bluff provides residents with emotional support and crisis intervention services.

During the on-site phase of the audit, the Auditor conducted a telephonic interview with a victim advocate from the Haven House of Poplar Bluff. The victim advocate confirmed that emotional and advocacy services are provided for PBCSC residents who are victims of sexual abuse or sexual violence. The services provided include emotional support services, accompaniment to forensic exams and investigatory interviews, crisis intervention, and provide referrals and resources for continued follow-up emotional support services.

During the on-site phase of the audit, the Auditor conducted an interview with the PREA Coordinator and inquired in what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center. The PREA Coordinator explained that each PREA Compliance Manager is responsible for contacting their local advocacy program to obtain an MOU or agreement to provide services. If the agency refuses to provide services, they are to obtain a written memo stating such; facility Chaplains or Volunteers would then be trained as advocates in the facility.

During the on-site phase of the audit, the Auditor interviewed a random sample of staff regarding his/her role as a First Responder to an allegation of sexual abuse. The staff members provided specific details of their responsibilities as a First Responder. These responsibilities include ensure the safety of the victim, preserving and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged perpetrator does not take any actions, which would destroy physical evidence, and to immediately notify the Unit Supervisor.

PBCSC reported no forensic medical exams were conducted during the past 12 months. During the on-site phase of the audit, the Auditor conducted interviews with the PREA Compliance Manager, PREA Coordinator, and the Facility Director, all of whom confirmed this information is correct.

During the 12 months prior to the audit, PBCSC reported one allegation of sexual abuse. During the on-site phase of the audit, the Auditor was provided with an updated resident roster, which provided documentation that resident, who reported an allegation of sexual abuse, was previously discharged from the program and no longer in custody; therefore, residents in this targeted category were not interviewed.

Upon review of the policies, documentation provided prior to the on-site and during the on-site phase, and observations made during the facility tour, and upon completion of interviews conducted during the on-site visit, the PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (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

115.222 (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

115.222 (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 conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards*

Missouri Department of Corrections Investigator Training Curriculum & Training Records

Investigative Case files (1) – Sexual abuse

Missouri Department of Corrections Agency Website

Interviews conducted with:

Agency Head

Investigative Staff

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the department will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations will be documented in accordance with the coordinated response to resident sexual abuse located on the department's intranet website.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states investigators shall receive specialized PREA investigation training prior to conducting an investigation involving resident sexual abuse.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states administrative investigations shall include an effort to determine whether staff member actions or failure to act contributed to the abuse. Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of resident sexual abuse or harassment is substantiated.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states when outside agencies investigate sexual abuse, staff members shall cooperate with outside investigators and shall make an effort to remain informed about the progress of the investigation.

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards* states the Office of Professional Standards (OPS) was established and charged with processing all department internal investigations into allegations that a staff member or, in certain circumstances, a resident has violated a policy, procedure, or rules. The OPS consists of the following investigation units: civil rights unit (CRU), employee conduct unit (ECU) and Prison Rape Elimination Act Unit (PREA Unit).

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards* states all allegations of resident sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the resident sexual abuse and harassment procedure.

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards* states upon receiving a report of resident sexual abuse, including staff on resident and resident on resident, the CAO or designee shall ensure the allegation is forwarded to the PREA Unit within two business days of receipt. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA Unit will contact the PREA Compliance Manager to request the additional information.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head regarding how the agency ensures that an administrative or criminal investigation is completed for allegations of sexual abuse or harassment. The Agency Head explained allegations are investigated utilizing the PREA Unit or Institutional investigators. Institutional (facility) investigators investigate allegations of sexual harassment as well as

allegations regarding pat searches; the PREA Unit investigates anonymous and third-party allegations and allegations of sexual abuse, which include both administrative and criminal investigations.

The Auditor also inquired to the Agency Head to describe how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment. The Agency Head explained that all investigations are thorough, including evidence collection and interviews with the victim, witness, and subjects. Evidence is documented in written reports that include the findings of the investigation. When an investigation obtains evidence that a criminal statute was violated and the allegation is substantiated, the investigation is forwarded to the Prosecuting Attorney's Office for consideration of prosecution. Departure of the subject resident or staff member does not terminate the investigation.

During the on-site phase of the audit, the Auditor conducted an interview with an investigator assigned to the PREA Unit, Office of Professional Standards. During the interview, the investigator confirmed agency policy requiring all allegations of sexual abuse or sexual harassment must be referred to the Office of Professional Standards and investigators assigned to the OPS PREA Unit have the legal authority to conduct administrative and criminal investigations. The investigator also confirmed the use of a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence, provided a complete overview of the investigative process, including protocols for interviewing, evidence collection, victim services, notifications, and prosecution of sexual assault cases. Additionally, the investigator confirmed attending and successfully completing the specialized training curriculum titled, *Investigating Offender Sexual Abuse in Confinement Settings*.

Missouri Department of Corrections publishes agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation on the agency website [Prison Rape Elimination Act \(PREA\) | Missouri Department of Corrections \(mo.gov\)](#)

During the 12 months prior to the audit, PBCSC reported one sexual abuse allegation. The Auditor reviewed the administrative investigation thoroughly and systematically to ensure the case contained all the correct procedures, completed documentation, and a final disposition. The Auditor verified the case contained the required documentation, and determined that the incident was investigated promptly, thoroughly, and

objectively by a qualified investigator from the Office of Professional Standards who has received training and education and has the authority to conduct such investigations.

Upon review of the policies, documentation, and case files previously discussed, and upon completion of the interviews conducted during the on-site visit, the PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents 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

115.231 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections PBCSC Staff PREA Training Curriculum

Missouri Department of Corrections PBCSC Training Roster / Staff Signatures

Interviews conducted with:

Random sample of Staff

On-site Review Observations:

Personnel Training Records

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states all new staff members shall complete the department's online sexual misconduct and harassment training within five days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states years in which an employee does not receive training, the department's PREA Coordinator shall provide current information on sexual abuse and sexual harassment policies.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states all part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their resident work release procedure training.

During the pre-on-site phase of the audit, the Auditor reviewed training curriculum and documentation of staff signatures verifying training comprehension and attendance. In addition to group discussions and scenarios, the general PREA training curriculum, also included the following:

- Zero tolerance policy for sexual abuse and sexual harassment.
- How employees fulfill their responsibilities under agency sexual abuse and sexual harassment, prevention, detection, reporting, and response policies and procedures.
- Residents' rights to be free from sexual abuse and sexual harassment.
- The right of residents & staff to be free from retaliation for reporting sexual abuse and sexual harassment.

- Dynamics of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in confinement settings.
- Common reactions of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in confinement settings.
- How to detect and respond to signs of threatened & actual sexual abuse and sexual harassment.
- How to avoid inappropriate relationships with residents and residents.
- Communicating effectively & professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse.

In addition to the training curriculum previously discussed, the Auditor reviewed multiple staff PREA trainings conducted throughout the auditing period. These trainings included PREA retaliation monitoring, PREA assessments, Coordinated Response Plan, Communication and Searches of Transgender / Intersex Residents, and recent updates in PREA and/or policy. Additionally, MDC provides additional PREA resources on the agency intranet and is available for all staff.

During the on-site phase of the audit, the Auditor conducted twelve random staff interviews. Each staff member interviewed articulated the agency's zero tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with residents, and a resident's right to be free from sexual abuse and sexual harassment. All staff members acknowledged receiving the training every year during his/her In-service training.

Upon review of the policies and training documentation listed above and previously discussed, and after completion of interviews conducted during the on-site visit, in addition to the files reviewed during the on-site visit, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? Yes No

115.232 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Volunteer & Contractor Training Curriculum

Missouri Department of Corrections Volunteer & Contractor Training Roster with Signatures

Interviews conducted with:

Volunteer or Contractor who have contact with Residents

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states all part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility.

During the pre-on-site phase, the Auditor reviewed training documentation to include training curriculum and attendance roster for contract and volunteer staff. Additional documentation included signatures from each contract staff and volunteer staff confirming understanding of policies and training received. The volunteer and contractor trainings are tailored based on the services they provide and the level of contact they have with residents and included the agency's zero-tolerance policy regarding sexual abuse and sexual harassment along with how to report such incidents.

During the on-site visit, the Auditor conducted interviews contract staff; each staff member confirmed and acknowledge understanding of the agency's zero tolerance policy and PREA standards and reporting responsibilities.

Upon review of the policy and documentation and after completion of interviews conducted during the on-site visit, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No

- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident 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.

Documents:

Missouri Department of Corrections SOP 5-1.2, *Institution Receiving & Orientation*

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Resident Orientation Handbook (multiple languages)

Missouri Department of Corrections *Offender Sexual Abuse & Harassment Acknowledgment*

Missouri Department of Corrections Offender Sexual Abuse & Harassment Brochure (Multiple Languages & in Braille)

Interviews conducted with:

Intake Staff

Random Sample of Residents

On-site Review Observations:

Resident files – Comprehensive PREA Education documentation

PREA Informational Signage posted throughout facility

PREA Informational video

Missouri Department of Corrections SOP 5-1.2, *Institution Receiving & Orientation* states after receiving an resident at an institution, designated reception and orientation unit staff members should ensure that residents are provided an orientation program that includes general information and the Prison Rape Elimination Act (PREA), description of, and reporting potential PREA events, crime tips, and PREA hotline information.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the Department shall provide PREA related education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills in accordance with the agency's procedures regarding deaf and hard of hearing residents, disabled residents, and blind and visually impaired residents.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states residents who have limited English proficiency shall be provided a copy of the video transcript and the PREA resident brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the resident's native language. If it is not possible to translate the documents to the resident's native language the department's PREA Compliance Manager or designee shall utilize an interpreter to assist the resident in understanding the information provided.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the PREA Compliance Manager shall make key information readily available or visible to all residents through PREA posters, the resident rulebook, and the resident brochure on sexual abuse and harassment.

Missouri Department of Corrections Procedure SOP 5-1.2, *Institution Receiving & Orientation* states residents will be housed in the receiving and orientation housing area until the reception and orientation process has been completed, typically within two weeks. All residents will receive an initial orientation to include PREA and the agency's zero tolerance policy. The PREA orientation shall include:

- Information on PREA and the agency's zero tolerance standard relating to sexual abuse
- Viewing the orientation video, *PREA – What You Need To Know*.
- A realistic presentation how to avoid sexual violence while incarcerated.
- Information on how to prevent and reduce the risk of sexual violence.
- Explanation of appropriate methods of self-protection and intervention.
- Information on how reporting sexual abuse and sexual harassment
- Information on available sexual assault counseling and treatment; and
- Instructions for the process for requesting sexual abuse counseling and treatment.

Missouri Department of Corrections Procedure 601.210, *Offender Orientation* states upon completion of the orientation, the resident will sign the receipt form (*Intake Acknowledgement*), and the *Offender Sexual Abuse & Harassment Acknowledgment* form signifying completion of orientation information. A listing of all topics provided will be attached to the form. The receipt and the listing will be filed in the classification file and maintained in accordance with departmental procedures regarding record retention. Upon completion, an electronic chronological entry will be made noting the receipt by receiving or orientation staff.

During the pre-on-site phase of the audit, the Auditor reviewed the comprehensive PREA educational video transcript, provided in multiple languages, that is given to all MDC residents within 24 hours of arriving to a permanent facility. The facility utilizes the PREA educational video titled *PREA: What You Need to Know* produced by Just Detention International and the PREA Resource Center. During the on-site phase of the audit, the Auditor also reviewed ten *Intake Acknowledgement*, *Offender Sexual Abuse & Harassment*, and *Comprehensive PREA* forms with resident signatures and acknowledgment of understanding. The facility maintains documentation of resident participation with the original form placed in the resident's institutional file and receipt of the orientation will be noted in the resident (electronic) record.

During the on-site phase of the audit, the Auditor conducted an interview with the Intake Staff member and discussed the resident comprehensive PREA orientation and documentation process. The Intake Staff member provided specific details on the process of educating residents including the initial orientation upon intake into the facility, the comprehensive orientation video, and the continued educational process by using PREA informational pamphlets, sexual abuse prevention brochures, and the signage posted throughout the facility.

During the on-site phase of the audit, the Auditor requested a resident roster for residents who transferred in from a different community confinement facility, and residents with physical or cognitive disabilities, LEP, or hearing or vision impaired. The facility provided the Auditor with documentation showing residents who transferred in from a different community confinement facility and residents with physical or cognitive disabilities, LEP, or hearing or vision impaired were not in custody at the time of the on-site; therefore, residents in this targeted category were not interviewed.

During the on-site phase of the audit, the Auditor conducted a tour of the facility and observed PREA informational bulletins. These PREA bulletins are posted in multiple languages, located just inside the dormitory, as well as several informational bulletins were posted in common areas (educational and vocational buildings) throughout the compound. The bulletins display phone numbers and addresses for the victim advocate services and the PREA hotline and are displayed in multiple languages.

During the on-site phase of the audit, the Auditor conducted ten interviews with a random representation of residents. All resident interviews were conducted with the guidance of the National PREA Resource Center,

PREA Compliance Audit Instrument - Interview Guide for Residents. The Auditor requested an up-to-date resident facility roster from every housing dormitory and selected a random representation from the resident rosters provided. Residents from every housing unit and of various demographics were interviewed.

All ten residents interviewed recalled receiving both the initial PREA orientation and the comprehensive (video) orientation. All residents also acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents.

Residents also referred to utilizing the multiple PREA informational bulletins, pamphlets, and brochures, which are posted throughout the facility, as a source of information. All ten residents interviewed referred to notifying a staff member or a family member as the most direct method to report or inquire about PREA information. All residents interviewed also referred to calling the PREA Hotline or a family member as their source outside the facility and all ten residents interviewed confirmed knowledge of third-party reporting. Nine of the ten residents interviewed were aware of the availability of submitting an anonymous PREA report.

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews conducted during the on-site visit, in addition to the observations made throughout the on-site tour, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, 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 115.221(a).)
 Yes No NA

115.234 (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 115.221(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 115.221(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 115.221(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 115.221(a).) Yes No NA

115.234 (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 115.221(a).) Yes No NA

115.234 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards*
Missouri Department of Corrections Investigator Training Curriculum & Training Records

Interviews conducted with:

Investigative Staff

On-site Review Observations:

Training files

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards* states the Office of Professional Standards (OPS) was established and charged with processing all department internal investigations into allegations that a staff member or, in certain circumstances, a resident has violated a policy, procedure, or rules. The OPS consists of the following investigation units: civil rights unit (CRU), employee conduct unit (ECU) and Prison Rape Elimination Act Unit (PREA Unit).

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states investigators shall receive specialized PREA investigation training prior to conducting an investigation involving resident sexual abuse. All new investigator and administrative inquiry officers (AIOs) or designees assigned to investigate resident sexual abuse allegations shall receive specialized PREA training by the designated Office of Professional Standards staff members.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the facility training officer or regional training coordinator shall send the original PREA acknowledgement form to the Central Office Human Resources personnel for retaining in the employee's personnel file.

During the pre-on-site audit phase, the Auditor reviewed training documentation, which included the specialized training curriculum titled, *Investigating Offender Sexual Abuse in Confinement Settings* and training certificates of completion verifying investigative staff that conduct sexual abuse investigations attended and completed the required specialized training.

During the on-site phase of the audit, the Auditor conducted an interview with an investigator assigned to the PREA Unit, Office of Professional Standards. During the interview, the investigator confirmed agency policy

requiring all allegations of sexual abuse or sexual harassment must be referred to the Office of Professional Standards and investigators assigned to the OPS PREA Unit have the legal authority to conduct administrative and criminal investigations. The investigator also confirmed the use of a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence, provided a complete overview of the investigative process, including protocols for interviewing, evidence collection, victim services, notifications, and prosecution of sexual assault cases.

Additionally, the investigator confirmed attending and successfully completing the specialized training curriculum titled, *Investigating Offender Sexual Abuse in Confinement Settings*. The investigator clearly articulated the comprehensive training he had received included investigating sexual harassment and sexual abuse allegations, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of Miranda and Garrity and the importance of each, and criteria required for administrative action and prosecution referrals.

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews conducted during the on-site visit, in addition to the observations made throughout the on-site visit, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (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

115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) Yes No NA

115.235 (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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (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 and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states all part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their resident work release procedure training.

Poplar Bluff Community Supervision Center (PBCSC) does not employ full or part-time medical or mental health personnel. Medical care for residents at PBCSC is provided by Poplar Bluff Regional Medical Center. Mental health services are provided through Family Counseling Center & Behavioral Health Services (FCC).

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews conducted, in addition to the observations made during the on-site visit file review, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents 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

115.241 (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 resident's detriment by staff or other residents? 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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Procedure P4-4.5, *PREA*

Missouri Department of Corrections *Adult Internal Risk Assessments*

Interviews conducted with:

Staff Responsible for Risk Screening

Random sample of Residents

PREA Coordinator

On-site Review Observations:

Demonstration of *Missouri Corrections Integrated System* (MOCIS)

Offender records of initial assessment & reassessment

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states facilities will assess residents for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding

diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center , the community release center, and contracted residential facilities.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states residents will be assessed within seventy-two hours of arrival and shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening.

Missouri Department of Corrections Procedure P4-4.5, *PREA* states the screening information shall be used in the community supervision centers to guide housing, work detail, education, segregation placements, and program assignments with the goal of keeping separate residents at risk of being sexually victimized from residents at risk of sexually abusive.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the resident's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts a resident's risk of sexual victimization or abusiveness.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the resident shall not be disciplined for refusing to answer or not disclosing complete information during the assessment. Offender interpreters or resident readers shall not be utilized. During the on-site phase of the audit, the Auditor reviewed ten *Adult Internal Risk Assessments* screening forms. All *Adult Internal Risk Assessments* reviewed included the initial assessment and the reassessment and all completed within the auditing period. All forms were filled out completely and in accordance with agency policy.

During the on-site phase of the audit, the Auditor conducted an interview with a Staff Member regarding the responsibility to conduct screenings for risk of victimization and abusiveness. The Staff Member provided the Auditor with an overview of the resident classification process and the resident risk screening process to include how all residents are screened within 72 hours (or less) of their arrival to the facility.

The Staff Supervisor also demonstrated the interview process, by utilizing the *Missouri Corrections Integrated System* (MOCIS) and the *Adult Internal Risk Assessment* to determine the resident's risk screening and needs

assessment. MOCIS is web-based resident management system. MOCIS enables staff members to access resident information and conduct resident assessments using established, validated instruments. Access is strictly limited, requires user authentication and all information is securely stored and controlled by the agency. The *Adult Internal Risk Assessment* assist departmental staff to ensure those residents who are identified as a higher risk for sexual victimization or predation are kept separate and/or appropriately monitored in regard to living around those residents who are identified as a higher risk of being sexually victimized. The *Adult Internal Risk Assessment* is a series of questions, which include:

- Sexual orientation and/or gender identity.
- Age, physical characteristics, height, weight,
- Developmental, mental, or medical disability.
- Criminal history, prior incarcerations.
- Whether the resident experienced prior sexual abuse while incarcerated.
- Prior sexual victimization either in the community or correctional setting.
- Previously perpetrated sex offense
- Resident's own perception of vulnerability.

The Auditor inquired to the Staff Member what actions are taken against residents who refuse to cooperate or answer the questions in the risk screening process. The Staff Member responded that residents are not required to provide answers, if a resident refuses to answer, another staff member will conduct a follow-up interview. The Staff Member confirmed that residents are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

The Staff Member confirmed all interviews are conducted privately and the interviews include the classification and risk assessment process, resident program opportunities, qualifications for job assignments, and educational opportunities.

During the on-site phase of the audit, the Auditor reviewed ten resident records. Each file contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance with the facility's policy.

During the on-site phase of the audit, the Auditor requested a resident roster for residents who disclosed prior sexual victimization. The facility provided the Auditor with documentation showing residents with who disclosed prior sexual victimization were not in custody at the time of the on-site; therefore, residents in this targeted category were not interviewed.

During the on-site phase of the audit, the Auditor conducted ten interviews with a random representation of residents. All resident interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Offenders*. The Auditor requested an up-to-date resident roster and selected a random representation from the resident rosters provided. All ten residents recalled the initial risk assessment interview as well as the second risk assessment interview occurring with a staff member and within a week after the initial assessment.

Missouri Department of Corrections *Adult Internal Risk Assessment Manual* states the facility shall implement appropriate controls on the dissemination within the facility of responses to the questions asked pursuant to risk screenings to ensure privacy of sensitive information that may be used for exploitation by staff or other residents. During the on-site phase of the audit, the Auditor inquired to the Staff Member how PBCSC protects such sensitive information. The Staff Member stated the access to such information is strictly limited for Probation and Parole Case Managers and his/her supervisor, and the Facility Director.

During the on-site phase of the audit, the Auditor inquired to the PREA Coordinator how the facility protects sensitive information, in particular a resident's risk assessment. The PREA Coordinator explained how the risk assessments are completed by Probation and Parole Case Managers and are maintained electronically. The Probation and Parole Supervisor Unit Supervisor, and the Assistant Warden reviews and approves the assessment findings are the only staff members who has approved access to a resident's risk assessment.

Upon review of the policies, on-site file review, and upon completion of the interviews with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident'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

115.242 (e)

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

115.242 (f)

- 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents 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 residents, does the agency always refrain from placing: transgender residents 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 residents 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 residents, does the agency always refrain from placing: intersex residents 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 residents 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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections *Adult Internal Risk Assessments*

Interviews conducted with:

Staff Responsible for Risk Screening

PREA Coordinator

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states facilities will assess residents for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states residents will be assessed within seventy-two hours of arrival and shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states housing, cell, bed, education, and programming assignments shall be individualized utilizing the Adult Internal Risk Assessment with the goal of keeping separate those residents identified at high risk of sexual victimization from residents assessed at high risk of being sexually abusive. This shall be in accordance with the institutional services procedures regarding resident housing assignments, transgender and intersex residents, resident recreation and activities, and probation and parole procedures regarding community supervision centers, the community release center and contracted residential facilities.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states all housing, cell, bed, education, and programming assignments for transgender or intersex residents will be made in accordance with the institutional services procedures regarding resident, housing assignments and programming assignments.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex residents assigned at that facility. The Transgender Committee shall meet with the resident upon arrival at the facility and every six months thereafter, or more often, if deemed necessary.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states Committee meeting and subsequent written report shall include the following:

- Offender's view of his vulnerability within the general population.
- Historical overview of the resident's transgender intersex status.
- Review of the resident in adult internal risk assessment.
- Review of the resident's institutional adjustment.
- PREA allegations and investigations.
- Review of programming assignments.
- Recommendations regarding the resident's health and safety to include housing assignment.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states housing assignments for transgender or intersex residents shall not be made based solely on genitalia but shall consider the resident's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex resident's own views with respect to his safety will be given serious consideration when determining housing.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states transgender or intersex residents shall be offered the opportunity to shower separately from other residents.

During the on-site phase of the audit, the Auditor reviewed ten resident records. Each file contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance with the facility's policy.

During the on-site phase of the audit, the Auditor conducted an interview with a Staff Member regarding the responsibility to conduct screenings for risk of victimization and abusiveness. The Staff Member provided the

Auditor with an overview of the resident classification process and the resident risk screening process to include how all residents are screened within 72 hours (or less) of their arrival to the facility.

The Staff Supervisor also demonstrated the interview process, by utilizing the *Missouri Corrections Integrated System* (MOCIS) and the *Adult Internal Risk Assessment* to determine the resident's risk screening and needs assessment. MOCIS is web-based resident management system. MOCIS enables staff members to access resident information and conduct resident assessments using established, validated instruments. Access is strictly limited, requires user authentication and all information is securely stored and controlled by the agency. The *Adult Internal Risk Assessment* assist departmental staff to ensure those residents who are identified as a higher risk for sexual victimization or predation are kept separate and/or appropriately monitored in regard to living around those residents who are identified as a higher risk of being sexually victimized. The *Adult Internal Risk Assessment* is a series of questions, which include:

- Sexual orientation and/or gender identity.
- Age, physical characteristics, height, weight,
- Developmental, mental, or medical disability.
- Criminal history, prior incarcerations.
- Whether the resident experienced prior sexual abuse while incarcerated.
- Prior sexual victimization either in the community or correctional setting.
- Previously perpetrated sex offense
- Offender's own perception of vulnerability.

The Auditor inquired to the Staff Member what actions are taken against residents who refuse to cooperate or answer the questions in the risk screening process. The Staff Member responded that residents are not required to provide answers, if a resident refuses to answer, another staff member will conduct a follow-up interview. The Staff Member confirmed that residents are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

The Staff Member confirmed all interviews are conducted privately and the interviews include the classification and risk assessment process, resident program opportunities, qualifications for job assignments, and educational opportunities.

During the on-site visit phase of the audit, the Auditor conducted an interview with the PREA Coordinator on how the facility uses information obtained from the risk screening assessment interview to keep residents from being sexually victimized or being sexually abusive. The PREA Coordinator described the risk screening process and explained how depending upon the responses given by the resident is used to determine the risk level of vulnerability and assist in the initial classification, program, and work assignments. Residents perceived to be vulnerable or predatory will not be housed together; resident work / program assignments are assigned consistent with custody level status.

The Auditor also inquired to the PREA Coordinator how the facility determines housing and program assignments for transgender or intersex residents. The PREA Coordinator explained that housing for a transgender or intersex resident is determined on a case-by-case basis. The resident's safety as well as the safety and the security of the institutional compound will be taken into consideration when making the housing determination. Transgender and intersex housing assignments shall not be made solely on genitalia but must consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records.

The Auditor inquired to the PREA Coordinator how the agency ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities or wings. The PREA Coordinator informed the Auditor that agency policy prohibits such placement and explained MDC policy states all resident housing assignments shall be made in an individualized, nondiscriminatory manner.

During the on-site phase of the audit, the Auditor requested a resident roster for gay, bisexual, transgender, and intersex residents. The facility provided the Auditor with documentation showing gay, bisexual, transgender, and intersex residents were not in custody at the time of the on-site; therefore, residents in this targeted category were not interviewed.

Upon review of the policies and upon completion of the interviews with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? 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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Employee Handbook

Missouri Department of Corrections contract with Missouri Department of Public Safety

Missouri Department of Corrections PBCSC Resident Rulebook

Missouri Department of Corrections Offender Sexual Abuse & Harassment Brochure (Multiple Languages & in Braille)

Interviews conducted with:

PREA Coordinator

Random sample of Staff

Random sample of Residents

On-site Review Observations:

PREA informational signage

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each facility's Chief Administrative Officer or designee shall provide multiple ways for residents to make anonymous reports of allegations of resident sexual abuse and harassment, retaliation, staff neglect, and violation of responsibilities that may have contributed to an incident of resident sexual abuse, to include but not be limited to:

- Informal resolution request (IRR), grievance process, or resident complaint.
- To a staff member.
- PREA hotline.

- Advocacy agency.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states residents may make anonymous reports of allegations of resident sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All resident mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that a resident sent correspondence to the sexual abuse reporting entity.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the PREA Compliance Manager shall make key information readily available or visible to all residents through PREA posters, the resident rulebook, and the resident brochure on sexual abuse and harassment.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the Department shall provide PREA related education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills in accordance with the agency's procedures regarding deaf and hard of hearing residents, disabled residents, and blind and visually impaired residents.

During the on-site phase of the audit, the Auditor reviewed the contract between the Missouri Department of Corrections and Missouri Department of Public Safety, Crimes Victims Services Unit.

In accordance with the contract between MDC and the Missouri Department of Public Safety, Crimes Victims Services Unit, the DPS Crimes Victims Services Unit provides residents incarcerated at PBCSC with mailing address for resident communication and is designated as the outside reporting hotline for residents housed at PBCSC.

During the on-site phase of the audit, the Auditor conducted a tour of the facility and observed PREA informational bulletins posted in every housing area as well as various locations throughout the compound. These PREA bulletins are posted in multiple languages, located just inside the dorm, as well as several posted in common areas throughout the facility. The bulletins display phone numbers and addresses for multiple

reporting methods to include PREA Hotline (Dial 855.733.6391), writing to Department of Public Safety Crime Services Unit, and advocacy services through Rape, Abuse, & Incest National Network (Dial 7246), or contacting Just Detention International (213.384.1400).

During the on-site phase of the audit, the Auditor conducted ten interviews with a random representation of residents. All resident interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Offenders*. The Auditor requested an up-to-date resident facility roster from the housing dormitory and selected a random representation from the resident rosters provided. Offenders were asked how they would report an incident of sexual abuse or sexual harassment if it happened to them or another resident.

All ten residents interviewed referred to notifying a staff member or a family member as the most direct method to report or inquire about PREA information. All residents interviewed also referred to calling the PREA Hotline or a family member as their source outside the facility and all ten residents interviewed confirmed knowledge of third-party reporting. Nine of the ten residents interviewed were aware of the availability of submitting an anonymous PREA report.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states staff members may anonymously report allegations of resident sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct.

During the on-site phase of the audit, the Auditor-conducted interviews with twelve random staff members and asked each staff member how a resident can privately report sexual abuse and sexual harassment or retaliation by other residents or staff for previously reporting sexual abuse and sexual harassment.

Each staff member interviewed was able to articulate the various methods a resident may privately report an allegation of sexual abuse or sexual harassment (PREA hotline or TIP hotline, write to DPS Crime Victims Services Unit). Staff members also explained that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Auditor inquired to each staff member how he/she would report an allegation of sexual abuse or sexual harassment of residents privately. All twelve Staff Members indicated calling the staff hotline as the method for privately reporting such allegations. Staff members expressed confidence in reporting privately and no one reported fear of retaliation.

During the on-site phase of the audit, the Auditor conducted an interview with the PREA Coordinator to verify reporting methods for sexual abuse or sexual harassment allegations that are available for residents and staff. The PREA Coordinator confirmed the multiple methods of reporting available for residents and staff, these reports can be made either verbally, in writing, by a third party and may be done so in private or anonymously and all reports, no matter the method used to report, are confidential and handled promptly and professionally. The PREA Coordinator confirmed that the Department of Public Safety Crime Victims Services Unit is the designated outside entity for resident reporting.

Upon review of the policies, contracts, employee handbook, and PREA informational brochures and signs and upon completion of interviews conducted, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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

115.252 (b)

- Does the agency permit residents 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 a resident 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

115.252 (c)

- Does the agency ensure that: A resident 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

115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident 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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third-party files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident 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.

Documents:

Missouri Department of Corrections Procedure P7-1.7, *Complaints, Inquires, and Investigations*

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Procedure D5-3.2, *Offender Grievance* states this procedure shall be available to residents and institutional libraries and to staff members in the departmental policy and procedure manual. This procedure should be kept current at all times.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states shall not require a resident to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members and alleged incident of sexual abuse.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the department shall not impose a time limit for a resident submitting a grievance or complaint regarding an allegation of sexual abuse.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding resident grievance, institutional investigations, and Office of Professional Standards.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the department shall ensure that a resident who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint, and the grievance or complaint is not referred to a staff member who is the subject of the complaint.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance

with the department procedure regarding resident grievance, institutional investigations, and Office of Professional Standards.

Missouri Department of Corrections Procedure P7-1.7, *Complaints, Inquires, and Investigations* states resident sexual abuse and harassment complaints or grievance is not referred to a staff member who is the subject of the complaint. No time limit shall be imposed on complaints regarding offender sexual abuse or harassment.

Missouri Department of Corrections Procedure P7-1.7, *Complaints, Inquires, and Investigations* states the agency shall 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 shall not include time consumed by clients in preparing any administrative appeal.

Missouri Department of Corrections Procedure P7-1.7, *Complaints, Inquires, and Investigations* states the staff member who receives information, including third party information, or a *Client Complaint Form* involving offender sexual abuse or harassment shall notify the shift supervisor/designee immediately who shall initiate the Coordinated Response to Offender Sexual Abuse Response Protocol CRCs/CSCs located on the department web site in accordance with departmental procedure regarding offender sexual abuse and harassment.

Missouri Department of Corrections Procedure P7-1.7, *Complaints, Inquires, and Investigations* states if the client declines to have the request processed on his or her behalf, the agency shall document the client's decision. The client shall not be required to use any informal compliant process involving sexual abuse or harassment.

Missouri Department of Corrections Procedure P7-1.7, *Complaints, Inquires, and Investigations* states all allegations involving offender sexual abuse or harassment must be investigated either by the Inspector General's office, law enforcement or internally.

Missouri Department of Corrections Procedure P7-1.7, *Complaints, Inquires, and Investigations* states the completed PREA Allegation Notification Penetration/Non-Penetration Event Checklist CRC/CSC and the offender sexual abuse and/or harassment complaint shall be submitted to the CAO/designee.

Missouri Department of Corrections Procedure P7-1.7, *Complaints, Inquires, and Investigations* states upon receipt, the CAO/designee shall determine if the complaint should be handled as an emergency. Complaints that are considered an emergency shall require an initial written response to the client within 48 hours. The initial response shall document the determination of whether the client is in substantial risk of imminent sexual abuse as well as the action taken in response.

Missouri Department of Corrections Procedure P7-1.7, *Complaints, Inquires, and Investigations* states the final decision regarding emergency complaints shall be issued to the client within five calendar days. The final decisions shall document the determination as to whether the client was in substantial risk of imminent sexual abuse as well as the action taken in response to the emergency complaint. If the complaint is determined to be a non-emergency, then the CAO/designee should respond within 30 calendar days.

Missouri Department of Corrections Procedure D5-3.2, *Offender Grievance* states third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for informal resolution requests, grievances or appeals relating to the allegations of resident sexual abuse. This assistance cannot interfere with the safety and security of the institution.

Missouri Department of Corrections Procedure D5-3.2, *Offender Grievance* states allegations of resident sexual abuse by employees shall immediately be reported to the Chief Administrative Officer or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the resident will be provided in informal resolution request form. The chief administrative officer or designee will prepare an initial response which will be attached to the informal resolution request and provided to the resident within 48 hours of receipt of the initial filing date. The resident will sign and date the response. A final response from the Chief Administrative Officer or designee will be provided to the resident within five calendar days from the initial filing date, the resident will sign and date the form.

During the 12 months prior to the audit, PBCSC reported one allegation of sexual abuse. During the on-site phase of the audit, the Auditor was provided with an updated resident roster, which provided documentation that resident, who reported an allegation of sexual abuse, was previously discharged from the program and no longer in custody; therefore, residents in this targeted category were not interviewed.

Upon review of policies, interviews with targeted inmates, and review of investigative files, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, 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

115.253 (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 residents 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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections PREA Informational Poster (English / Spanish)

Missouri Department of Corrections Offender Sexual Abuse & Harassment Brochure (Multiple Languages & in Braille)

Interviews conducted with:

Random sample of Offenders

On-site Review Observations:

PREA informational signage

Sexual Abuse Awareness Brochure

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states victims of sexual abuse shall be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation arising out of the incident.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each victim and abuser shall be offered medical in mental health evaluations, and as appropriate, treatment to include appropriate follow up services and treatment plans. When necessary, referrals will be completed for continued care following their transfer to or placement in, other facilities or their release from custody.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states victims and abusers shall be provided with medical and mental health services consistent with the Community level of care it in accordance with the institutional services procedures regarding medical and mental health services.

Poplar Bluff Community Supervision Center does not have medical staff assigned to the facility. Emergency healthcare, as well as forensic examinations by SANE/SAFE nurses are provided by an outside facility with no cost to the resident. PBCSC utilizes the Poplar Bluff Regional Medical Center to conduct all protocols and forensic medical examinations.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each facility shall offer victims of resident sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each facility shall enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts.

During the on-site phase of the audit, the Auditor reviewed the existing MOU between MDC and Haven House of Poplar Bluff. Haven House of Poplar Bluff is the designated organization that provides residents at PBCSC with emotional support, crisis intervention, and counseling services. Haven House of Poplar Bluff is a non-profit certified community behavioral health organization. Haven House of Poplar Bluff provides residents with emotional support and crisis intervention services.

During the on-site phase of the audit, the Auditor conducted a telephonic interview with a victim advocate from the Haven House of Poplar Bluff. The victim advocate confirmed that emotional and advocacy services are provided for PBCSC residents who are victims of sexual abuse or sexual violence. The services provided include emotional support services, accompaniment to forensic exams and investigatory interviews, crisis intervention, and provide referrals and resources for continued follow-up emotional support services.

During the on-site phase of the audit, the Auditor reviewed the contract between the Missouri Department of Corrections and Missouri Department of Public Safety, Crimes Victims Services Unit.

In accordance with the contract between MDC and the Missouri Department of Public Safety, Crimes Victims Services Unit, the DPS Crimes Victims Services Unit provides residents incarcerated at PBCSC with mailing address for resident communication and is designated as the outside reporting hotline for residents housed at PBCSC.

During the on-site phase of the audit, the Auditor conducted a tour of the facility and observed PREA informational bulletins posted in every housing area as well as various locations throughout the compound. These PREA bulletins are posted in multiple languages, located just inside the dorm, as well as several posted in common areas throughout the facility. The bulletins display phone numbers and addresses for multiple reporting methods to include PREA Hotline (Dial 855.733.6391), writing to Department of Public Safety Crime Services Unit, and advocacy services through Rape, Abuse, & Incest National Network (Dial 7246), or contacting Just Detention International (213.384.1400).

During the on-site phase of the audit, the Auditor conducted ten interviews with a random representation of residents. All resident interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Offenders*. The Auditor requested an up-to-date resident facility roster and selected a random representation from the resident rosters provided.

Offenders were asked if needed, there are services available outside of the facility for dealing with sexual abuse. All ten residents interviewed stated there are services available as they were explained to them during the comprehensive PREA orientation and referred to the informational bulletins posted in the dormitory and throughout the compound, which provides specific details. All ten residents interviewed acknowledged being provided mailing address and telephone numbers to victim advocacy services and that such call is toll-free.

During the 12 months prior to the audit, PBCSC reported one allegation of sexual abuse. During the on-site phase of the audit, the Auditor was provided with an updated resident roster, which provided documentation that resident, who reported an allegation of sexual abuse, was previously discharged from the program and no longer in custody; therefore, residents in this targeted category were not interviewed.

Upon review of the policies and upon completion of the interviews with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.254: Third-party reporting

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

115.254 (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 a resident? 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.

Documents:

Missouri Department of Corrections SOP 5-1.2, *Institution Receiving & Orientation*

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Reporting Offender Sexual Abuse or Harassment Poster

Missouri Department of Corrections Website [Prison Rape Elimination Act \(PREA\) | Missouri Department of Corrections \(mo.gov\)](#)

Interviews conducted with:

Random sample of Residents

On-site Review Observations:

PREA informational signage

Missouri Department of Corrections SOP 5-1.2, *Institution Receiving & Orientation* states after receiving an resident at an institution, designated reception and orientation unit staff members should ensure that residents are provided an orientation program that includes general information and the Prison Rape Elimination Act (PREA), description of, and reporting potential PREA events, crime tips, and PREA hotline information.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the PREA Compliance Manager shall make key information readily available or visible to all residents through PREA posters, the resident rulebook, and the resident brochure on sexual abuse and harassment.

Missouri Department of Corrections *Reporting Offender Sexual Abuse or Harassment Poster* displays MDC zero-tolerance for all forms of resident sexual abuse and sexual harassment and provides residents with reporting instructions to include telling a family member or friend can file a third-party grievance via the agency's online complaint form on the agency website. The posters were in multiple languages, displayed throughout the facility, in the housing dormitory, all common areas, and areas where visitors would frequent.

During the on-site phase of the audit, the Auditor conducted ten interviews with a random representation of residents. All resident interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Offenders*. The Auditor requested an up-to-date resident facility roster and selected a random sampling from the resident rosters provided.

All ten residents interviewed recalled receiving both the initial PREA orientation and the comprehensive (video) orientation. All residents also acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents.

When questioned about third party reporting, all ten residents interviewed acknowledged how to submit a third-party report (ask a family member or friend to submit a report or call the PREA hotline). In addition,

several of the residents referred to the PREA bulletins posted throughout the facility as it contains the directions on how to submit a third-party report.

During the on-site phase of the audit, the Auditor visited the agency's website and confirmed the availability for the public to submit a report of sexual abuse or sexual harassment on behalf of a resident. To ensure the agency's website and third-party methods are functional, the Auditor submitted a test allegation/report using the email link found on the agency's website. The Auditor received a reply email by MDC PREA Unit Staff within two hours of submitting the Auditor's test email.

Upon review of the policies and upon completion of the interviews with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (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 residents 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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do 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

115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (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

115.261 (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.

Documents:

Missouri Department of Corrections SOP D1-8.13, *Offender Sexual Abuse & Harassment*

Interviews conducted with:

Random sample of Staff

Facility Director

Missouri Department of Corrections SOP D1-8.13, *Offender Sexual Abuse & Harassment* states the Chief Administrative Officer or designee shall control the dissemination of sensitive information related to resident sexual abuse to ensure the resident is not exploited by staff members or other residents.

Missouri Department of Corrections SOP D1-8.13, *Offender Sexual Abuse & Harassment* states all staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against residents or staff members who reported such an incident and any staff member neglect or violation or responsibilities that may have contributed to an incident or retaliation.

Missouri Department of Corrections SOP D1-8.13, *Offender Sexual Abuse & Harassment* states medical and mental health staff members shall inform residents at the initiation of services of the practitioner's duty to report in accordance with statutes.

Missouri Department of Corrections SOP D1-8.13, *Offender Sexual Abuse & Harassment* states staff members are prohibited from revealing any information related to an allegation of resident sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.

During the on-site phase of the audit, the Auditor conducted interviews with twelve random staff members. Each staff member interviewed articulated the agency's zero tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with residents, and a resident right to be free from sexual abuse and sexual harassment. Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director and inquired how PBCSC responds when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone who is considered vulnerable adult under state law. The Facility Director explained that PBCSC does not house residents under the age of 18; for residents who are considered vulnerable adults, the

Office of Professional Standards, PREA Unit would investigate and contact the required agencies in accordance with local and state laws.

The Auditor inquired to the Facility Director are allegations of sexual abuse and sexual harassment, to include third party and anonymous sources, reported to designated facility investigators. The Facility Director indicated all allegations of sexual abuse and sexual harassment, no matter the origin of reporting, are reported to the Office of Professional Standards, PREA Unit.

Upon review of the policies and upon completion of the interviews with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? 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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Interviews conducted with:

Agency Head

Facility Director

Random sample of Staff

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states following an allegation of resident sexual abuse or if a resident is assessed at being at high risk of victimization. The shift commander shall ensure the resident is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the resident being identified as at risk.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states options to ensure safety of the resident in the security institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim.

Missouri Administrative Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states assessment is due to an alleged PREA event, the shift commander shall note on the *PREA Allegation Notification Penetration/Non-Penetration Event Checklist* form of the recommended housing option.

Missouri Administrative Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states if temporary administrative segregation confinement (TASC) is recommended, the shift commander, shall note on the PREA Notification Checklist the reason no alternative means of housing separation can be arranged and the resident victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units.

Missouri Administrative Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit.

Missouri Administrative Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states when a resident is believed to be in substantial risk of victimization, the shift commander shall assess the resident to ensure housing in the least restrictive housing. If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the resident is being placed in segregated housing due to PREA risk. The resident shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.

Missouri Administrative Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the PREA Compliance Manager shall review all *PREA Notification Checklists* the following business day to ensure appropriate housing placement. Assignment to involuntary segregated housing shall not ordinarily exceed a period of 30 days. Every 30 days the resident shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody

During the on-site phase of the audit, the Auditor conducted interviews with twelve random staff members and inquired about his/her actions if they received information that a resident was in imminent risk of sexual abuse. Each staff member articulated the agency's response protocol to receiving such information and all staff members interviewed confirmed the priority is ensuring the safety of the resident. Staff indicated that once the resident who was at risk is secured, they would immediately notify their supervisor.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director and inquired as to what action is taken upon learning a resident is subject to a substantial risk of imminent sexual abuse. The Facility Director informed the Auditor that once a staff member receives information that a resident may be at risk for sexual abuse or sexual harassment, that resident is immediately removed from the area. The resident victim's housing preference is considered, however the decision on his ultimate placement is driven by the need for protection from possible abuse and/or retaliation.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head regarding what action is taken upon learning a resident is subject to a substantial risk of imminent sexual abuse. The Agency Head stated if it is believed the resident is at substantial risk of imminent sexual abuse staff would immediately remove the resident from the situation and separate him from the perpetrator. If deemed appropriate for their safety, we would move the resident to another work assignment, housing unit, institution, or protective custody. An investigation would be initiated, and violators held accountable.

Upon review of the policy, observations made during the on-site facility tour, and upon completion of the interviews with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident 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

115.263 (b)

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

115.263 (c)

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

115.263 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Resident Sexual Abuse & Harassment*

Interviews conducted with:

Agency Head

Facility Director

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states upon receiving information that a resident has been sexually abused while assigned at another facility the coordinated response for resident sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made within 72 hours.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states a coordinated response will be initiated as outlined, for all allegations of resident sexual abuse that are received from facilities outside the Missouri Department of Corrections.

In the twelve months prior to the audit, PBCSC reported receiving no allegations of sexual abuse from another facility and no allegations were received from a PBCSC resident alleging sexual abuse while confined at another facility. The Auditor confirmed the information previously reported during her review of investigative case files and determined in each case, the *PREA Notification Checklist* was initiated properly, timely, and in accordance with agency policy.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director and asked what the process is when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at the facility. The Facility Director stated the *PREA Notification Checklist* would be initiated, and the allegation would be investigated in accordance with agency policy.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head and inquired if another agency or facility refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact. The Agency Head explained that the point of contact for would be the agency PREA Coordinator; when an allegation that occurred within an MDC facility is reported, the *PREA Notification Checklist* is initiated, the resident is offered an advocate, transported to a local hospital for treatment, and a request for investigation is also initiated.

Upon review of the policy, documentation, and investigative case files, and upon completion of the interviews conducted, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

115.264 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Staff PREA Training Curriculum

Missouri Department of Corrections PBCSC Training Roster / Staff Signatures

Interviews conducted with:

Security Staff / Non-Security Staff First Responders

Random sample of Staff

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states Chief Administrative Officer or designee shall coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of resident sexual abuse and harassment as outlined in the divisions' coordinated response to resident sexual abuse protocol.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states all allegations of resident sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states in the event of an allegation of a penetration act, the first responder shall take the following steps:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including washing, bathing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including washing, bathing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to resident sexual abuse protocol.

During the on-site phase of the audit, the Auditor conducted random Staff interviews and two targeted interviews (Security Staff who act as First Responders) regarding his/her role as a First Responder to an allegation of sexual abuse. The Staff Members provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify the Unit Supervisor.

In addition, each Staff Member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder. Every Staff Member interviewed articulated in detail the responsibilities of a First Responder and the importance of his/her responsibility when responding to an incident of sexual abuse or sexual harassment.

During the 12 months prior to the audit, PBCSC reported one allegation of sexual abuse. During the on-site phase of the audit, the Auditor was provided with an updated resident roster, which provided documentation that resident, who reported an allegation of sexual abuse, was previously discharged from the program and no longer in custody; therefore, residents in this targeted category were not interviewed.

Upon review of the policy, documentation, and upon completion of the interviews with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.265: Coordinated response

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

115.265 (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.

Documents:

Missouri Department of Corrections *PBCSC Coordinated Response to Resident Sexual Abuse*

Interviews conducted with:

Facility Director

Missouri Department of Corrections *PBCSC Coordinated Response to Resident Sexual Abuse* outlines provides detailed instruction on actions that should be taken by staff first responders, medical and mental health practitioners, investigators, advocates, and facility leadership following an allegation of resident sexual abuse or harassment. The *PREA Allegation Notification Checklist* has been developed to ensure appropriate notifications are made in a timely and consistent manner.

Missouri Department of Corrections *PBCSC Coordinated Response to Resident Sexual Abuse* provides a detailed response for the reporting of sexual abuse and harassment allegations. The coordinated response plan details the roles & responsibilities for staff members in response to Penetration Events - Sexual Assault Exam/No Sexual Assault Exam, Non-Penetration Events, and Sexual Harassment.

During the pre-on-site phase of the audit, the Auditor reviewed the above *PBCSC Coordinated Response to Resident Sexual Abuse*. The plan provides systematic instructions and outlines the roles and responsibilities for all staff responding to an allegation of sexual abuse or harassment and provides contact community resources.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director and inquired as to the implementation of the *PBCSC Coordinated Response to Resident Sexual Abuse*. The Facility Director provided a detailed description of the response plan and each staff member's responsibility when responding to an allegation of sexual abuse or sexual harassment.

Upon review of the policies and upon completion of the on-site interview with the Facility Director, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (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.

Documents:

Missouri Department of Corrections Procedure D2-11.6, *Labor Organizations*

Interviews conducted with:

Agency Head

Missouri Department of Corrections Procedure D2-11.6, *Labor Organizations* states per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any

resident or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

At the time of the on-site phase of the audit, Missouri Department of Corrections does not have any active bargaining unit agreements in place as they have expired.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head regarding collective bargaining agreements the agency has entered into or renewed since August 20, 2012. The Agency Head confirmed to the Auditor, the Missouri Department of Corrections currently does not have an active collective bargaining agreements as they have expired.

Upon review of the policies and upon completion of the interviews with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

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

115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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 resident 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 resident 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

115.267 (d)

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

115.267 (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

115.267 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Interviews conducted with:

Designated Member Charged with Monitoring Retaliation

Facility Director

Agency Head

On-site Review Observations:

Investigative Case files

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the PREA Compliance Manager shall ensure all victims and reporters and those that cooperate with resident sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:

- The alleged victim of resident sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
- Monitoring shall include face-to-face checks by a staff member a minimum of every 30 days.

- The assessment-retaliation status checklist form shall be used during each of the assessment interviews.
- If the victim expresses fear of retaliation, monitoring shall continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the PREA Compliance Manager or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with resident sexual abuse or sexual harassment investigations or inquiries.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Staff Member designated with monitoring retaliation. The Staff Member articulated that in an effort to prevent retaliation against residents and staff who report sexual abuse or harassment or those who cooperate with an investigation, the Staff Member would monitor those individuals for at least 90 days. The Staff Member reviews disciplinary reports, resident housing or transfers, and negative performance reviews of staff members. If a concern that potential retaliation might occur beyond the 90 days, the Staff Member would continue to monitor conduct and treatment until the issue or threat is resolved.

During the 12 months prior to the audit, PBCSC reported one allegation of sexual abuse. During the on-site phase of the audit, the Auditor was provided with an updated resident roster, which provided documentation that resident, who reported an allegation of sexual harassment, was previously discharged from the program and no longer in custody; therefore, residents in this targeted category were not interviewed

During the twelve months prior to the audit, the facility reported no incidents of retaliation. During the on-site phase of the audit, the Auditor conducted multiple interviews with facility staff to include the Facility Director, PREA Coordinator, and Unit Supervisor and inquired to each, specific to the twelve months prior to the audit, the number of incidents of retaliation reported. Each staff member interviewed confirmed there were no

allegations of retaliation reported by residents or staff. Therefore, residents in this targeted category were not interviewed.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director and inquired on the different measures taken to protect residents and staff from retaliation for reporting allegations of sexual abuse or sexual harassment. The Facility Director confirmed the facility would take all necessary steps to protect any person who reports a sexual abuse / harassment incident from retaliation. The Facility Director explained that housing changes or transfers of residents, disciplinary action against staff members – including possible dismissal – or other means of removal of those who retaliate against someone who reports an allegation.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head and inquired how the agency protects residents or staff from retaliation for sexual abuse or sexual harassment allegations. The Agency Head explained that retaliation monitoring is completed on all victims, witness, and reporting parties (initial, 30, 60, 90 days) and that facilities deploy numerous measures including housing, program, and work assignments changes. If warranted, a resident may be transferred to different housing unit/institution or provide protective custody. The allegation is also investigated and if evidence supports the claim, those responsible are held accountable.

Upon review of the policy, investigative files, and upon completion of the interviews with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (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 115.221(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 115.221(a).)
 Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (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

115.271 (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

115.271 (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 resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (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

115.271 (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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (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 115.221(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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards*

Investigative Case files (1) – Sexual abuse

Interviews conducted with:

Investigative Staff

On-site Review Observations:

Investigative files

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the department will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations will be documented in accordance with the coordinated response to resident sexual abuse located on the department's intranet website.

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards* states all allegations of resident sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the resident sexual abuse and harassment procedure.

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards* states the Office of Professional Standards (OPS) was established and charged with processing all department internal investigations into allegations that a staff member or, in certain circumstances, an resident has violated a policy, procedure, or rules. The OPS consists of the following investigation units: civil rights unit (CRU), employee conduct unit (ECU) and Prison Rape Elimination Act Unit (PREA Unit).

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states investigators shall receive specialized PREA investigation training prior to conducting an investigation involving

resident sexual abuse. All new investigator and administrative inquiry officers (AIOs) or designees assigned to investigate resident sexual abuse allegations shall receive specialized PREA training by the designated Office of Professional Standards staff members.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states administrative investigations shall include an effort to determine whether staff member actions or failure to act contributed to the abuse. Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of resident sexual abuse or harassment is substantiated.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states when outside agencies investigate sexual abuse, staff members shall cooperate with outside investigators and shall make an effort to remain informed about the progress of the investigation.

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards* states investigations involving a staff member who is the subject of the allegations will be conducted by the Office of Professional Standards. All criminal and administrative PREA investigations in community supervision centers involving a resident will be conducted by Office of Professional Standards.

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards* states the credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or employee.

Missouri Department of Corrections Procedure t D1-8.13, *Offender Sexual Abuse & Harassment* states administrative and criminal investigation reports shall be retained for 90 years from the completion of the investigation in accordance with the department procedure regarding records retention.

During the pre-on-site audit phase, the Auditor reviewed training documentation, which included the specialized training curriculum titled, *Investigating Offender Sexual Abuse in Confinement Settings* and training certificates of completion verifying investigative staff that conduct sexual abuse investigations attended and completed the required specialized training.

During the on-site phase of the audit, the Auditor conducted an interview with an investigator assigned to the PREA Unit, Office of Professional Standards. During the interview, the investigator confirmed agency policy requiring all allegations of sexual abuse or sexual harassment must be referred to the Office of Professional Standards and investigators assigned to the OPS PREA Unit have the legal authority to conduct administrative and criminal investigations. The investigator also confirmed the use of a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence, provided a complete overview of the investigative process, including protocols for interviewing, evidence collection, victim services, notifications, and prosecution of sexual assault cases.

Additionally, the investigator confirmed attending and successfully completing the specialized training curriculum titled, *Investigating Offender Sexual Abuse in Confinement Settings*. The investigator clearly articulated the comprehensive training he had received included investigating sexual harassment and sexual abuse allegations, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of Miranda and Garrity and the importance of each, and criteria required for administrative action and prosecution referrals.

During the 12 months prior to the audit, PBCSC reported one allegation of sexual abuse. During the on-site phase of the audit, the Auditor was provided with an updated resident roster, which provided documentation that resident, who reported an allegation of sexual harassment, was previously discharged from the program and no longer in custody; therefore, residents in this targeted category were not interviewed.

During the on-site phase, the Auditor reviewed the sexual abuse investigation to ensure all the required steps and processes were completed and to verify compliance with multiple PREA Standards. The Auditor determined that the facility followed the required steps and processes for the reported allegation. The contained all the appropriate documentation and determined that each incident was investigated promptly by a qualified investigator from the Office of Professional Standards who has received training and education and has the authority to conduct such investigations. At the time of the on-site, the case was still pending a final resolution.

Upon review of the policies, investigative case files, and documentation listed above, and upon completion of the interviews with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards*

Interviews conducted with:

Investigative Staff

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states administrative investigations shall include an effort to determine whether staff member actions or failure to act contributed to the abuse. Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of resident sexual abuse or harassment is substantiated.

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards* states investigations involving a staff member who is the subject of the allegations will be conducted by the Office of Professional Standards. All criminal and administrative PREA investigations in community supervision centers involving a resident will be conducted by Office of Professional Standards.

During the on-site phase of the audit, the Auditor conducted an interview with an investigator assigned to the PREA Unit, Office of Professional Standards. During the interview, the investigator confirmed agency policy requiring all allegations of sexual abuse or sexual harassment must be referred to the Office of Professional Standards and investigators assigned to the OPS PREA Unit have the legal authority to conduct administrative and criminal investigations. The investigator also confirmed the use of a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence, provided a complete overview of the investigative process, including protocols for interviewing, evidence collection, victim services, notifications, and prosecution of sexual assault cases. The Auditor inquired to the investigator what standard of evidence is required to substantiate allegations of sexual abuse or sexual harassment. The investigator explained that the agency should impose no standard higher than a preponderance of the evidence.

Upon review of the policy and upon completion of the interview with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, 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

115.273 (e)

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

115.273 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Procedure D1-8.1, *Office of Professional Standards*

Investigative Case files (1) – Sexual abuse

Interviews conducted with:

Investigative Staff

Facility Director

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states upon the completion of a PREA investigation or inquiry regarding resident sexual abuse, the department's PREA Coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by resident notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the resident following an investigation or inquiry regarding sexual harassment.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded. In the event that the investigation was conducted by an outside agency, the Office of Professional Standards shall request relevant information from the outside agency in order to inform the resident of the outcome of the investigation.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states all subsequent notifications shall be made when:

- Staff member on resident allegations: following the completion of an inquiry or investigation, the resident shall be notified when the following occurs (unless the inquiry or investigation is unfounded):
 - The staff member perpetrator is no longer assigned to the housing unit.
 - The staff member perpetrator is no longer employed by the department.
 - The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution.
 - A disposition of charges exists related to sexual abuse within the institution.
- Offender on resident allegations: following the completion of an inquiry or investigation, the resident shall be notified when the following occurs:
 - The resident has been indicted on a charge related to sexual abuse within the institution.
 - A disposition of charges exists related to sexual abuse within the institution.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the departmental PREA Coordinator shall forward the written notification to the resident via the PREA Compliance Manager. The PREA Compliance Manager shall ensure that the written notification is provided to the resident in a confidential manner.

During the 12 months prior to the audit, PBCSC reported one allegation of sexual abuse. During the on-site phase of the audit, the Auditor was provided with an updated resident roster, which provided documentation that resident, who reported an allegation of sexual harassment, was previously discharged from the program and no longer in custody; therefore, residents in this targeted category were not interviewed.

During the on-site phase of the audit, the Auditor conducted an interview with the investigator and inquired about the agency's notification procedures, to an alleged victim of sexual abuse, when the case is closed and whether the allegation has a final determination of substantiated, unsubstantiated, or unfounded. The investigator confirmed such notifications are completed by the PREA Coordinator.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director and inquired regarding how the facility notifies a resident who makes an allegation of sexual abuse when the case is closed

and a determination as to either substantiated, unsubstantiated, or unfounded. The Facility Director confirmed that the PREA Coordinator will completion the notification process for all sexual abuse investigations.

Upon review of the policies, investigative case file, and upon completion of the interviews with staff, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (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

115.276 (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.

Documents:

Missouri Department of Corrections Procedure D2-11.10, *Staff Member Conduct*

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Interviews conducted with:

Administrative (Human Resources) Staff

Missouri Department of Corrections Procedure D2-11.10, *Staff Member Conduct* states staff members having knowledge of any instances of resident or resident abuse or sexual contact with a resident or resident shall immediately report such to the inspector general in accordance with the department procedures regarding resident physical abuse and resident sexual abuse and harassment.

Missouri Department of Corrections Procedure D2-11.10, *Staff Member Conduct* states upon arrest for a felony charge, the staff member may be placed on administrative leave in accordance with the department procedure regarding administrative leave. If formal felony charges are filed, the staff member may be placed on suspension pending disposition of the charges in accordance with the department procedure regarding suspension.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement.

During the on-site phase of the audit, the Auditor conducted an interview with Administrative / HR Staff Member who confirmed that PBCSC had no staff members violate or terminated for violating the agency's policy against sexual abuse during the past 12 months.

Upon review of the policy, personnel files, and upon completion of staff interviews, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? 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

115.277 (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 residents? 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.

Documents:

Missouri Department of Corrections Procedure D2-13.1, *Volunteers*

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Interviews conducted with:

Facility Director

Missouri Department of Corrections Procedure D2-13.1, *Volunteers* states all volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and employee conduct.

Missouri Department of Corrections Procedure D2-13.1, *Volunteers* states all resident sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination.

Missouri Department of Corrections Procedure D2-13.1, *Volunteers* states when disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions. The volunteer site coordinator shall provide the CAO with the recommendation and documentation.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states contractors or volunteers who engage in sexual abuse shall be prohibited from contact with residents and shall be reported to relevant licensing bodies and law enforcement. The Chief Administrative Officer or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with residents in the case of any other violations.

The facility reported there have been no contractor or volunteer violations or terminations of the agency's sexual assault, sexual abuse, sexual harassment, or sexual misconduct policies during the 12 months prior to the audit.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director regarding any violation of the facility's sexual abuse or sexual harassment by a contractor or volunteer. The Facility Director explained that the incident would be reported to the Office of Professional Standards, which would conduct an investigation. If the investigation shows the activity was criminal, then the incident will be reported

to law enforcement. The Facility Director also explained the incident would be reported to any relevant licensing entities and the contractor or volunteer would be prohibited from any further contact at PBCSC or any facility within our agency.

Upon review of the policy and upon completion of staff interviews, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (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 resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

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

115.278 (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

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) 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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Interviews conducted with:

Facility Director

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states residents shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the resident engaged in resident-on-resident sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states if found guilty of sexual abuse, the resident shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states a resident who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the department prohibits all sexual activity between residents. Consensual sexual activity between residents will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director and discussed the facility's policy on disciplinary sanctions for a resident after an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. The Facility Director referred to the existing policy that a resident would be subject to disciplinary sanctions, which would be conducted in accordance to the formal disciplinary process.

Upon review of the policy, and upon completion of staff interviews, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident 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

115.282 (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 § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident 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

115.282 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states treatment services shall be 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.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states victims of sexual abuse shall be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate.

Poplar Bluff Community Supervision Center does not have medical staff assigned to the facility. Emergency healthcare, as well as forensic examinations by SANE/SAFE nurses are provided by an outside facility with no cost to the resident. PBCSC utilizes the Poplar Bluff Regional Medical Center to conduct all protocols and forensic medical examinations.

Haven House of Poplar Bluff is the designated organization that provides residents at PBCSC with emotional support, crisis intervention, and counseling services. Haven House of Poplar Bluff is a non-profit certified community behavioral health organization. Haven House of Poplar Bluff provides residents with emotional support and crisis intervention services.

During the on-site phase of the audit, the Auditor conducted a telephonic interview with a victim advocate from the Haven House of Poplar Bluff. The victim advocate confirmed that emotional and advocacy services are provided for PBCSC residents who are victims of sexual abuse or sexual violence. The services provided include emotional support services, accompaniment to forensic exams and investigatory interviews, crisis intervention, and provide referrals and resources for continued follow-up emotional support services.

During the 12 months prior to the audit, PBCSC reported one allegation of sexual abuse. During the on-site phase of the audit, the Auditor was provided with an updated resident roster, which provided documentation that resident, who reported an allegation of sexual abuse, was previously discharged from the program and no longer in custody; therefore, residents in this targeted category were not interviewed.

Upon review of the policy, contract agreement, and upon completion of staff interviews, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.283: 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

115.283 (a)

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

115.283 (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

115.283 (c)

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

115.283 (d)

- Are resident 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 residents 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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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 residents 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

115.283 (f)

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

115.283 (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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? 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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections *PBCSC Coordinated Response to Offender Sexual Abuse*

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states is the screening indicates that a resident has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states is the screening indicates that a resident has previously perpetrated sexual abuse, whether it occurred in a correctional setting or in the community, staff members shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states treatment services shall be 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.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states victims of sexual abuse shall be offered timely information and access to emergency contraception and prophylactic

treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate.

Poplar Bluff Community Supervision Center does not have medical staff assigned to the facility. Emergency healthcare, as well as forensic examinations by SANE/SAFE nurses are provided by an outside facility with no cost to the resident. PBCSC utilizes the Poplar Bluff Regional Medical Center to conduct all protocols and forensic medical examinations.

Haven House of Poplar Bluff is the designated organization that provides residents at PBCSC with emotional support, crisis intervention, and counseling services. Haven House of Poplar Bluff is a non-profit certified community behavioral health organization. Haven House of Poplar Bluff provides residents with emotional support and crisis intervention services.

During the on-site phase of the audit, the Auditor conducted a telephonic interview with a victim advocate from the Haven House of Poplar Bluff. The victim advocate confirmed that emotional and advocacy services are provided for PBCSC residents who are victims of sexual abuse or sexual violence. The services provided include emotional support services, accompaniment to forensic exams and investigatory interviews, crisis intervention, and provide referrals and resources for continued follow-up emotional support services.

During the 12 months prior to the audit, PBCSC reported one allegation of sexual abuse. During the on-site phase of the audit, the Auditor was provided with an updated resident roster, which provided documentation that resident, who reported an allegation of sexual abuse, was previously discharged from the program and no longer in custody; therefore, residents in this targeted category were not interviewed.

Upon review of the policy and upon completion of staff interviews, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (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

115.286 (b)

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

115.286 (c)

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

115.286 (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 §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections *Sexual Abuse Incident Debriefing*

Interviews conducted with:

Facility Director

Incident Review Team

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated resident sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on resident sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the review team for resident sexual abuse events shall include the PREA Compliance Manager, and other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states a complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the *PREA Sexual Abuse Debriefing* form.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA Coordinator. A copy of the report shall be filed in the institutional PREA event file.

During the 12 months prior to the audit, PBCSC reported one allegation of sexual abuse. During the on-site phase of the audit, the Auditor was provided with an updated resident roster, which provided documentation that resident, who reported an allegation of sexual abuse, was previously discharged from the program and no longer in custody; therefore, residents in this targeted category were not interviewed.

During the past 12 months, PBCSC reported one criminal and/or administrative investigations of alleged sexual abuse (excluding unfounded incidents) were completed at the facility and a sexual abuse incident review was completed on each investigation within 30 days. During the on-site phase, the Auditor reviewed the one completed administrative/criminal investigations of sexual abuse and confirmed a sexual abuse incident review were completed.

During the on-site phase of the audit, the Auditor conducted an interview with a member of the *Sexual Abuse Incident Debriefing* Team and inquired if the SAID Team considers whether an incident or allegation was motivated by race, ethnicity, or gender identity and if the team examines the area in the facility where the incident allegedly occurred. The SAID Team member confirmed the team does consider whether the incident was motivated by race, ethnicity, or gender identity, and gang affiliation. The Team also tours the area where the alleged incident occurred as well as consider if additional monitoring technology should be deployed or

augmented to supplement supervision by staff. The SAID Team member explained how touring the area in conjunction with reviewing monitoring technology provides the team with the best possible representation of an incident and assists the Team in determining if changes or additions to monitoring technology is warranted.

During the on-site phase of the audit, the Auditor conducted an interview with the Facility Director and discussed the *Sexual Abuse Incident Debriefing* process. The Facility Director explained the SAID Team includes the PREA Compliance Manager, other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners. The SAID Team always seeks input from Investigators, Line Staff, and Medical and Mental Health personnel. The Facility Director articulated the process of the incident review, including listing the elements required per the PREA standard. The Facility Director explained how the SAID Team uses the information obtain from the review to determine if changes need to be made to the physical plant, surveillance systems, policy and procedure or any other change that would improve the safety of the resident population and prevent sexual abuse.

Upon review of the policy and upon completion of staff interviews, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.287: Data collection

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

115.287 (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

115.287 (b)

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

115.287 (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

115.287 (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

115.287 (e)

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

115.287 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Annual Reports, 2017 - 2020

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states each facility shall utilize information from the resident sexual abuse debriefings to prepare an annual site report to be submitted to the department's PREA Coordinator by the last working day in March. The report shall include:

- Identified problem areas
- Recommendations for improvement
- Corrective action taken

- If recommendations for improvements were not implemented, reasons for not doing so.
- A comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse.
- An evaluation of the need for camera and monitoring systems.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states in consultation with the PREA Compliance Manager; assessment, determination, and documentation of whether adjustments are needed to:

- The staffing plans.
- The deployment of video monitors, and
- The resource availability to adhere to the staffing plan.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the yearly report shall be submitted to the division director and the department PREA Coordinator no later than the last working day in March.

During the pre-on-site phase of the audit, the Auditor reviewed the four years of MDC Annual Reports, which contained sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. The Missouri Department of Corrections publishes the reports on the agency website [Prison Rape Elimination Act \(PREA\) | Missouri Department of Corrections \(mo.gov\)](#)

Upon review of the policy and Annual Reports PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (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

115.288 (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

115.288 (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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Annual Reports, 2017 – 2020

Interviews conducted with:

PREA Coordinator

Agency Head

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing resident sexual abuse.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the report shall be forwarded to the department director for approval by the first of September. The Chief Administrative Officer or designee, PREA Coordinator or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states the Chief Administrative Officer or designee, PREA Coordinator, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website.

During the pre-on-site phase of the audit, the Auditor reviewed the most recent Survey of Sexual Violence Report, four years of Annual Reports, which contained sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. The Missouri Department of Corrections publishes the reports on the agency website [Prison Rape Elimination Act \(PREA\) | Missouri Department of Corrections \(mo.gov\)](https://www.mo.gov)

During the on-site phase of the audit, the Auditor conducted an interview with the PREA Coordinator and inquired if the agency reviews data collected and aggregated pursuant to §115.87. The PREA Coordinator explained how the agency collects data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies. The PREA Coordinator confirmed the facility is responsible for compiling institution specific PREA data and preparing the Annual Site Report for PBCSC.

During the on-site phase of the audit, the Auditor conducted an interview with the PREA Coordinator regarding how data is collected pursuant to PREA Standard §115.87. The PREA Coordinator acknowledged that the data collected is securely retained by the department using *IRIS*, a data retention program in which all investigative documents are recorded and maintained. All PREA specific information related to an investigation is stored within this program and only Investigations and Facility Administration staff have access. Additionally, the data collected are used to respond to the Survey of Sexual Victimization report sent yearly to Department of Justice.

The PREA Coordinator explained that data is collected to identify serial perpetrators and “hot spots” throughout the state. This information is used to address issues that may arise at each facility and the agency takes corrective action on an ongoing basis based on the collected data. The PREA Coordinator confirmed each facility prepares an annual report (Annual Site Report) and sends it to the agency PREA Coordinator. An annual report for the department is written and once approved by the Director, the annual report is posted on the agency website.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head and inquired how the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. The Agency Head explained that sexual abuse data is collected annually and utilized to complete the *Survey of Sexual Victimization*. The data is collected from all facilities that house Department residents; it is then reviewed by the PREA Coordinator who then completes a report of the findings and any potential corrective action. The Auditor inquired as to who is responsible for approving annual reports written pursuant to §115.88. The Agency Head confirmed, as the Director of the Department of Corrections, she is responsible for reviewing and approving the Annual PREA report.

Upon review of the policy, Annual Reports, and upon completion of staff interviews, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 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.

Documents:

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment*

Missouri Department of Corrections Annual Reports, 2017 - 2020

Interviews conducted with:

PREA Coordinator

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states staff members are prohibited from revealing any information related to an allegation of resident sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Missouri Department of Corrections Procedure D1-8.13, *Offender Sexual Abuse & Harassment* states administrative and criminal investigation reports shall be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention.

During the pre-on-site phase of the audit, the Auditor reviewed four years of Annual Reports, which contained sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. The Missouri Department of Corrections publishes the reports on the agency website [Prison Rape Elimination Act \(PREA\) | Missouri Department of Corrections \(mo.gov\)](#)

During the on-site phase of the audit, the Auditor conducted an interview with the PREA Coordinator regarding how data is collected pursuant to PREA Standard §115.87. The PREA Coordinator acknowledged that the data collected is securely retained by the department using *IRIS*, a data retention program in which all investigative documents are recorded and maintained. All PREA specific information related to an investigation is stored within this program and only Investigations and Facility Administration staff have access.

Upon review of the policy and upon completion of staff interviews, PBCSC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA 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 residents? Yes No

115.401 (n)

- Were residents 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.

Missouri Department of Corrections, Poplar Bluff Community Supervision Center had its first PREA Audit conducted on July 6, 2016; the third year of the first three-year auditing cycle. The facility had its second PREA Audit conducted on May 8 & 9, 2018; the second year of the second three-year auditing cycle. This audit was the facility's third audit and was conducted on March 25, 2022; the third year of the third three-year auditing cycle.

The Auditor was provided access to and observed all areas of the facility and outside compound. The Auditor was permitted to request and receive copies of any relevant documents.

The Auditor was permitted to conduct private interviews with residents and staff. The Auditor verified the posting of the audit notifications including posting of the audit in housing dormitories and common areas accessible and visible for residents and staff. The Auditor verified through resident and staff interviews that residents and staff were permitted to send confidential correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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.

Missouri Department of Corrections publishes PREA Audit Reports for all facilities within the MDC on the agency website. The reports are grouped according to the audit cycle year. Poplar Bluff Community Supervision Center has published the prior PREA Audit Reports on the agency website. The Auditor reviewed the facility's prior PREA Audit Reports (July 2016; May 2018).

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 resident 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.

Lynni O’Haver

June 1, 2022

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.