



<b>PREA Coordinator Reports to:</b> Richard Williams, Chief Legal Council	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 29
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### Facility Information

<b>Name of Facility:</b>	Western Reception Diagnostic and Correctional Center		
<b>Physical Address:</b>	3401 Faraon Street, St. Joseph, MO 64506		
<b>Mailing Address (if different than above):</b>	Click or tap here to enter text.		
<b>Telephone Number:</b>	816-387-2158		
<b>The Facility Is:</b>	<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
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b>	Improving lives for safer communities		
<b>Facility Website with PREA Information:</b>	www.doc.mo.gov/OD/PREA.php		

### Warden/Superintendent

<b>Name:</b> Richard Stepanek	<b>Title:</b> Warden
<b>Email:</b> Richard.Stepanek@doc.mo.gov	<b>Telephone:</b> 816-387-2158

### Facility PREA Site Manager

<b>Name:</b> Ryan Brownlow	<b>Title:</b> Deputy Warden/ PREA Site Coordinator
<b>Email:</b> Ryan.Brownlow@doc.mo.gov	<b>Telephone:</b> 816-387-2158

### Facility Health Service Administrator

<b>Name:</b> Machelles Wallace	<b>Title:</b> Acting Health Services Administrator
<b>Email:</b> Machelles.Wallace@doc.mo.gov	<b>Telephone:</b> 816-387-2158

### Facility Characteristics

<b>Designated Facility Capacity:</b> 2976	<b>Current Population of Facility:</b> 1933
<b>Number of offenders admitted to facility during the past 12 months</b>	7055
<b>Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	5158
<b>Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	7055

Number of offenders on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Offenders Under 18: 17	Adults: 18-74	
Are youthful offenders housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful offenders housed at this facility during the past 12 months:		4	
Average length of stay or time under supervision:		149.1 days	
Facility security level/offender custody levels:		Min-max	
Number of staff currently employed by the facility who may have contact with offenders:		583	
Number of staff hired by the facility during the past 12 months who may have contact with offenders:		116	
Number of contracts in the past 12 months for services with contractors who may have contact with offenders:		2	
<b>Physical Plant</b>			
Number of Buildings: 19		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		4	
Number of Open Bay/Dorm Housing Units:		13 Wings within 4 housing units	
Number of Segregation Cells (Administrative and Disciplinary):		72	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
There are 116 cameras are strategically located throughout the facility.			
<b>Medical</b>			
Type of Medical Facility:		24 hour Infirmary care ( Level 5 Facility)	
Forensic sexual assault medical exams are conducted at:		On Site Nursing Staff; Mosaic Life Care	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with offenders, currently authorized to enter the facility:		83 volunteers / 163 contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		10 Statewide	

# Audit Findings

## Audit Narrative

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

The Prison Rape Elimination Act (PREA) Recertification Audit for the Western Reception Diagnostic and Correctional Center (WRDCC), Missouri Department of Corrections (MDOC) was conducted on May 30 – 31, 2018. The PREA Recertification Audit was coordinated through the Missouri Department of Corrections and 3D PREA Auditing & Consulting, LLC upon award of the contract. Department of Justice (DOJ) Certified PREA Auditor Debra Dawson was assigned to conduct the audit. Mr. Bobby Edwards was assigned to serve the PREA auditor's support staff. A line of communication was developed between the Office of Professional Standards (OPS) PREA Unit Manager Vevia Sturm and Debra Dawson to schedule the assigned audit.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The PREA audit team arrived at WRDCC at 8:00 a.m., on May 30, 2018, and began the entrance meeting. The entrance meeting was held with Debra Dawson, DOJ Certified PREA auditor, Mr. Bobby Edwards, PREA auditor support staff, Mr. Ryan Brownlow, Deputy Warden/PREA Site Coordinator, Jacqueline Boyer, Deputy Warden, Chris Brewer, Chief of Custody (Major) and Mr. Richard Stepanek, Warden. The Deputy Warden serves as the facility PREA Site Coordinator and will be identified as such throughout the report.

A tour of the facility began at approximately 8:40 a.m. The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and offenders during the site visit. Areas visited during the tour included the main lobby, greenhouse, canteen, warehouses, laundry, property storage, education, food services/dining halls, housing units, medical, mental health, education, recreation, various program areas, administration, intake area, control rooms.

PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to staffs and offenders in both English and Spanish. The notification of the PREA audit visit was documented as posted on April 16, 2018, well in excess of the six week required notification period.

A photograph of the posted notice was provided to the auditor after posting. At the completion of the tour, the auditing team began conducting staff and offender interviews.

Western Reception Diagnostic and Correctional Center employs 583 employees with 420 custody and 163 non-custody MDOC staff who may have contact with the offenders. A total of 41 staff was interviewed during the audit. The auditing team was provided separate offices to conduct private interviews with staff and offenders. Twenty-three staff was selected for random staff interviews that included: mail room staff; maintenance workers; food service workers; correctional officers from the many various shifts; administrative staff; and Probation and Patrol Officer. The specialized staff was selected for interview by the auditor was based on their assigned specialized PREA responsibilities. There was 26 specialized staff interviews conducted. Those specialized staff interviewed included: (1) Director of Adult Institutions, (1) Warden, (1) Agency Contract Administrator; (1) PREA Manager ; (1) Deputy Warden/PREA Site Coordinator; (1) Incident Review Team Member; (2) Contract Medical Contract Staff; (1) Contract Mental Health Staff; (3) Intermediate or Higher Supervisor; (1) Staff Who Perform Screening For Risk Of Victimization and Abusiveness; (2) Investigative Staff; (3) Designated Staff Member Charged With Monitoring Retaliation; (1) Staff Who Supervise Inmates in Segregated Housing; (1) Acting Human Resource Manager; (1) SANE Nurse; (1) Intake Staff; (3) Volunteers; (1) Staff Who Have Acted As First Responder; However all staff to include Probation and Patrol Field Officers may serve as a First Responder. All staff interviewed was knowledgeable of the agency's zero tolerance of sexual abuse and sexual harassment.

The PREA Site Coordinator provided the auditor and auditor support staff personnel with housing unit rosters that identified offenders alphabetical, and by bed assignments in addition to rosters for the targeted group of offenders for interviews. The offender base count was 1933 on the first day of the site visit, May 30, 2018. Forty-four offenders were selected for random interviews. Twenty offenders were informally interviewed during the tour. Offenders were chosen by a random selection of bed assignments. Fourteen offenders were identified from the target group for interviews as following: (1) Inmate Who Identified as Transgender; (2) Offenders Identified with Disabilities; (2) Offenders Who Identified as Gay; (8) Offenders Who Reported Sexual Victimization During Risk Screening. There were zero offenders at WRDCC who were identified as meeting the following categories: Offender Who Reported Sexual Abuse; Offenders who identify as Lesbian, or Bisexual; Offender who identify as or Intersex; Offenders identified as Limited English Proficiency. Offenders interviewed were knowledgeable of the agency's zero tolerance of sexual abuse/harassment and the procedures for reporting.

There were 15 allegations made involving sexual acts to include sexual touching were determined as the following:

6 allegations of offender on offender sexual acts determined as 1 Sustained; 2 Not Sustained; and 3 Unfounded.

5 allegations of offenders on offender sexual touching determined as 1- Sustained; 2 – Not Sustained; 2- Unfounded.

3 allegations of employee on offender sexual touching with 1 Sustained; 2 Unfounded

1 allegation of employee on offender sexual acts determined as Unfounded.

There were 12 allegations reported for offender on offender sexual harassment with 11 determined as Not Sustained and 1 Unfounded.

There were 9 employee on offender sexual harassment allegations reported with 1 determined as Sustained; 7 Not Sustained and 1 Unfounded.

MDOC publishes their investigative policy on its website [www.doc.mo.gov/OD/PREA.php](http://www.doc.mo.gov/OD/PREA.php). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

An exit meeting was conducted on May 31, 2018, at approximately 7:00 p.m. Those in attendance were Debra Dawson, DOJ Certified PREA auditor, Mr. Bobby Edwards, PREA auditor support staff, Mr. Ryan Brownlow, Deputy Warden/PREA Site Coordinator, Jacqueline Boyer, Deputy Warden, Adam Albach, OPS Assistant PREA Coordinator, and Richard Stepanek, Warden.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the offender, offender or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Western Reception Diagnostic and Correctional Center is located at 3401 Faraon Street, St. Joseph, Missouri. The total acreage of WRDCC is 168 acres, with 71 acres located in the secured perimeter. The facility is comprised of 19 buildings with 13 wings within 4 housing units and has 521 cameras strategically located to assist in maintaining security and the prevention of sexual abuse/harassment. The offender capacity rate is 2976. The base count on the first day of the site visit was 1933. The facility is used to house a variety of offenders to include those who have been sentenced, probation/parole returns and those who are assigned to treatment with custody levels ranging from minimum – maximum. The average length of stay for the offenders is 149.1 days. A total of 7055 offenders were admitted to the facility within the past 12 months of the audit. The offenders admitted to the facility during the past 12 months whose length of stay in the facility for 30 days or longer were 5158.

WRDCC employees 583 staff with 420 custody and 163 non-custody. Eighty-three volunteers provide various services to include religious services. MODC and WRDCC have successfully formed 8 contracts with various agencies to provide services to the offender population. These agencies are with Corizon for medical and mental health, Gateway for Substance Abuse, Interpreters Unlimited, Missouri Western State University (MWSU-Education), Saint Joe School District (Education) City of St. Joe (Work Release) Missouri Department of Transportation (MODOT-Work Release); Food Bank (Work Release) with a total of 163 contract workers.

The WRDCC has four housing units each with cell capacities of 2 – 12 persons. Housing unit #1 consists of five floors. The housing unit has a capacity rate of 630 offenders. The first floor consists of Medical and office space. Offenders with a custody level of minimum to medium are housed on floors 2 -5.

Housing unit #6 has three floors and a capacity rate of 446 offenders. Offenders with a custody level of minimum are housed on floors 1 - 2. The Puppies 4 Parole Work Release is housed on floor 1 with a capacity rate of 142 offenders. Fourteen puppies were enrolled in the Puppies 4 Parole Work Release Program. The 2<sup>nd</sup> floor house minimum custody offenders for Work Release and has a capacity rate of 152 offenders. The 3<sup>rd</sup> floor houses minimum to medium custody offenders. This floor is designated as the Therapeutic Community Work Release and has a capacity rate of 152 offenders.

Housing Unit #11 has three floors for minimum custody offenders. There are 128 beds on this floor. However, 12 beds are utilized for Juvenile offenders that allow separate housing from the adult general population. Offenders housed on the remaining 1<sup>st</sup> room and 2<sup>nd</sup> (168 beds) are those who chose to participate with The Restorative Justice Program. Floor on the 3<sup>rd</sup> floor are minimum custody offender who are enrolled in the Partial Day Treatment Restorative Justice Program and has 116 beds.

Housing Unit #10 has a capacity rate of 895 offender beds. This unit has 3 floors and 4 wings. The 1<sup>st</sup> floor wings 1-2DS, 1-2Ed and 1-2 FD make the Administrative Segregation Unit. The 1<sup>st</sup> and 2<sup>nd</sup> floor wings 1-2 GD, 1-2HD, 1-2ID, 1TD and 1JD house Diagnostic Offenders. The 2<sup>nd</sup> floor is the Technical Care Unit for medical. The 3<sup>rd</sup> and 4<sup>th</sup> floor wings 3-4DD, 3-4ED, 3-4FD, 3-4GD, 3-4HD and 3-4ID house Diagnostic Offenders.

The Food Service Department prepare meals in one kitchen area that is surrounded by four dining areas to include three separate ones for the various classifications of the inmate population and one for staff dining.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

**Number of Standards Exceeded:** 5

115.16; 115.17; 115.31; 115.33; 115.51

**Number of Standards Met:** 38

115.11; 115.12; 115.13; 115.14; 115.15; 115.18; 115.21; 115.22; 115.32 115.34; 115.35; 115.41; 115.42; 115.43; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89

**Number of Standards Not Met:** 0

None

**Summary of Corrective Action (if any)**

N/A

**PREVENTION PLANNING**

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

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

**115.11 (a)**

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

**115.11 (b)**

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

**115.11 (c)**

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



efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  
 No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with Missouri Department of Corrections Procedural Manual D1-8-13 Offender Sexual Abuse and Harassment; Offender Handbook; Director's Office Organization Chart; Western Reception Diagnostic and Correctional Center (WRDCC) Standard Operating Procedure; duties of the PREA Manager and Deputy Warden/PREA Site Coordinator, and Interviews with Staff and Inmates, it was determined WRDCC meets the mandate of this standard. WRDCC and MDOC have written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors. Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders.

The OPS PREA Manger is a position assigned by the Agency Director to coordinate the Agency's statewide compliance with PREA. In an interview with the PREA Manager, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. In 2013, the PREA Manager chartered 16 interagency teams to assist with developing a plan to implement PREA standards in the policies and practices of DMOC facilities. Each team was assigned specific standards, and tasked with reviewing current policy and practice, identifying best practices and developing a plan for implementation. The plan was forwarded to the PREA Manager and her oversight team for review. Once the plan approved, the PREA Manager, with support of executive staff, ensured each plan was implemented through the MDOC system. A Deputy Warden or above is responsible for ensuring PREA standards are maintained with Adult Institutions. Unit Supervisors are responsible for ensuring PREA standards in Community Supervision Centers and the Transitional Center. Effective communication is routinely maintained through phone

calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

## Standard 115.12: Contracting with other entities for the confinement of offenders

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

### 115.12 (a)

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

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Missouri Department of Corrections has contracts for the confinement of offenders/offenders with four Offenderial Facilities, Schirmer House, Reality House, Metropolitan Employment Rehabilitation Services, (MERS Goodwill), and Heartland Center for Behavior Change (HCBC). These contractors do

not provide services to WRDCC. A copy of the contracts was provided and it is determined there is a PREA acknowledgement and requirement in each contract.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the offender population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution

programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

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

In accordance with a review of: PREA Yearly Staffing Report; Annual PREA Report; Review of Security Staff Rosters; Memo to File, it was determined WRDCC meets the mandate of this standard. WRDCC has established a staffing plan which provides for adequate levels of staffing and where applicable, they use direct monitoring to protect offenders against sexual abuse. Interviews with the Warden, and PREA Manager in addition to a review of the staffing plan confirmed the staffing plan is evaluated every year. The staffing plan is developed with consideration to generally acceptable correctional practices; any judicial findings, any findings of inadequacy from federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the physical plant, the offender population, the number and placement of supervisory staff, institutional programs and the shifts they occur on applicable state or local laws or regulations, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant information. The staffing positions are developed from the staffing plan established by MDOC. The staffing plan is forwarded to the PREA Manager each year by the end of March at which time she provides input. Staffing Plans and Staffing Plans Meeting Minutes was available for review by the auditor. The Staffing Plan gave consideration of the 11 areas noted in regards to the physical layout and daily operational needs of the facility. The staffing analysis and minimal staffing patterns as well as the departments security camera procedure account for blind spots and isolated areas within the facility.

An interview with the Warden that noted the Chief of Custody (Major) reviews the security staff rosters daily and advises him of any staff shortage for critical post assignments. Overtime is authorized rather than the closing of program areas and/or vacating critical post. Interviews with supervisors confirmed staffs are prohibited from advising others of supervisory rounds being conducted. However, deviations from the established staffing patterns would be reflected within shift summary reports, custody staffing rosters, custody overtime records and shift chronological logs. This documentation may include notation within activity logs reflecting activities that were cancelled or rescheduled to a time when adequate supervision was present.

A review of log book entries confirmed intermediate and higher level staff are conducting unannounced rounds as required within the agency's policy. Supervisory staff and random staff were aware of agency's policy prohibiting staff from notifying other staff that supervisory rounds are being conducted.

## Standard 115.14: Youthful offenders

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of MDOC SOPD1-8.13, Offender Sexual Abuse and Sexual Harassment; SOP5-3.1, Offender Housing Assignment; SOP5-1.1 Diagnostic Center Reception and Orientation; Juvenile Unit Orientation, Juvenile Unit Schedule; Juvenile Housing Units, it is determined that WRDCC meets the mandate of this standard. WRDCC temporarily houses Youthful Offenders until they are transferred to a designated facility (Farmington Correctional Center). Exigent of weather or staffing issues, youthful offenders received at WRDCC are transferred immediately or a within 24 hours period. This procedure was confirmed through review of the youthful inmates' arrival and departure logs at WRDCC. While housed at WRDCC youthful inmates are maintained sight and sound separation from other offenders within a separate housing area. There were no youthful inmates housed at WRDCC during the site visit.

## **Standard 115.15: Limits to cross-gender viewing and searches**

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

### **115.15 (a)**

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

### **115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female offenders in non-exigent circumstances? (N/A here for facilities with less than 50 offenders before August 20, 2017.)  Yes  No  NA
- Does the facility always refrain from restricting female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 offenders before August 20, 2017.)  Yes  No  NA

### **115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female offenders?  
 Yes  No  NA

#### 115.15 (d)

- Does the facility implement a policy and practice that enables offenders 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 offender housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status?  Yes  No
- If an offender's genital status is unknown, does the facility determine genital status during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

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



In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Harassment; MDOC 20-1.3 Institutional Searches; Lesson Plan – Searches; SOP6-1.3 Offender Personal Appearance; Interviews with Warden, supervisory staff, random staff, and random offenders, the WRDCC meets the mandate of this standard. Cross-gender strip searches are not conducted at WRDCC. Staff shall not conduct cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. There were zero body cavity searches and/or cross-gender strip searches that met the requirement of exigent circumstances or were performed by staff other than medical practitioners. The facility has implemented policies and procedures that enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. WRDCC utilizes modesty barriers and/or doors in toilet areas that allow the offenders privacy when using the toilet. Shower curtains are appropriately installed. Policies and procedures require staff of the opposite gender to announce their presence when entering an offender's housing unit. WRDCC has a sufficient number of male staff to prevent the need for cross gender searches. However in any circumstance that such as search was needed, the search would require prior approval of the Warden and a review of the circumstance by the PREA Site Coordinator.

Interviews with the selection of random staff, and offenders from each housing unit confirmed offenders are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the standard. Interviews with staff and offenders confirmed staff of the opposite gender announces their presence when entering an offender housing unit. Announcements are made advising offenders that staff on the opposite gender is working the housing unit at the beginning of each shift and upon female staff entering the offenders' housing units. This practice was observed by the auditors upon female employees entering the housing units.

One (1) offender identified as transgender was assigned at the WRDCC. The offender stated he is allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing his breasts, buttocks, or genitalia. The transgender offender confirmed staffs perform pat-searches in a professional and respectful manner, and in the least intrusive manner possible, while being consistent with security needs. There were zero inmates identified as intersex at WRDCC during the site visit.

## **Standard 115.16: Offenders with disabilities and offenders who are limited English proficient**

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that offenders 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: offenders who are deaf or hard of hearing?  Yes  No

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

## 115.16 (b)

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

### 115.16 (c)

- Does the agency always refrain from relying on offender interpreters, offender readers, or other types of offender assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under §115.64, or the investigation of the offender'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.*

In accordance with a review of MDOCD1-8.13 Offender Sexual Abuse and Sexual Harassment; Sign Language Contract; Language Services Contract; Lesson Plan – Special Needs Offenders; PREA Training Acknowledgement; PREA Video, Posters, Brochures, and PREA Brochure in Braille; List of Bilingual Staff, it is determined WRDCC meets the mandate of this standard. WRDCC takes steps and has policies that ensure offenders 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. PREA posters and educational materials are provided in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Offenders who are blind are provided an audio version in either English or Spanish. The PREA video titled "PREA: What you need to Know" is shown to the offenders during intake and again during the release/transfer process that include subtitles. Seven staff at the facility is noted to serve as translators in various languages as needed to the inmate population. The PREA Brochure is provided in Braille.

Interviews with random staff confirmed the facility does not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's allegations. Two offenders identified to have handicap disabilities were interviewed by the auditing team and confirmed the facility provides PREA education in a manner they understand. There were zero offenders identified as limited English proficient or required translation services during the site visit.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of MDOC Directive D1-8.13, Offender Sexual Abuse and Harassment; Directive D2-2.2, Background Investigations; D2-2.8 Promotional Appointment; D2-2.10, Re-Employment Appointment; D2-13.1, Volunteers; D2-13.2, Student Interns; PREA Hiring Checklist; Background Checklist for Contractors; D1-5.1 Maintenance of Employee Records; D2-5.1 Maintenance of Employee Records; Interviews with Director of Adult Institutions, Warden, Human Resource Personnel, and PREA Manager, and additional memorandums and personnel forms provided, WRDCC exceeds in meeting the mandate of this standard. Before hiring new employees, human resources staff or designee 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 depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is 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 sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted on the first day of the staff's member birth month. A check is also conducted on the staff's member driver license every year. The background checks are conducted through the Missouri State Highway Parole (MULES) that provides information collected Nationwide. The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or offender of the facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. In accordance with D2-5.1 Maintenance of Employee Records, Released for Closed Information: Verification of information, other than public information will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse

and/or harassment of an offender during employment by the department. Such information will be obtained by contracting central office human resources. Confirmation of compliance with this standard was supported during staff interviews, review of completed applications and background checks. There was 116 new staff members hired at WRDCC in the past 12 months of the audit.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect offenders 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.

In accordance with a review of 2017 Annual PREA Facility Assessment; MDCO D4-4.8 Security Camera Operations it is determined that the WRDCC has not had any substantial renovations to the physical plant; however, there has been a review of the cameras and video monitoring system that includes upgrades. WRDCC has a plan to upgrade cameras and DVD systems over the course of the year. The PREA Site Coordinator has been involved in the review and planning of this expansion to ensure that offenders are protected from sexual abuse.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No



- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  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.*

In accordance with a review of Directive D1-8.8, Evidence Collection; Directive D1-8.13, Offender Sexual Abuse and Harassment; Memorandum of Understanding (MOU) with Young Women Christian Association (YWCA); D1-8.1 Office of Professional Standards; Advocacy Training; WRDCC Coordinated Response Protocol Interviews with Warden and PREA Manager, WRDCC meets the mandate of this standard. The MDOC is responsible for conducting all criminal and administrative investigations within the agency. Investigations are conducted by the Agency's OPS PREA Unit. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. WRDCC conducts all protocols and forensic medical examinations at the facility. These services are provided by a SANE nurse who is contracted through Corzion during investigations involving offender on offender allegations of sexual abuse. A SANE nurse is on call 24/7 to report to the facility as needed. The alleged victim will be transported to Mosiac Life Care Hospital for a forensic examination of all staff on offender allegations of sexual abuse. The WRDCC Chaplain is qualified to serve as a facility advocate to the victims and is utilized as the site advocacy liaison. Additionally, the facility has a MOU with the YWCA to provide advocacy to victims. An advocate is provided to the offender upon request through the YWCA to provide emotional support through the forensic medical examination and investigation interviews. As soon as possible following the victimization, the YWCA advocate will be called and asked to meet the victim at the hospital where the victim will be transported to. Emergency healthcare as well as forensic examinations by SANE nurse are provided at the outside facility with no cost to the offender. An interview was conducted with an OPS Investigator who is responsible for responding to incidents of sexual abuse/sexual assault. The investigator was knowledgeable of the sexual assault investigative process, evidence collection protocols, and use of the Sexual Abuse Checklist. Interviews with the Warden, PREA Manager and OPS Investigator and representative from YWCA, all confirmed these services are available to all victims of sexual abuse upon request. The MDOC conducts offender on offender sexual abuse/harassment investigations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. A copy of correspondence from the PREA Manager to the local law enforcement Sheriff Office was provided for review by the auditing team. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, the Department must request that investigative agencies that conduct PREA

investigations within their facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards of the uniform evidence protocol. The uniform evidence protocol used includes sufficient technical detail to aid responders in obtaining useable physical evidence and is appropriate for youth when necessary. There were no offenders assigned at WRDCC who reported sexual abuse to interview in regarding to the process completed.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

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

In accordance with a review of Directive D1-8.1, Investigative Unit Responsibilities and Activities; D1-8.13 Offender Sexual Abuse and Harassment; PREA Event Checklist, D1-8.1 Office of Professional Standard; Interviews Investigative Staffs, it is determined that WRDCC meets the mandate of this standard. All allegations of offender 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 offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions or if additional information is needed.

The facility's Investigator One/Institution Investigating Officer Division of Adult Institution is responsible for conducting all administrative investigations involving offender on offender sexual harassment. The OPS Investigators are responsible for conducting all sexual abuse investigations and all sexual harassment allegations involving staff on offender. When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in a offender related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. The PREA Manager will request all responsible Sheriff Departments follow PREA standards when conducting offender sexual abuse investigations. All Administrative and Criminal Investigations of Sexual Abuse or Sexual Harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Interviews with both the facility investigator (Investigator One/Institution Investigating

Officer Division of Adult Institution) and OPS Investigator confirmed this practice during the interview process.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of: Directive D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; MDOC Lesson Plan PREA: MDOC PREA Refresher Training, and Signed PREA Training Acknowledgement forms, WRDCC exceeds in meeting the mandate of this standard. MDOC mandates a training PREA course training that addresses all PREA requirement including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with offenders, how to communicate effectively

and professionally with offenders, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. PREA training is completed by all new employees during their initial training. A PREA refresher training course covering Sexual Abuse Prevention and Response is required every two years during in-service training. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations made and refer reports for further investigation. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. A review of staff training records acknowledging receipt and understanding the PREA training was provided for review by the auditing team. WRDCC provides training tailored to the gender of the male offenders at the facility and includes training that includes the search of transgender and intersex offenders. There were no staffs that transferred to WRDCC (male facility) from a correctional facility that house only female offenders. However, policy does dedicate gender training on searches.

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of Directive D1-8.13, Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; MDOC Lesson Plan – PREA Module for Volunteers and Contractors; Offender Work Release Procedures Training; Training Acknowledgment Forms signed by Contractors and Volunteers; Missouri Department of Corrections Sexual Misconduct and Harassment Annual Guide for Staff, Volunteers and Contractor; Interviews with Contractors and Volunteers, WRDCC meets the mandate of this standard. WRDCC had 83 volunteers and 163 contractors during the audit site. There are 13 mental health and 56 medical staff contracted through Corzian, in addition to others through Gateway (Substance Abuse) Interpreters Unlimited, Missouri Western State University (MWSU Education; St. Joe School District (Education); City of St. Joe (Work Release); Missouri Department of Transportation (MODOT-Work Release) Food Bank (Work Release) for a total of 163 contractors. All contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training.

The level and type of training provided to the contractors and volunteers is based on the level of contact with the offenders. Vending contractors are escorted by a staff member at all times or receive PREA prior to entering the facility. PREA training provided to volunteers and contractors includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. Contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. Upon completion, they documented their signature as receiving and understanding the PREA training received. A random selection of contractors and volunteer training records reviewed by the auditing team confirmed acknowledgement of the PREA training received. Two medical and one mental health contract worker in addition to three religious services volunteers was interviewed and acknowledged receiving and understanding the PREA training received.

## Standard 115.33: Offender education

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

#### 115.33 (a)

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



**115.33 (b)**

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

**115.33 (c)**

- Have all offenders received such education?  Yes  No
- Do offenders receive education upon transfer to a different facility to the extent that the policies and procedures of the offender's new facility differ from those of the previous facility?  
 Yes  No

**115.33 (d)**

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

**115.33 (e)**

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

**115.33 (f)**

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

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Victim/Abuser Protocol; WRDCC Offender Orientation Handbook; Offender Orientation Sign-in Sheets; PREA Posters, Pamphlets, PREA Video, DAI Education Directive, and Interviews with Intake Staff, Random and Targeted Offenders, WRDCC meets the mandate of this standard. WRDCC ensures all incoming offenders receive PREA training on the day of arrival during the intake process. Offenders are presented with a PREA video provided through two monitors during the intake process via two monitors titled "PREA: What you need to know." The PREA video is continuously played. Additionally, the offenders are presented with PREA educational material by the Case Manager during the intake screening process during the site visit. The auditing team observed the intake screening process of numerous offenders during the site visit. Offenders are also provided a PREA pamphlet and offender handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents to include a hotline number and various address to write. The facility's staff provide PREA relation education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency are provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department will make reasonable accommodations to provide these documents in the offender's language. In circumstances it is not possible to translate the documents to the offender's native language the department's PREA Site Coordinator or designee will utilize an interpreter to assist the offender in understanding the information provided. Offenders document receipt of receiving PREA training on the Offender Sexual Abuse Harassment Acknowledgement form. Formal interview with 44 offenders and informal interviews with 20 offenders confirmed they received PREA information on the day of arrival during the intake process. The auditing team observed the intake process and delivery of PREA education to arriving offenders. Key PREA information is readily

available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment and provide continuous a selection of PREA educational resources. Each offender reference the PREA posters throughout the facility, PREA literature received and observance of the PREA video as receiving PREA education during interviews. Offenders also review the PREA video during their outgoing process from the WRDCC.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of Missouri Department of Corrections policy D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan – Special Investigator Training; Training Acknowledgement for Investigators; Interviews with the Investigator One/Institution Investigating Officer Division of Adult Institution and OPS Investigator, WRDCC meets the mandate of this standard. Investigators within the department of the OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. These Investigators are required and have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40 hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Documentation of the mandatory training received by the 10 OPS Investigators throughout the Agency, who are authorized to conduct sexual abuse/harassment investigations, was reviewed by the audit team. The OPS Investigator articulated the training provided to all investigators during the interview process. The Investigative One/Institution Investigating Officer Division of Adult Institution is assigned to the facility and only conducts offender on offender sexual harassment investigations. Documentation of her specialized training was provided to the auditing team for review.

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

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  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.*

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment; In-Service PREA Training for Medical Staff; Lesson Plan – SAFE/SANE; List Certified SAFE/SANE nurses; IS11-34.1 Health Assessment and Physical Examination it is determined that WRDCC meets the mandate of this standard. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment. Forensic medical examinations are conducted by a contract SANE Nurse at WRDCC. Medical staff at the facility also provides first aid care as needed without disturbing any evidence of an alleged sexual assault victim pending the arrival of a SANE nurse who will conduct the forensic examination. The medical department is contracted through CORIZON and provides forensic examination for alleged victims only pertaining to offender on offender allegations of sexual abuse. Offenders who report allegations of sexual abuse by a staff member are escorted to Mosaic Life Center Hospital for forensic examinations. Medical and mental health care practitioners receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32. Interviews with two medical staff, one SANE nurse, and one mental health demonstrated their understanding on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment during the interview process. Two medical and one mental health contract staffs was interviewed in addition to a SANE Nurse. Each articulated their understanding and receipt of PREA training in reference to this standard.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

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

#### **115.41 (a)**

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

#### **115.41 (b)**

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (1) Whether the offender has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (2) The age of the offender?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (3) The physical build of the offender?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (4) Whether the offender has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (5) Whether the offender's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (6) Whether the offender 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 offenders for risk of sexual victimization: (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the offender about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the offender is gender nonconforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (8) Whether the offender has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (9) The offender's own perception of vulnerability?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (10) Whether the offender is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing offenders 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 offenders 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 offenders 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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive



information is not exploited to the offender's detriment by staff or other offenders?  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

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In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment; SOP5-2.3 Offender Internal Classification; Adult Internal Risk Assessment; PREA Risk Assessment; IS11-34.1 Health Assessment and Physical Examination; and Interviews with Medical and Mental Health staff, Intake staff, and PREA Site Coordinator it is determined WRDCC meets the mandate of this standard. All offenders are screened for risk of victimization and abusiveness upon arrival. The screening is completed by the Intake Staff within the first couple hours of arrival. Policy stated the offender shall be assessed utilizing the Risk of Victimization and Abusiveness Screening Tool to identify those at risk for being sexually abusive or sexually abuse. The initial screening was completed within 72 hours of the offender's arrival at the facility. The initial screening is processed by the Case Manager. Case Managers are also assigned to conduct a reassessment within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Interviews with Intake Staff and offenders indicated the risk screening assessments are conducted within the first hour of the offender's arrival. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Staff reassesses the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the offender's safety is addressed. Information obtained during the initial assessment and reassessment is placed in the offender's classification file. These files are accessible to identified authorized staff only. Apart from reporting to designated supervisors and/or officials, staffs are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. A review of the screening forms; confirmed offenders are normally reassessed on the 25<sup>th</sup> day of their arrival.

Documentation confirmed compliance with this standard. Interviews were conducted with random and targeted offenders confirmed receiving reassessment within 30 days of their arrival. A review of the files noted the offenders as receiving the assessments are conducted within 30 days. The Intake Staff and PREA Site Coordinator confirmed offenders are not disciplined for refusing to answer, or for not disclosing complete information during the screening for risk of victimization and abusiveness.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns offenders

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 offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: lesbian, gay, and bisexual offenders in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- 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 offenders, does the agency always refrain from placing: transgender offenders in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- 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 offenders, does the agency always refrain from placing: intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status?  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

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In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment; SOP 5-2.3 Offender Internal Classification; SOP 18-1.1 Required Activities; SOP 5-3.1 Offender Housing Assignments; Sigma/Alpha Housing Assignments; Transgender Committee Report; and Interviews with Intake Staff and PREA Site Coordinator it is determined that WRDCC meets the mandate of this standard. WRDCC uses information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Information obtained during the screening is used by staff to make individualized determinations about how to ensure the safety of each offender.

The agency has policy outlining the use of screening information. Transgender or intersex offender's housing is considered on a case-by-case basis, placement considers the offender's health and safety, and whether the placement would present management or security problems. Those offenders identified as transgender or intersex would be reassessed every six months and additionally if needed. Transgender and intersex offender's own view with respect to his own safety is given consideration. Transgender and intersex offenders are given the opportunity to shower separately from other offenders. The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated unit based solely on identification or status. One offender identified as transgender was designated at WDRCC during the site view and selected for interview. The transgender confirmed his own views toward his safety are given consideration by staff and he has not been placed in a special wing for transgender offenders. The inmate identified as transgender arrived at the WRDCC on April 24, 2018. The second yearly assessment was not applicable during the auditing period.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No

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

#### 115.43 (b)

- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Offenders at high risk for sexual victimization are not placed in the involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an involuntary segregated housing placement is made the placement is reviewed on a weekly basis until other housing can be found. Segregated housing assignments will not exceed a period of thirty (30) days. Offenders placed in protective custody shall have access to program privileges, education, and work opportunities to the extent possible. If restrictions occur, the facility documents the restrictions, duration of the limitation, and reasons for the limitation. The Warden confirmed staff will conduct a protective custody need assessment, and will make every effort to not place the offender in involuntary segregation such as if there is another alternative by the end of that business day such as reassigning the offender to one of the various wings. If not, the offender would be moved to another facility within two days. There were zero offenders placed in involuntary segregation due to being at a high risk of sexual victimization in the past 12 months of the audit.

**REPORTING**

**Standard 115.51: Offender reporting**

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

**115.51 (a)**

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

#### 115.51 (b)

- Does the agency also provide at least one way for offenders 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 offender reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the offender to remain anonymous upon request?  Yes  No
- Are offenders detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

In accordance with a review of the Employee Handbook; Offender Handbook; PREA Posters and Brochure; WRDCC Coordinated Response Plan; MOU with Department of Public Safety, and MDOC D1-8.9 Crime Tips and PREA Hotline MDOC D1-8.13 Offender Sexual Abuse and Harassment; MOU with the YWCA, WRDCC meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and assault. Offenders receive a copy of The Offender PREA pamphlet Handbook during the intake process which advises them they can report internally by reporting by (1) Report the abuse to any staff member either verbally or in writing as soon as possible; (2) Call the department's confidential PREA hotline at any offender phone by listening to the prompts and pressing '8' or dialing (573) 526-PREA (7732); (3) Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102; and (4) if they are assigned to a community release center or community supervision center, they may report sexual abuse using the above guidelines or calling the PREA hotline at (855) 773-6391. External methods also include reporting to the MDOC PREA Unit, the YWCA at 304 North Eighth Street, St. Joseph, MO (816) 232-4481. PREA posters are posted throughout the facility which informs the offenders of reporting options. Reports to an external organization may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MDOC concerning the allegations. All allegations, including anonymous allegations, are investigated. WRDCC does not house offenders solely for civil immigration offenses. Interviews with random staff, and random offenders confirmed their knowledge on methods for offenders and staff to report any and all allegations of sexual abuse and/or harassment verbally and/or in writing both internally and externally. Interviews with the Investigator One/Institution Investigating Officer Division of Adult Institution and OPS Investigator each confirmed all allegations reported to include anonymous and third party would be investigated in accordance to MDOC policy and the PREA standards. An available method for reporting sexual abuse/harassment allegations that is accessible to the public is through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

## **Standard 115.52: Exhaustion of administrative remedies**

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

#### **115.52 (a)**

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



#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

- Are third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, permitted to assist offenders 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 offenders? (If a third-party files such a request on behalf of an offender, 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 offender declines to have the request processed on his or her behalf, does the agency document the offender's decision? (N/A if agency is exempt from this standard.)

Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

- After receiving an emergency grievance alleging an offender 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 offender is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

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

In accordance with Offender Handbook; MDOC D1-8.13 Offender Sexual Abuse and Harassment; MDOC D5-3.2 Offender Grievance it is determined WRDCC meets the mandate of this standard. Offenders are informed of the grievance process during orientation. WRDCC has policies and procedures that ensure the facility has an administrative procedure for dealing with offender grievances regarding sexual abuse to ensure that there is not a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The Agency applies otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse; the agency does not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; and nothing in this section shall restrict the agency's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired.

Additionally, an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. WRDCC will 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 offenders in preparing any administrative appeal; and the agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the offender in writing of any such extension and provide a date by which a decision will be made at any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level.

Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist an offender in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders; if a third party files such a request on behalf of an offenders, 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; and if the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision.

WRDCC has policies and procedures in place to ensure the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse; and after receiving an emergency grievance alleging an offenders is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance (or a portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, provides

an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The agency may discipline an offender for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the offender filed the grievance in bad faith. WRDCC did not have any grievances filed related to sexual abuse or sexual harassment.

## Standard 115.53: Offender access to outside confidential support services

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

#### 115.53 (a)

- Does the facility provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

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

#### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders 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.*

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA advocacy poster; Offender Handbook; MOU with Missouri Department of Public Safety; Interviews with PREA Manager and PREA Site Coordinator, it was determined Western Reception Diagnostic & Correctional Center meets the mandate of this standard. WDRCC has an MOU with Missouri Department of Public Safety to provide services for a Hotline number for the offenders. WRDCC has a MOU with YWCA to serve as an Advocate Center. The agreement outlines the services provided by the programs as: follow-up with offenders who make direct contact seeking rape crisis services via telephone or mail or requested through MDOC; maintain active, confidential communication with MDOC staff in order to facilitate treatment for offender victims, consistent with the victim's right to confidentiality; to provide in person follow-up rape crisis counseling and emotional support services at the facility; and must be willing to participate in training to advance the goals and program objectives with MDOC. This information is posted in the housing areas near the unit phones. Offenders are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA 90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC 20005 (800) 656-HOPE (4673). Letters to the aforementioned addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the offender and staff population. Although the offender population was not aware of advocacy groups services within the community for support services, they reference the information as being posted throughout the facility. The offender population also felt staff would provide with assistance in contacting the services upon request and/or as needed.

### Standard 115.54: Third-party reporting

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

##### 115.54 (a)

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

In accordance with a review of the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>); PREA Posters and Brochures; and Interviews with Random Staff and Random Offenders, WRDCC meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to call 573-526-9003; write PREA Unit Missouri Department of Corrections 2728 Plaza Drive Jefferson City, MO 65109 and/or Emailing DOC.PREA@doc.mo.gov. This information is included in the PREA brochures which are provided to each offender. Interviews with random staff and random offenders confirmed allegations of sexual abuse and/or sexual harassment of offenders could be reported by third party to include family, friends, etc

## OFFICIAL RESPONSE FOLLOWING AN OFFENDER REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
 Yes  No

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; State Law, Chapter 217-410 MDOC Revised Statutes; SOP 11-3.2 Receiving Screening at Intake; PREA

Notification Checklist; WRDCC Coordinated Response Protocol and Interviews with Random Staff; Random Offenders it is determined that WRDCC meets the mandate of this standard. MDOC policies require all staff to immediately report and document sexual abuse and sexual harassment, including third-party and anonymous reports.

Offenders are provided with information on how to report allegations of sexual abuse and/or sexual harassment upon their arrival during the intake process. Random staff was also knowledgeable of their responsibility to report and document all allegations immediately to their supervisor, ranking security supervisor, and/or Warden. Staff interviewed confirmed they are prohibited from discussing information related to sexual abuse reports with anyone other than those directly involved and were aware of methods to report allegations of sexual abuse and/or sexual harassment privately. Interviews with medical and mental health staff confirmed they inform the offender of their duty to report and limits to confidentiality during the initial medical and mental health screening process.

WRDCC only house offenders under the age of 18 for a short period of time while awaiting transfer to a designated facility. Four offenders under the age of 18 were received at WRDCC and transferred out not later than 24 hours within the last 12 months of the PREA audit. WRDCC policy states, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Interviews with the OPS Investigator, and Warden confirmed all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to the designated facility investigators and/or the Office of Professional Standard PREA Unit.

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

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

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment it is determined that WRDCC meets the mandate of this standard. Policies and the PREA training delivered to staff outline the immediate steps that are to be taken to protect offenders with a substantial risk of sexual abuse. PREA pocket cards are given to all staff that clearly states the first duty is to separate and isolate potential victims, abusers or witnesses. All interviews with random staff confirmed upon becoming aware that an offender is subject to a substantial risk of imminent sexual abuse, the offender would be immediately remove from the area of potential threat. Each case is evaluated by the facility and investigative staff based upon the nature of the report to ensure the safety of the offenders. Precautionary measures may include increased supervisory rounds as appropriate and/or offender at risk or potential predator may be moved to another housing unit. If no other options are available temporarily protective custody until other steps can be taken may be considered, the offender may be transferred to one of the other many MDOC facilities. There were zero offenders identified as subject to a substantial risk of imminent sexual abuse during the past 12 months of the audit process at WRDCC.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment WRDCC meets the mandate of this standard. MDOC policy require upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offenders sexual abuse will be immediately initiate. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the PREA Manager. The PREA Manager will ensure notification to the facility is made with 72 hours. The PREA Manager documents the notification made. Interviews with the PREA Manager, PREA Site Coordinator, Warden, and OPS Investigator, confirmed their responsibly when becoming aware of such incidents. One allegation was sexual abuse was received at WRDCC as having previously occurred at WRDCC in the last 12 months of the PREA audit. An investigation was completed in regards to the allegation reported.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; First Responder Checklist; MDOC Lesson Plan on Coordinated Response; WRDCC Coordinated Response Protocol; Interviews with Random Staff, Warden, PREA Site Coordinator it is determined that WRDCC meets the mandate of this standard. The PREA pocket card that outlines First Responder duties is issued to all staff. The WRDCC Coordinated Response Protocol outlines the first responder's steps to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser take no action to destroy evidence. The responding staff is to immediately notify their immediate supervisor. The Shift Supervisor will make further notifications. During interviews with random staff, volunteers, contractors, higher and intermediate level supervisors and investigators each articulated their knowledge and responsibility in the steps to follow as a first responder. All staff to include volunteers, contractors, civilians, and security personnel is considered first responders. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. A review of the curriculum for first responder training provided for staff confirmed the agency and facility consider this standard as a priority, and all staff are well knowledgeable of their responsibilities in preparation to serve as a first responder per the requirements of this standard. WRDCC reported 20 reports of sexual abuse in which security staff and/or non-security staff served as a first responder. There were zero allegations reported for penetration of sexual abuse in regards to the 20 reported allegation of sexual abuse. Therefore, the collection of physical evidence was not applicable.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; First Responder Checklist; WRDCC Coordinated Response to Offender Sexual Abuse; Interviews with Random Staff, Warden, PREA Site Coordinator, PREA Manager, WRDCC meets the mandate of this standard. Staff identified as the first responder is to immediately notify their immediate supervisor. The Shift Supervisor will make further notifications. WRDCC Coordinated Response Protocol outlines the first responder's steps to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser take no action to destroy evidence. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocates. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The Protocol listed provides guidance for the reporting of various allegations that include: Definitions; Basic Roles & Responsibilities; Penetration/ Sexual assault Exam; Penetration/ No Sexual assault Exam; Non-penetration Events; Penetration Events; Sexual Harassment; Exceptions and Resources. A Checklist Form is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Incident review information is available for staff reference when responding to allegations of sexual abuse/harassment. All staffs are issued First Responder Duties/How to Report Sexual Abuse Cards which provide details to follow as a first responder. Random staff, specialized staff, contractors, and volunteers, articulated their knowledge and responsibility in the steps to follow as a first responder.

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with MDOC Directive D2-11.6 Labor Organizations; MDOC and SEIU Labor Agreement, WRDCC meets the mandate of this standard. NEW AND/OR RENEWAL OF COLLECTIVE BARGAINING AGREEMENTS: 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 offender or offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. An interview with the Director of Adult Institutions confirmed the Agency has not entered into any new agreements or renewal with collective bargaining.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by offenders 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 offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders 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 offender 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 offender 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 offender program changes?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Harassment, and MDOC PREA Retaliation Checklist, Interviews Warden, PREA Manager, and Staff Assigned to Monitor Retaliation, WRDCC meets the mandate of this standard. Two staff (Functional Unit Managers) assigned to monitor inmate retaliation and the PREA Site Coordinator who is assigned to monitor staff

retaliation were interviewed. They are assigned to monitor those identified to have reported allegations of sexual abuse/harassment or fear retaliation for cooperating with an investigation of sexual abuse/harassment with the exception of those determined to be unfounded. Interviews with the Warden, PREA Manager, and those assigned to monitor retaliation confirmed they were aware of the monitoring requirements within this standard. Specifically, each articulated the monitoring process includes individually meetings with the inmate/staff member would be conducted every 30 days up to 90 days and longer if necessary. These meetings are documented. Policies and checklist provides multiple protective measures to ensure the safety of the offender that includes housing changes or transfers for the victim or abuser, removal of the alleged staff member or offender abuser from contract with the alleged victim, and emotional support services for offenders or staff who fear retaliation. Staff monitors an offender's disciplinary reports, housing, or program changes, and any negative performance review or reassignments given by staff. In investigative cases where an offender is released from MDOC custody, monitoring will stop. However, if the offender is transferred to another MDOC facility, staff responsible of monitoring the offender contacts the receiving institution of the continuing monitoring requirement. Staff requiring monitoring will be monitored for any disciplinary, changes in normal shift assignment, etc. Any staff and or offender found to perform and/or participate in any form of retaliation would be held accountable for such to include disciplinary actions. Documentation was provided to support WRDCC initialed and conducted retaliation monitoring on all allegations of those who reported sexual abuse/sexual harassment. Documentation also supports staff forward notification to the offenders' new institution upon transfer advising them of retaliation monitoring requirement if needed.

## Standard 115.68: Post-allegation protective custody

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

### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*



conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of: MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment; Directive – Segregation Housing for Protective Custody, and PREA Allegation Notification Checklist; and Interview with Warden, it is determined WRDCC meets the mandate of this standard. WRDCC has policies and procedures in place to ensure any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse is subject to the requirements of 115.43. Interview with the Warden confirmed WRDCC does not use segregation as a means to protect an offender who has alleged to have suffered sexual abuse. WRDCC will review other available housing prior to involuntary housing an offender in involuntary housing. There were no offenders reported to have been placed in segregated housing in the past 12 months of the PREA audit. None was available for interview.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of Directive D1-8.1 Office of Professional Standards; Interviews with PREA Manager, OPS Investigator, facility's Investigator One/Institution Investigating Officer Division of Adult Institution and Warden, Review of Investigative Files, WRDCC, meets the mandate of this standard. The investigative process was articulated that confirms staffs follow a uniform evidence protocol during the investigations of sexual abuse and sexual harassments that meets all mandates of this standard while describing each measure utilized. Training documentation supporting completion of the specialized training for the 10 State-wide OPS Investigators who are assigned to complete these investigations and a sample of investigative files was provided for review by the auditing team. The MDOC conducts offender on offender sexual abuse/harassment investigations. The facility's Investigator One/Institution Investigating Officer Division of Adult Institution conducts administrative sexual harassment allegations. When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall: a. in offender related cases: notify the Chief Administrative Officer (CAO), who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the OPS Investigators complete the investigation and processing of the incident. If the investigation

determines that a criminal act has occurred, the CAO then refers the incident to the appropriate prosecutor's office. In cases where the investigations are conducted by the PREA unit, OPS Investigators will notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency. Under circumstances of employee related cases, the OPS Investigators notify the OPS director who reviews the incident for possible referral to the prosecuting attorney or an outside law enforcement agency. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a offender or staff. Offenders who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. This practice was confirmed upon review of a closed investigative sexual harassment case. All investigative files are retained for 90 years. The OPS Investigator articulated each measure within this standard during sexual abuse investigations. Policy reviewed, review of a closed files and staff interviews confirmed all measures within this standard are adherent too during the interview process.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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In accordance with a review of MDOC D1-8.13 Sexual Abuse and Sexual Harassment; PREA Unit Investigative Report it is determined that WRDCC meets the mandate of this standard. Policies and procedures are in place to ensure the facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The “preponderance of the evidence” means that more than 50% of the evidence supports the allegation which is determined during administrative investigations. An interview with the OPS PREA Unit Investigator, confirmed criminal cases are referred for possible prosecution when evidence provided is determined to be that beyond a reasonable doubt. The OPS Investigator confirmed he also conduct administrative investigations depending on the circumstances of the case.

## Standard 115.73: Reporting to offenders

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Sexual Harassment; PREA Status Notification of Abuse by a Staff Member; PREA Violations Tracking form; Review of a Closed Investigations, and Interviews with OPS Investigators and PREA Site Coordinator , WRDCC the mandate of this standard. Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA Manager will make notification to the alleged

victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification will not be made to the offender following an investigation or inquiry regarding sexual harassment. In the event the investigation was conducted by an outside agency, the Office of the PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. Notification will be delivered to the offender in writing and documented of investigative findings of substantiated, unsubstantiated, or unfounded cases. A review of the closed investigative files confirmed documentation was made confirming whether the offender was notified and/or if the offender had been released from custody is documented in the case files. An offender who makes allegations that the sexual abuse was perpetrated by a staff member shall be notified of whether the staff member is no longer posted to the offender's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the facility informs the offender whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; MDOC D2-11.10 Staff Member Conduct, DORS PREA Log; PREA Sexual Abuse Debriefing it is determined that WRDCC meets the mandate of this standard. The employee manual provided to all employees explains the disciplinary process to them. The listed Directive and policies address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the MDOC will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be relevant licensing or accreditation bodies and law enforcement. One staff member was terminated for violation of PREA guidelines under staff and offender misconduct in the past 12 months.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with offenders?  Yes  No



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

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with offenders?  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.*

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; D2-13.1 Volunteers; Interviews Volunteers and Contractors, WRDCC meets the mandate of this standard. MDOC has a zero tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with 2 medical and 1 mental health contractor and 3 religious services volunteers, all were aware of the policies as outlined. WRDCC reported there were zero incidents reported in past 12 months of volunteers and/or contractors that engaged in sexual abuse of an offender.

## Standard 115.78: Disciplinary sanctions for offenders

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

### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between offenders to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between offenders.)  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.*

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment SOP 19-1.1 Conduct Rules & Sanctions; Directive – Disciplinary Sanctions and Mental Health; PREA Violations Tracking Report it is determined that WRDCC meets the mandate of this standard. The listed policies outline disciplinary sanctions that may be imposed on offenders who engage in sexual abuse and sexual harassment. Offenders are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the acts of a offender's participation in sexual activities will be considered during the discipline process. A offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be substantiated, will not receive discipline for making the report. If an offender is found to be guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. Two offenders received disciplinary sanctions for violation of code 41.7 (horseplay) while engaging in consensual sex.

## **MEDICAL AND MENTAL CARE**

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

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

#### **115.81 (a)**

- If the screening pursuant to § 115.41 indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the offender is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes  No  NA

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18?  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.*

In accordance with review of SOP 11-32 Receiving Screening – Intake Center; PREA Risk Assessment Manual; PREA Log for Mental Health Referrals it is determined that WRDCC meets the mandate of this standard. If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic examination is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of intake screening. If the screening indicates the offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a qualified mental health practitioner within 14 days of the intake. Interviews with mental health and medical staff and a review of rosters identifying offenders related to this standard was made available for review by the auditing team.

WRDCC has policies and procedures in place to ensure any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security and management decisions, including housing, bed, work, education, program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

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

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

### **115.82 (a)**

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

### **115.82 (b)**

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

### **115.82 (c)**

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

## 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of MDOC D1-8.13 Offenders Sexual Abuse and Sexual Harassment; PREA Coordinated Response Protocol; Contract with CORIZON it is determined that WRDCC meets the mandates of this standard. Policies and procedures are in place to ensure compliance of allowing offenders access to emergency medical and mental health services. Policy outlines procedures staffs are required to implement in providing timely, unimpeded access to medical treatment, and crisis intervention services to the degree determined by medical and mental health practitioners based on their professional judgment. The offender will be provided minor first aid by qualified medical staff at the agency in a manner that would not compromise the forensic examination.

All security and non-security staff have received PREA cards that list the 7 steps to take as a first responder. Staff also receives first responder training during initial PREA training and during refresher training in taking the preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners. Medical staffs are on duty 24 hours seven days a week. The offenders are seen immediately for medical treatment. The offender victims of sexual abuse will be offered timely access to sexually transmitted prophylaxis in accordance with medical standards of care that is medically approved. Services of medical and mental health treatment will be provided to the victim without any financial cost regardless if the victim identify the abuser or cooperate during any investigation that may result from the incident. There were zero allegations of penetration reported at WRDCC during the past the 12 months of this audit.

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

- Are offender victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer

treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment it is determined that WRDCC meets the mandate of this standard. WRDCC has policies and procedures in place to ensure the facility offers medical and mental health evaluation and appropriate treatment to offenders who have been victimized by sexual abuse in a correctional confinement facility. Interviews with the PREA Site Coordinator, mental health, and medical staff confirmed that the evaluation and treatment of victims includes as needed, follow-up service, treatment plans and referral for continued care following their transfer to or placement in other facilities or the victim's release from custody. Victims who report allegations of sexual abuse are provided with medical and mental health services consistent with the community level care. The offender victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. All treatment of services in regards to the sexual abuse occurring at WRDCC will be without cost to the victims. This includes whether or not the victim identifies his abuser or refuse to cooperate with any investigation that may arise out of the incident. WRDCC does not house female offenders. There were zero allegations of penetration reported at WRDCC during the past the 12 months of this audit.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)



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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment and PREA Sexual Abuse Debriefing it is determined that WRDCC meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of every sexual abuse investigations, unless the allegation is determined to be unfounded. Interview with the Warden indicated the facility would implement recommendations that result from the review, or document the reasons for not making the implementations. Corrective actions were recommended to include training of staff in their roles and continuously request of paperwork form the institution that the offender was transferred to until it is eventually received back. The incident review team addressed all measures within this standard during the review.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Annual Report, and Survey of Sexual Violence (SSV) survey, the Agency meets the mandate of this standard. The Agency collects accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. The data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. MDOC reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The WRDCC does not contract its offenders to other facilities. MDOC provides all data from the previous calendar year to the Department of Justice upon request.

#### Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of the MDOC Agency Website; PREA Annual Report it was determined the Agency meets the mandate of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of MDOC PREA Annual Report; MDOC PREA Website, WRDCC and the Agency meets the mandate of this standard. MDOC policies require the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. MDOC data and investigative cases are retained for at 90 years and are secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public.

## 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 offenders, offenders, and detainees?  Yes  No

#### 115.401 (n)

- Were offenders 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.*

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility

type operated by the agency was audited. The PREA auditing team was given access to and an opportunity to tour and visit all areas of the facility. The auditor and support staff was given access to tour the full facility. The auditor and support staff was provided with offices that ensured privacy in conducting interviews with offenders and staff during the site visit. An interview with staff assigned to monitor offender's mail, confirmed offenders were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel by sealing the outgoing mail. The auditor did not receive any correspondence from the offender population.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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.*

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that the auditor's final report is published on the agency's website. MDOC is composed of 22 Adult Institutions, 6 Community Supervision Centers, and 1 Transition Center in St. Louis. Additionally, there are more than 40 district offices, along with institutional parole offices, offenderial facilities and satellite offices in seven regions. A review of the website found the Final Audit Reports for 39 PREA Audits of MDOC



facilities between the years of 2014 – 2017. There are 3 audits posted thus far for 2018, 10 facilities audited in 2017, 10 facilities audited in 2016, 16 facilities audited in 2015, and 3 in 2014. The most recent audit appearing on the website was June 12, 2018, well within the 90-day requirement. MDOC meets the mandate of this standard.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any offender 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

*Debra Dawson*

*July 14, 2018*

**Auditor Signature**

**Date**

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

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