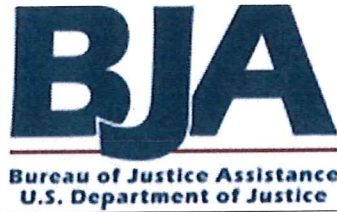


# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>		Boonville Correctional Center	
<b>Physical address:</b>		1216 E. Morgan St. Boonville, MO 65233	
<b>Date report submitted:</b>		December 30, 2014	
<b>Auditor Information</b>		<b>Joseph Z. Martin</b>	
<b>Address:</b>		374 New Bethel Church Road, Fredonia, Ky. 42411	
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<b>Telephone number:</b>		270 388-0241 ext. 233	
<b>Date of facility visit:</b>		December 2-4, 2014	
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>		(660) 882-6521	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager: Eileen Ramey</b>			<b>Title:</b> PREA Compliance Manager /Deputy Warden
<b>Email address:</b> Ramey, Eileen <Eileen.Ramey@doc.mo.gov>			<b>Telephone number:</b> 660 882-6521 ext. 138
<b>Agency Information</b>			
<b>Name of agency:</b>		Missouri Department of Corrections	
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>		Missouri Department of Corrections	
<b>Physical address:</b>		2729 Plaza Drive, P.O. Box 236 Jefferson City, MO 65102	
<b>Mailing address:</b> <i>(if different from above)</i>		Same	
<b>Telephone number:</b>		573 751-2389	
<b>Agency Chief Executive Officer</b>			

<b>Name: George Lombardi</b>	<b>Title:</b>	Director
<b>Email address:</b>	<b>Telephone number:</b>	573 526-6607
<b>Agency-Wide PREA Coordinator</b>		
<b>Name: Vevia Sturm</b>	<b>Title:</b>	PREA Coordinator
<b>Email address: Sturm, Vevia &lt;Vevia.Sturm@doc.mo.gov&gt;</b>	<b>Telephone number:</b>	573 522-3325

## AUDIT FINDINGS

### NARRATIVE:

The site visit for the PREA Audit of the Boonville Correctional Center was conducted on December 2-4, 2014. The audit team consisted of the Audit Chair-Joe Martin, KDOC/DOJ Certified PREA Auditor with two support staff consisting of DeEdra Hart, KDOC/ Deputy Warden, and Scott Jordan, KDOC/Deputy Warden. During the Pre-audit phase, the team reviewed the standards and completed much of the file review prior to the site visit.

During the three day on-site portion of the audit, the team completed any necessary file review follow-up, toured the institution and conducted formal staff and inmate interviews. The team interviewed 18 inmates, including 11 random inmates (with representation from each of the housing units), 2 inmates who reported sexual abuse, 2 inmates who disclosed sexual victimization during risk screening, and 3 inmates identified as gay or bi-sexual. Boonville Correctional Center reported no inmates identified as disabled or limited English proficient and no inmates housed in segregation for risk of sexual victimization. In addition, the team interviewed 38 staff, including 28 specialized staff, 10 random Correctional Officers (representing all shifts and various posts), the Warden and the facilities PREA Compliance Manager. The interview questions used for the Deputy Director and MDOC PREA Coordinator were from a previous audit in Missouri that occurred in October 2014. The interviews covered PREA training, first responder duties, how to report, to whom to report, filing reports, conducting interviews, evidence collection, monitoring retaliation and reviewing incidents of sexual abuse.

An entrance meeting was held at the beginning of our visit with the following persons in attendance: Warden Jeff Norman, PREA Coordinator Vevia Sturm, Deputy Warden/PREA Site-Coordinator Eileen Ramey, Assistant Warden Justin Page, Deputy Warden of Operations Rebecca Ehlers and Administrative Office Support Staff Mary Bestle.

There were 1346 inmates assigned to the facility on the date of the audit which is the facilities max capacity. Following the entrance meeting, the team toured the facility from 8:15 am to 1:00 pm., Central Standard Time. In the past 12 months from November 2013 to September 2014, BCC reported there were 10 sexual abuse/harassment allegation cases, which after thorough investigations resulted in 1 Substantiated, 4 Unsubstantiated and 4 Unfounded with 1 pending.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Boonville Correctional Center is a minimum, Custody Level 1, state prison with a maximum capacity of 1346 male offenders. It's population ranges from 18-80 with an average age of 36. BCC has 31 buildings inside the secure perimeter and 6,700 linear feet with a double row of razor wire on top of a 14 foot high chain link fence. BCC is divided into 4 quadrants to include, maintenance, administration, recreation and lower hill housing.

Programs offered to the inmate population at BCC include Anger Management, Story Link, Pathways to Change, AA/NA, Inside Out Dads, Alternatives to Violence, Puppies 4 Parole, Impact of Crime on Victims, Restorative Justice Activities, Purpose Driven Life and Celebrate Recovery.

## **SUMMARY OF AUDIT FINDINGS:**

A exit interview was held on December 4, 2014 to brief the Executive Staff of the team's findings.

The team found that staff and inmates had a good general awareness of PREA and rights encompassed. They were aware of reporting duties, protecting victims of alleged sexual abuse and/or sexual harassment and thoroughly investigating all claims of such. It was observed by the team that some of the housing unit bathrooms provided inadequate privacy for inmates to perform bodily functions or shower without staff of the opposite gender observing. This problem was immediately addressed by the Executive staff at Boonville and privacy partitions were placed in the bathrooms while the team was on-site.

Each standard below will have additional comments/recommendations from the team member assigned to that standard for consideration.

Number of standards exceeded:	0
Number of standards met:	42
Number of standards not met:	0
Not Applicable:	1

**§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

Policy D1 8.13 clearly outlines this standard. There is an agency-wide PREA coordinator who oversees all facility efforts to comply with PREA standards and Boonville has a PREA Compliance Manager.

**§115.12 - Contracting with other entities for the confinement of inmates**

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

The agency complies with this standard as it recently released RFP's for bid that includes the entity's obligation to adopt and comply with PREA standards and details the agency's monitoring of such. Documentation was provided that demonstrated the agency monitoring contracted facilities.

**§115.13 – Supervision and Monitoring**

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

The facility complies with this standard as they provided documentation showing all components were considered in their staffing plan. In addition, the facility has very good video monitoring which provides coverage throughout the facility to include housing units and blind spots. The facility has outlined minimum number of staff required for each shift and it is noted they have not deviated from that number.

Policy SOP D1-8.13 requires intermediate to higher level supervisors to make unannounced rounds and there was good documentation of practice.

### **§115.14 – Youthful Inmates**

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

Not Applicable - They do not house youth inmates at this facility.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

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

The facility does not conduct cross-gender strip searches or visual body cavity searches except in exigent circumstances and then it would be documented detailing why the search occurred. BCC had no cross gender strip searches.

Policy SOP D1-8.13 specifically details that inmates are allowed to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their genitalia or buttocks. The team found in housing units 5, 9, and 10 that there were showers and/or toilets that did not provide enough privacy for inmates. The Executive staff accepted this inadequacy and immediately begin work to correct the problem. Curtains and partitions were placed in these problem areas to correct privacy concerns while still allowing for security observations while the team was on-site therefore bringing them into compliance.

### **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

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

Inmates with disabilities and limited English vocabulary have equal access to PREA information and this was supported by documentation that the facility provides (PREA pamphlets in several languages, transcripts of education videos, braille) and available translator services who would come to the facility if needed as outlined in provided contract services.

In addition, inmate interpreters are not used in allegations of sexual abuse/sexual harassment.

### **§115.17 – Hiring and Promotion Decisions**

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

It was found during Pre-Audit documentation review that the agency had a policy in place stating that sustained allegations of sexual abuse and harassment would be considered for promotion or other appointments. (D-2.2). A Directive was issued by the agencies Human Resource Director Jennifer Zamkus to all Human Resources staff that prohibited the consideration of staff who had found to be the perpetrator in substantiated allegations of sexual abuse therefore bringing the facility into compliance while the team was on-site.

The facility performed criminal backgrounds checks for all staff and contractors as demonstrated with logs provided and corroboration was given from their Human Resources staff. Checks are done annually by birth month.

Applications ask applicants specifically if they have ever engaged in sexual abuse in a confinement facility, been convicted of engaging in sexual activity by force, overt or implied threats of force or coercion or if the victim was unable to consent and if they have been civilly or administratively adjudicated for such. Any yes to these questions prohibits hiring.

### **§115.18 – Upgrades to Facilities and Technology**

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

The facility has not made a substantial expansion to existing structure or video monitoring system since August 20, 2012 however policy SOP D4-4.8 is in place outlining consideration of the responsibility to protect inmates from sexual abuse.

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

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

Policy D1 8.8 outlines the uniform evidence protocol to be used for obtaining usable physical evidence for Administrative and Criminal investigations. The facility offers victims of sexual abuse access to Forensic Medication exams at the University of Missouri hospital at no cost to the victim. It is noted the UM hospital has SANE's employed.

The agency provided documentation of their efforts to secure services from rape crisis centers although no agreement could be reached. The facilities Chaplain serves in the role of victim advocate as is consistent with the agency for each facility. Documentation provided showed the chaplain had received training that was sufficient in this role.

There were no occurrences reported by Boonville of forensic medical exams being done as no incidents occurred warranting such.

### **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

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

Policy SOP D1 8.13 outlines for investigations to be completed for all allegations of sexual abuse and sexual harassment. In addition, the Inspector General's office conducts investigations for potential criminal behavior and referrals for prosecution when applicable.

### **§115.31 – Employee Training**

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

The training curriculum for all employees covers all required components and is tailored to the gender of the inmates at BCC. All current employees receive this training in Basic Academy and every two years through in-service. In the off-year, every employee is provided updated PREA policies.

Documentation was provided to show that all employees had received training in basic academy and bi-annual training and acknowledgment forms showing they understood what they received.

Although BCC meets the requirement of the standard, consideration should be given to provide annually the current on-line class or a face to face class that covers the current PREA curriculum.

### **§115.32– Volunteer and Contractor Training**

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

All volunteers and contractors receive appropriate training. Interviews with volunteers supported they had received training and documentation is maintained of such.

### **§115.33 – Inmate Education**

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

Inmates receive PREA information upon arrival at BCC. PREA information is given as well as a PREA video is shown to all inmates. Posters were visible during the tour and documentation was provided showing acknowledgment forms signed by inmates indicating they had received such. In the last 12 months BCC reported 2,108 inmates had received PREA education. Education includes the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions. BCC provides such education to inmates who are limited English proficient and for those who are deaf, visually impaired or otherwise disabled.

### **§115.34 – Specialized Training: Investigations**

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

All PREA Investigators (OIG) that conduct sexual abuse investigations at BCC have received specialized training. In addition, their Administrative staff who may conduct sexual harassment investigations has received the specialized training. Documentation was provided of such training and the curriculum was reviewed and meets the standard components.



### **§115.35 – Specialized training: Medical and mental health care**

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

All full and part-time medical and mental health staff have received training as outlined in the components of this standard. Training Curriculum was reviewed and all sections are incorporated. Documentation was reviewed and showed staff attendance with signatures verifying such. Documentation was also provided showing they had received training in accordance with standard 115.31.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

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

The agency policies (SOP5-2.3 & D1-8.13) clearly outline the requirements of this standard. The policy requires that the offender shall be assessed during intake within 72 hours of arrival and upon each transfer to a different facility. BCC has completed assessments on all existing inmates in the facility and each inmate that arrives at the facility is assessed within the required time frame. The screening tool that BCC is using meets the requirements of the standard. The tool that was developed is an objective screening instrument. A copy of that tool was provided.

### **§115.42 – Use of Screening Information**

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

BCC provided documentation of housing assignments which indicate that "Alpha" (high risk abuser) and "Sigma" (high risk victim) inmates are not housed together. Jobs are assigned in a manner that "Alpha" and "Sigma" inmates are not working together unless closely supervised.

BCC provided a note in the electronic PREA files stating that there had been no transgendered or intersex inmates housed at BCC during the audit period. IS/SOP 5-3.1 requires that a Transgender/Intersex Committee review the inmate's classification status on a case by case basis. These reviews will be conducted every six (6) months. The reviews include: placement

and programming, inmate's own views and establishing showering guidelines so that it will be separate from other inmates.

### **§115.43 – Protective Custody**

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

BCC provided a note stating during the past year there had been two (2) inmates determined to be at risk of sexual victimization housed at BCC who were placed in involuntary segregation awaiting completion of an assessment for appropriate placement. An inmate is placed in involuntary segregation only until an alternative means of separation can be arranged for the inmate. Inmates may be placed in segregation during the course of an investigation. The policy SOP D1-8.13 and the Directive for Segregated Housing for Protective Custody outlines the temporary assignment should only be used if the assessment for the least restrictive housing cannot be completed immediately, the assessment must be completed within 24 hours. At no time are inmates that are placed in administrative segregation denied access to programs, privileges, and education and work opportunities if available. Any denial of access to programs, privileges, education and work must be noted on the classification hearing sheet. The policy and directive also state that if an inmate who is high risk for victimization is placed in temporary administrative segregation confinement (TASC) for safety, the shift supervisor must note on the TASC order "PREA risk". The TASC assignment shall not last more than 30 days without a review.

It would be recommended to BCC to ensure that anytime an inmate is housed in administrative segregation (due to being assessed as high risk for sexual victimization) there is documentation (possibly on detention order) stating that there were no alternative to separate the inmate from likely abusers and the action was necessary to protect the alleged victim.

In addition, it was found by the team on-site that BCC's policy SOP/IS 5-3.1 (Offender Housing Assignments) contained language that directed if a transgender inmate was received at the facility that they would be placed in Segregation pending the institution's transgender committee's decision that would be decided within (10) working days. This was addressed by the facility and they have revised their policy to remove such language. It is recommended by the team that further revisions are needed for this policy to include language distinguishing that high-risk transgender or intersex inmates indicated by risk assessments are completed within 72 hours and placement decided then in accordance with standard 115.42.

### **§115.51 – Inmate Reporting**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

During the site visit, and interviews it is clear BCC has done a great job at providing the inmates multiple ways to report sexual abuse and sexual harassment. The agency has both internal and external methods for inmate reporting. This information is visible for both inmates and staff. It was clear by the interviews of both inmates and staff there is a clear understanding and knowledge of how to report and where to find that information.

It would be recommended that BCC educate both staff and inmates on the difference between the posters that provide numbers for reporting and the flyer that is posted for victim advocate services. Both staff and inmates were very aware of the two different poster/flyers; however they were not exactly certain of the different services each one provided.

### **§115.52 – Exhaustion of Administrative Remedies**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency policy (D5-3.2) outlines the processing of grievances which allege sexual abuse. BCC reported four (4) PREA related grievances in the last 12 months which were all resolved within the initial time frame of 90 days after being filed and was not necessary to utilize the 70 day extension. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. Policy dictates that emergency grievances are responded to within the required time frame. The policy also allows for disciplinary action to be taken on an inmate who has filed a grievance related to alleged sexual abuse and the allegation was determined to be unfounded.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to policy (D1-8.13), BCC currently provide the inmates with access to a qualified staff victim advocate. It was found during the onsite visit that the Chaplain was trained as the qualified staff victim advocate and the appropriate training documents were provided as proof. The agency has attempted to enter into a MOU with the True North. However, they were

unable to come to an agreement due to funder requirements and financial restrictions. Flyers were posted around the facility. Victim Advocate services are provided by Just Detention International and Rape, Abuse and Incest National Network (RAINN). The toll free telephone hot-line numbers and mailing address are posted throughout the facility to inform inmates of this contact information. At the bottom of each flyer it clearly states the issue of confidentiality.

After conducting the inmate interviews they knew about the flyer, however were not clear on the difference of the reporting numbers and the victim advocate number. It was clear to the inmates that all the phone calls they made regarding PREA incidents were confidential.

It would be recommended that BCC clarify the difference between the reporting hotline numbers the victim advocate number.

### **§115.54 – Third-Party Reporting**

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

The agency receives reports from third-parties through the toll-free hotline and the mailing address posted on the agency website.

### **§115.61 – Staff and Agency Reporting Duties**

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

The agency policy (D1-8.13) addressed this standard. The selection of staff members that were interviewed were aware of their obligation to report incidents related to sexual harassment and sexual abuse and all stated that they would do so. They also were aware of the importance of confidentiality regarding any type of incident that is reported. The agency has a Coordinated Response to Offender Sexual Abuse protocol in place and provided a copy.

### **§115.62 – Agency Protection Duties**

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

- Does Not Meet Standard (requires corrective action)

The agency has a policy that outlines the staff responsibility in protecting inmates that have a substantial risk of imminent sexual abuse. The facility had no documented occurrences in the past 12 months. A review of the interviews with facility staff clearly show that each understands their responsibility as presented in this standard.

### **§115.63 – Reporting to Other Confinement Facilities**

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

The agency has a policy (D1-8.13) in place that addresses this standard with all sections of the standard covered in the body of the policy. The facility provided documentation through a memorandum that there has been no instance of the facility receiving, from an inmate, a PREA allegation involving another facility.

### **§115.64 – Staff First Responder Duties**

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

The agency policy (D1-8.13) and Post Orders have all of the components in section (a) which is also applicable to non-security staff as noted in section (b). It was found during the interview process that staff at BCC who are first responders did have an understanding of what action to take when responding to a PREA report in order to protect the victim and preserve evidence. Security staff also had an understanding of what actions to take if they are the first to respond to an incident.

### **§115.65 – Coordinated Response**

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

The facility has a written plan that coordinates the actions to take in response to an incident of sexual abuse. A copy of the Coordinated Response to Offender Sexual Abuse Protocol was provided.

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

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

Labor agreement with Missouri Corrections Officers Association effective 10/1/2014 states in Article 2 "Management Rights" that the Department of Corrections has the right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and to assign overtime.

### **§115.67 – Agency protection against retaliation**

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

The agency policy (D1-8.13) outlines that retaliation against any party involved in a complaint is strictly prohibited. It also states that the facility shall designate a staff member or department to monitor retaliation. Policy states that the assigned Function Unit Manager is responsible for monitoring inmates for retaliation and the PREA Site Coordinator is responsible for monitoring staff for retaliation. BCC reports they have not had any individual express fear of retaliation during this reporting period and there were no instances of protective measures needing to be taken due to retaliation. During the interview process, staff assigned to monitor retaliation clearly understood the policy and the requirements regarding monitoring, timeline for monitoring and the ability to extend the timeline. They also verbalized what would be reviewed when monitoring, i.e. disciplinary reports, housing assignment, program/work assignment, etc.

### **§115.68 – Post-Allegation Protective Custody**

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

BCC provided documentation regarding two (2) inmate that were placed in administrative segregation for the course of an investigation for a PREA incident. Both were placed in segregation on 3/12/14 and released upon review 3/14/14. Neither offender was assigned to programming, education, or a premium pay position during 3-12 through 3-14. This standard must meet the requirements for standard 115.43, the use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse. BCC was found to have met 115.43, addressing the use of segregated housing to protect inmates at a risk of sexual abuse. Standard 115.68 is for addressing the use of segregated housing after an allegation.

The team determined through reviewing policy and through interviews that the facility met this standard however, it is recommended that BCC document it when no alternative housing is available in order to protect an alleged victim during an investigation and/or any appropriate actions thereafter. It also should be noted when there is no longer a threat to the inmate, there is no need to house the inmate in administrative segregation. Staff that were interviewed are aware of the need to consider alternatives before segregated housing is utilized post-allegation, it is recommended that BCC ensure they implement this as a practice. Alternative housing considerations should be documented, possibly in the temporary administrative segregation confinement (TASC). This could be done by simply stating the inmate (alleged victim) was placed in temporary holding cell for his own protection, pending an investigation into the incident. Also note that no other alternative means of housing were available to ensure that the inmate was safe.

### **§115.71 – Criminal and Administrative Agency Investigations**

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

The agency policies (D1-8.1& D1-8.13) clearly outline the requirements of this standard. The policy requires investigations on all claims and sets a clear time line in which to complete. Staff members throughout the agency are trained and the interviews indicated both ability and clear understanding of the standard. Documentation is in place and also clear.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

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

The agency policy (D1-8.4) is clear and states that no standard higher than a preponderance of the evidence is used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigative staff verified their knowledge of this policy.

### **§115.73 – Reporting to Inmate**

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

The agency policy (D1-8.13) covers inmate notification in detail in regards to inmate claims of sexual abuse by other inmates or staff. The sample notification form was provided and interviews of the Warden at BCC, the investigative staff and one inmate who has a claim currently under investigation indicated proper notification to inmates.

### **§115.76 – Disciplinary sanctions for staff**

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

Agency Policy (D1-8.13) is very clear that staff are subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policies. It is noted in policy that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In cases where sexual harassment is the main issue (and staff member has not engaged in actual sexual abuse), the nature and circumstances of the act along with staff members history and sanctions imposed for comparable offenses by other staff with like history should be considered. The agency policy clearly places the responsibility to contact law enforcement agencies of the actions of a staff member unless the activity was without a doubt non-criminal.

### **§115.77 – Corrective action for contractors and volunteers**

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

The agency policy (D18.13) outlines the fact that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and that it should be reported to law enforcement. The agency also has a provision in policy to consider prohibiting further contact with inmates in the case of violating the agency sexual abuse or sexual harassment policies by



a contractor or volunteer. The facility produced a memo stating that they have had no such instances. Interview with the Warden verified his knowledge of the policy and procedure.

### **§115.78 – Disciplinary sanctions for inmates**

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

According to policy (D1-8.13), BCC and the agency are clear in the disciplinary process of inmates who have engaged in not only sexual abuse, but sex between inmates in any form is not permitted. The policy also makes it clear that an inmate may only receive disciplinary action with staff involved sexual contact if the staff member did not consent. Mental illness is considered in the sanctions. The offending inmate in sexual abuse cases is interviewed by the Mental Health department and it is considered at that point, if mandatory counseling is needed. Interviews with the Warden, Medical, and Mental Health staff resulted in the displaying of a clear knowledge of this area.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

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

The agency and BCC have policy in place (D1-8.13 and IS-11-32) which address this standard. During the interview process with staff members from medical and mental health, the process was verified to be in place in regards to the detection of previous sexual abuse and the services offered to deal with, regardless of pre-incarceration or location of the abuse. Staff responsible for risk screening were knowledgeable of policy. Inmates interviewed based on Risk Screening verified that they had been spoken with and offered follow-up. Informed consent forms and safeguarding of information is in place

### **§115.82 – Access to emergency medical and mental health services**

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

The agency policy (D1-8.13) addressed this standard. The Agency also has a coordinated response to this in times of absence of qualified mental health and or Medical staff. Interviews with Medical and Mental health staff, first responders and inmates who had reported sexual abuse also indicate that the policy and procedure is in place and that they are aware of the guidelines and required action.

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

BCC produced documentation stating that no such cases were ongoing prior to the actual audit, Agency Policy (D1-8.13) and interviews conducted with Medical and Mental Health Staff indicate a clear knowledge of the care and the ability to provide such care. One inmate who in the past had reported sexual abuse within a facility (not the Agency's) claimed he was not offered any medical or mental health care. Upon further questioning, he claimed the abuse took place when he was incarcerated in 1982 and he could not remember the details. His interview was not relevant to PREA or a reflection on the Agency. He did however, state that the Mental Health department at BCC had been meeting with him.

### **§115.86 – Sexual abuse incident reviews**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has a policy (D1-8.13) in place that addresses this standard with all sections of the standard covered in the body of the policy. BCC had a documentation issue only with section (c) regarding the input of Medical and Mental Health in reviews. This was corrected by follow up of the last review conducted and notation made that Medical and Mental Health did advise. A directive from the Warden was put into place requiring documentation of input from these departments.

### **§115.87 – Data Collection**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.13) and review of the "COIN" system indicate a clear process of Data collection and retention. Reviewed the posted annual document and found all to be compliant with the standard.

### **§115.88 – Data Review for Corrective Action**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.13), the annual report with comparison of previous years and interviews with the PREA coordinator, PREA Compliance Manager, and the Agency Head all indicate and provide information that this standard is compliant and maintained by qualified staff.

### **§§115.89 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

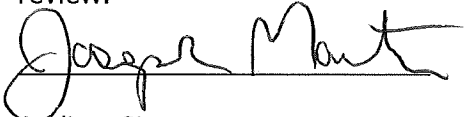
Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.1) makes it clear that the data collected is securely retained. Furthermore the agency makes the data public through its website. Personal identifiers are removed and the agency has a records retention of 50yrs, which far exceeds the 10 year requirement.

## **AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature

12-30-14

Date