

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

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| Name of facility: | Jefferson City Correctional Center | | |
| Physical address: | 8200 No More Victims Road, Jefferson City, MO 65101 | | |
| Date report submitted: | October 10, 2014 | | |
| Auditor Information | Bryan K. Henson | | |
| Address: | 374 New Bethel Church Road, Fredonia, KY 42411 | | |
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| Telephone number: | 270 388-0241 ext. 206 | | |
| Date of facility visit: | September 9-11, 2014 | | |
| Facility Information | | | |
| Facility mailing address: (if different from above) | | | |
| Telephone number: | 573 751-3224 | | |
| The facility is: | <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 | | |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |
| Name of PREA Compliance Manager: | Kelly Morriss | Title: | PREA Compliance Manager |
| Email address: | Kelly.Morriss@doc.mo.gov | Telephone number: | 573 751-3224 ext 2003 |
| Agency Information | | | |
| Name of agency: | Missouri Department of Corrections | | |
| Governing authority or parent agency: (if applicable) | Missouri-Department of Corrections | | |
| Physical address: | 2729 Plaza Drive, P.O. Box 236 Jefferson City, MO 65102 | | |
| Mailing address: (if different from above) | Same | | |
| Telephone number: | 573 751-2389 | | |

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|---------------------------------------|--|--------------------------|------------------|
| Agency Chief Executive Officer | | | |
| Name: George Lombardi | | Title: | Director |
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| Agency-Wide PREA Coordinator | | | |
| Name: | Vevia Sturm | Title: | PREA Coordinator |
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AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA Audit of the Jefferson City Correctional Center was conducted on September 9-11, 2014. The audit team consisted of the Audit Chair-Bryan Henson, KDOC/DOJ Certified PREA Auditor with two support staff consisting of Joe Martin, KDOC/DOJ Certified PREA Auditor, and Shannon Butrum, KDOC Administrative Specialist III. 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 32 inmates, including 10 random inmates (with representation from each of the housing units), 6 inmates identified as gay or bisexual, 3 inmates that reported sexual abuse, 7 inmates that disclosed sexual abuse during risk screening, 5 inmates that were identified as disabled or limited English proficient, and 1 inmate that had been housed in segregation for risk of sexual victimization. In addition, the team interviewed 51 staff, including 40 specialized staff, 11 random Correctional Officers (representing all shifts and various posts), the Deputy Director of Adult Institutions, the Warden, MDOC PREA Coordinator, and the facility PREA Compliance Manager. The interviews covered PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation.

An entrance meeting was held at the beginning of our visit with the following persons in attendance: Deputy Director Division DAI Alan Earls, Warden Jay Cassady, PREA Coordinator Vevia Sturm, Deputy Warden/PREA Site-Coordinator Kelly Morriss, and Major Timothy Goebel, Chief of Custody.

There were 1969 inmates assigned to the facility on the date of the audit with a max capacity of 2052. Following the entrance meeting, the team toured the facility from 8:30 a.m. to 1:15 p.m., Central Standard Time. In the past 12 months from August 2013 to July 2014, JCCC reported there were 106 sexual abuse/harassment allegation cases, which after thorough investigations resulted in 4 Substantiated, 45 Unsubstantiated, 47 Unfounded and 8 pending cases.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Jefferson City Correctional Center is a replacement facility for the Missouri State Penitentiary. JCCC first opened its doors to offenders and staff on September 14, 2004. This facility houses approximately 2000 offenders. Currently the facility operates with a daily offender per diem cost of \$41.84 per offender. The institution operates with a staff of 465 plus 100 volunteers in corrections. As a maximum security facility there are a total of eight housing units; the majority with a sustained population of 288 offenders per unit. The facility is divided into an A and B side by a central services building with each side consisting of four housing units. The central services building contains the following services sections: medical unit (29 bed infirmary), library, education classrooms, institution activities office, chapel, offender property room, offender canteen, clothing issue, offender barber shop, two gymnasiums, food services including three dining rooms, staff dining room, and the laundry. Additionally, the vast complex is the site for Information Technology and offenders working for the Department of Social Services.

Programs in place to help offenders prepare themselves to be productive citizens include: the High School Equivalency program which is facilitated by volunteers. The Restorative Justice program educates offenders on taking responsibility for their behavior and the impact it has on others. One method Restorative Justice utilizes to instill this change is by donating goods the offenders make. The Enhanced Care Unit (ECU) is utilized in housing unit 1 in which the elderly offenders are housed. The ECU hires offender Daily Living Assistants who assist elderly offenders with their basic everyday needs. Another quality program available to offenders who qualify is the Intensive Therapeutic Community (ITC). ITC is a drug and alcohol program that stresses a holistic approach to help revamp criminals into productive law-abiding citizens. Also the Secure Social Rehabilitation Unit (SSRU) is a program staffed by mental health professionals and corrections employees that assist mentally challenged offenders in working through their issues in order to live in a less restrictive environment.

The perimeter of the institution is protected by several high security fences which include a lethal fence. The 42 acre facility also includes an administration building which contains the administrative offices, training rooms, and the institution's control center. The control center is a multi-purpose building containing two visiting rooms and a parole hearing room.

SUMMARY OF AUDIT FINDINGS:

An exit meeting was held on September 11, 2014 to brief the Executive Staff of the team's findings.

The team found the staff and inmates to have a good general awareness of what PREA was about. They were aware of reporting responsibilities, as well as safeguarding victims of sexual abuse and/or sexual harassment. There was some lack of knowledge from staff and inmate about the role of the victim advocates. Many staff and inmates confused this with a method of reporting about their responsibilities related to initial preservation of evidence. Staff and inmates in general, did not have a thorough awareness of who the victim advocate group was, what role the victim advocate group played, or how to contact them.

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

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|-------------------------------|----------|
| 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)
- xx 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 meets the standard with their policies and practice. D1.8.13 clearly meets this standard by outlining their zero tolerance regarding sexual abuse in confinement. The agency has a PREA Coordinator that demonstrated the authority to oversee the agencies efforts to comply with PREA and the facility has a designated PREA Compliance Manager (Site-Coordinator/Deputy Warden) that demonstrated the authority to coordinate JCCC efforts to comply with the PREA standards.

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

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

Although JCCC did not have any contracts for the confinement of inmates, the agency (MDOC) had four (4) contracted community centers where the contracts had been renewed since August 2012 and the renewed contracts failed to include the entity’s obligation to adopt and comply with the PREA Standards. Since the on-site visit, the rebid RFP for those contracted facilities has been submitted and does contain the language to obligate the contractors to comply with all PREA standards in accordance with 28 CFR Part 115.

§115.13 – Supervision and Monitoring

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

Does Not Meet Standard (requires corrective action)

JCCC complies with a staffing plan that ensures safety and security is maintained. The PREA staffing and Yearly Reporting Implementation Team considered required components of section (a) of the standard to ensure adequate staffing levels, and where applicable, adequate video monitoring. The facility indicated no deviations from the staffing plan. PREA Coordinator reviews JCCC annual reports to provide required input. Policy requires Unannounced Rounds by Supervisors and prohibits staff from alerts of such rounds. The sign-in sheets for each living unit, as well as Supervisory Interviews support the policy and standard.

§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)

xx Not Applicable

This standard does not apply to JCCC as they do not house youthful offenders.

§115.15 – Limits to Cross-Gender Viewing and Searches

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 policy in place that prohibits facilities from conducting cross-gender strip searches except in exigent circumstances or when performed by medical practitioners. Policy is in place that outlines documentation of these searches. The facility enables inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them, and was supported by the random inmate and staff interviews. Policy is in place that restricts facilities from searching or examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Although policy does support a cross gender announcement to the population, the practice of the facility was to make the announcement from the central control (institutional-wide) daily on days and evening shift to cover all housing units. Some of the staff interviewed indicated they also made a follow-up announcement, but most indicated it was only made institutional wide. Such announcements should be made at the housing units when there is cross-gender supervision within the housing unit. Through a corrective action plan, a written directive to staff and revision to the housing post orders was provided to the audit chair demonstrating the directive has been put in place that now requires staff assigned to the housing unit, when applicable, to announce to unit population that female staff are presently working within the

unit. This announcement, when applicable, is now made (at a minimum) on each shift to include the mid-night shift.

After a review of the training curriculum for searches, it was determined that it did not cover searches of intersex inmates. Through a corrective action plan, the agency has added Intersex searches to the curriculum and in further review, the curriculum covers staff being professional and respectful in conducting searches. The facility produced a sampling of training applications reflecting that security staff have been trained after the curriculum was revised. Recommend that the agency continue to add to the search curriculum as more best practice data of all LBGTI searches becomes available.

All components of this standard are now found to be compliant.

§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 have equal access to PREA information and this was supported by inmate interviews. Information is available in multiple formats (braille, large print, multiple languages) to provide such information. JCCC does not rely on inmate interpreters. A listing of staff interpreters was available and JCCC has a contract in place for interpretive services. All inmates interviewed understood what PREA is, reporting mechanisms and their rights.

§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)

Agency policy supports the standard. JCCC does not hire or promote individuals who have engaged or been convicted of sexual abuse/assault in a confinement setting or in the community, or who have been civilly adjudicated of such an incident. Occurrences of sexual harassment are taken into consideration when determining whether or not to promote a staff member. Potential employees undergo a thorough background check. It was found that due to miscommunication from a recent new contract, that all new medical and mental health contract employees had not had background checks completed. This was conducted while on site and verification was provided. To alleviate future confusion, the HR staff would be conducting all required background checks for all staff, including contractors. Background checks are conducted annually on current employees. Potential employees are asked on the applications about any prior incidents of sexual abuse/assault with the understanding falsifying information may result in termination. The HR Director (Ms. Schanzmeyer)

indicated this would include any omission of information. Both facility and central office HR staff confirmed that upon request from another institution, information on substantiated allegations of sexual abuse and harassment involving a former employee would be provided.

§115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

JCCC has not had any new facilities or substantial expansions or modifications of existing facilities since August 2012. Their cameras coverage is tremendous and is evaluated on regular basis to include the JCCC Annual Report. Policy requires camera assessments and positioning of all security cameras.

§115.21 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

JCCC conducts administrative investigations internally. Criminal investigations are conducted by trained Investigators from the Office of Inspector General, but still within MDOC. Both using a uniform evidence protocol outlined in policy. Forensic exams are conducted off-site at University of Missouri Hospital by SANEs and provided at no cost to the victim. Victim advocates are available to inmate victims through qualified staff (trained chaplain's agency wide). An MOU was attempted with Jefferson City Rape and abuse Crisis Service but failed due to lack of funding. If requested, the trained Chaplains have an on-call list to assist victims through forensic exams and investigatory interviews.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 allegations meeting PREA criteria are investigated, either by a facility administrative investigator or when appropriate by Office of Inspector General (OIG) for criminal allegations. Policy states OIG follows DOC procedure. The policy ensuring such investigations is published on the website. Coordinated Response Plan guide and documents Investigative referrals.

§115.31 – Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 within JCCC. All current employees receive this training in basic academy and every two years through In-service. In the off year, every employee is provided the updated PREA policy for review. Documentation was provided to show that all employees have received the basic academy training and the bi-annual training and acknowledgement that they understood such training. Also documentation was provided that all employees are sent the updated PREA policy in the off year. Employees that may transfer from a facility of the opposite gender will have OJT prior to assignment to a post.

Although JCCC 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. This will provide better refresher PREA information for staff.

§115.32– Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

xx 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. Documentation of such training is maintained.

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 JCCC. PREA information as well as PREA video is provided to all inmates. It is shown on a recurring basis on the Inmate TV channel. During the past 12 months, 747 inmates received the PREA educational materials to include the video. Education is provided in formats accessible to all inmates. Posters were highly visible during the tour. Documentation was provided supporting that inmates did receive PREA education.

§115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 (OIGs) that conduct sexual abuse investigations at JCCC have received specialized investigator training required by 115.34 as well as all employee training iaw 115.31. Facility maintains documentation of such training. The Investigator curriculum was reviewed and meets standard.

Investigations conducted for non-criminal incidents were conducted by the administrative inquiry officers (AIO). There were a limited number of AIO investigators at the facility. JCCC reported that many of these AIOs had not received the specialized training. As a recommendation, the facility should give consideration to provide this specialized training to all AIOs. The training would serve to be very beneficial to any investigator as it covers many areas that overlap for both sexual abuse and sexual harassment or other related incidents that may have similar elements.

§115.35 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

In addition to the regular PREA training, all full and part time medical and mental health care practitioners receive training in how to detect and assess signs of sexual abuse/harassment, how to preserve physical evidence of sexual abuse, how to respond in a professional and respectful manner and how to report incidents/suspicious. JCCC contracts all medical and mental services through Corizon. They have 56 medical and 12 mental health care staff who either works part-time or full-time; 100% of these staff have received the required training. Documentation of the training is maintained. All forensic exams are conducted by outside providers.

§115.41 – Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 outlines the requirements of this standard. The facility is currently using a screening tool that addresses all the required components as well as three (3) additional components. The agency policy requires that a second internal classification (the reassessment mentioned in section (f) of the standard) be completed within 30 calendar days of the offender's arrival to the facility. A review of documentation provided in the file and while on site showed that this is not occurring. Four out of seven reassessments reviewed had occurred later than 30 days after arrival. Through a corrective action plan, the facility submitted risk assessment logs over a 2-3 month period from Dec-Feb and a sampling of reassessments from that log that demonstrate that reassessments are being conducted compliant with their policy and within 30 days of the offenders arrival to the facility. Recommend that this process be monitored to ensure that compliance is maintained.

§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)

The agency makes individualized determinations for the safety of each inmate. The agency has multiple policies that support all sections of this standard as it relates to transgender and intersex offenders. JCCC reported that there had been no transgender or intersex inmates housed at JCCC during the audit period.

This standard requires the use of information that comes from the risk screening assessment from standard 115.41. Although JCCC is utilizing the required screening tool only documentation showing that the results were being utilized to inform housing decisions could be provided. There was no documentation available in the file or onsite to show that it was being utilized to inform decisions regarding work, education, and program assignments as required in section (a) of the standard. Through a corrective action plan the facility revised the classification process related to job/program assignments to consider the information from the risk screening tool. The facility provided a sampling of job/program assignment sheets over a two month period that demonstrated the revised process had been implemented, thus now compliant.

§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)

The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In addition, the facility has a "Segregated Housing for Protective Custody" Directive that was reviewed. JCCC has a phase system in

their segregated housing units that allows for certain programs and privileges in various phases. The facility also allows programs such as Mental Health and GED programming to continue if an inmate is placed in segregated housing.

Does Not Meet Standard (requires corrective action)

§115.51 – Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 provides multiple ways for inmates to privately report sexual abuse as well as all components related to retaliation. Posters were located in housing units throughout the facility and the PREA brochure was reviewed in the file documentation. Offenders may report verbally to staff, via a PREA hotline, through the grievance procedures, or via written correspondence. Staff are required to accept and document such reports. The Department of Public Safety is utilized as the external method for inmates to report. Their address is provided to all inmates. There is a Memorandum of Understanding (MOU) for this agreement that was reviewed in file documentation. The agency also offers a hotline that staff can utilize to privately report sexual abuse.

§115.52 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 covers and supports all aspects of this standard and examples of it in practice were reviewed on site.

§115.53 – Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 provides access to outside national victim advocates organizations, Advocacy notices with addresses, telephone numbers and monitoring information are posted throughout the facility. Inmates are provided reasonable communication in as confidential a manner as possible. Telephone calls are monitored and mail is subject to examination, but inmates are notified in advance of the extent of such monitoring.

The agency has made an attempt to enter into a Memorandum of Understanding (MOU) with a community service provider but was unable to do so due to lack of federal funding. Documentation of this attempt was reviewed in file documentation. A majority of the random inmates that were interviewed stated that they were aware that there was some form of outside services available for dealing with sexual abuse but they were uncertain as to what specific services were available.

§115.54 – Third-Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- xx 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. Directions on reporting are provided on the agency website.

§115.61 – Staff and Agency Reporting Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- xx 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 requires staff to report as outlined in the standard. The staff members that were interviewed and asked questions regarding reporting obligations and confidentiality had knowledge of their responsibilities of reporting along with the confidentiality of information regarding sexual abuse and sexual harassment. The facility meets all required mandatory reporting and all allegations are reported to the appropriate investigator.

§115.62 – Agency Protection Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- xx 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. Documentation reviewed on site demonstrated immediate action that was taken by staff to protect inmates. Facility staff interviews support that each understands their responsibility as presented in this standard.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

File review as well as documentation reviewed on-site reflected that both agency and JCCC report to other confinement facilities as required by this standard. The policy requires that Probation and parole make these reports but does not address institutions. This should be considered at the next policy revision, but does not prevent JCCC from compliance of this standard.

§115.64 – Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 has all of the components in section (a) which is also applicable to non-security staff as noted in section (b). The interviews of staff that acted as first responders and the interviews of random staff revealed that staff has the knowledge on what action that needs to take place when responding to a reported PREA occurrence. The facility uses a response checklist to ensure that all components of the standard are documented. Examples were reviewed on site for both security and non-security first responders and all required steps were documented.

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

xx 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. This plan was reviewed in file documentation.

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

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 most recent agreement between the agency and the Missouri Corrections Officers Association was reviewed on site and all components of the standard are met.

§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 has policy that requires protection from retaliation as outlined in this standard. The facility has designated Deputy Warden Kelly Morris as the facility employee that is charged with monitoring retaliation. During the on-site review information was also provided that the Functional Unit Managers (FUM's) also assist Deputy Warden Morriss with the monitoring and report the results to DW Morris. Examples of monitoring of inmates were reviewed in the file documentation and on site, all components were documented. JCCC reported that there had been no instances of staff monitoring during the auditing period.

During staff interviews it was noted that FUM's recently tasked with assisting DW Morris with monitoring were unfamiliar with their responsibilities. Although this does not demonstrate non-compliance, the facility may want to consider providing more instructions, or even additional training to those designated to assist in this role so they better understand what their role is as a monitor for retaliation.

§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)

The agency has a policy (D1-8.13 Section F) covering the requirements of this standard. It prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In addition, the facility has a "Segregated Housing for Protective Custody" Directive that was reviewed. JCCC has a phase system in their segregated housing units that allows for certain programs and privileges in various phases. The facility also allows programs such as Mental Health and GED programming to continue if an inmate is placed in

segregated housing. An example was reviewed on site and components of the standards were met, to include safety concerns and transfer recommendations.

§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 facility/agency has a policy detailing criminal and administrative investigations. The review of investigations demonstrated prompt, thorough, and objective investigations including incidents that were referred for prosecution.

Investigations of incidents of sexual abuse (all criminal investigations) are conducted by the Office of the Inspector General (OIG). All OIG investigators have received specialized training required by 115.34. Administrative Inquiry Officers (AIO) investigates all non-criminal allegations within the facility. Any allegation suspected to be criminal is referred to OIG investigators. A review of a sample of investigations showed all elements required by the standard are in place.

Although not a condition for compliance, the facility may want to consider the benefits of having all (AIOs) go through the Specialized Investigator training.

§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)

Policy ensures preponderance of the evidence is the standard of proof in determining whether allegations of abuse or harassment are substantiated. A review of investigations supported this standard.

§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 facility/agency has a policy that supports the standard. Documentation was provided that demonstrated JCCC provided required notifications to inmates as required by the standard.

§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)

Policy is in place regarding staff disciplinary sanctions for violating agency sexual abuse and sexual harassment procedures. In the past 12 months, the facility reported no staff had been terminated, resigned or had violated Sexual Abuse or Harassment policies. Policy is in place to ensure actions that may be criminal are reported to the Office of Inspector General or relevant licensing bodies.

§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)

Policy is in place regarding corrective action for contractors and volunteers for violating agency sexual abuse and sexual harassment procedures. In the past 12 months, the facility reported no contractors or volunteers had been prohibited from contact with offenders for such violations or had violated Sexual Abuse or Harassment policies. Policy is in place to ensure actions that may be criminal are reported to the Office of Inspector General or relevant licensing bodies.

§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)

During the pre-audit and on-site phase, the facility failed to show compliance with sections (c) and (d) of this standard. In section (c) Prior to August 8, 2014 JCCC was not considering mental disabilities or illness in the disciplinary process when determining the type of sanction. The facilities Compliance Manager addressed section (c) of this standard on August 8, 2014 by submitting a written directive to applicable staff. The directive requires Adjustment Hearing Officers to send a Qualified Mental Health Professional (QMHP) a notification form requesting their input prior to the hearing on an inmate who was alleged to perpetrate in an inmate-on-inmate sexual abuse incident. The QMHP is required to document their input on the form and return it to the Hearing Officer for consideration prior to the hearing. In the last

12 months there had been 2 occurrences, neither showing this was considered before adjudicating. Since this directive there have been no occurrences of inmate-on-inmate sexual abuse.

In section (d) JCCC indicated they do offer counseling as noted in the standard and that they consider whether to require the offending inmate to participate in such counseling. However, no documentation was provided in the 2 incidents in this past 12 months that demonstrated this counseling was considered for those inmates. Also, staff interviews did not support this step had been completed for either of the 2 incidents which was noted on the Questionnaire.

Through a corrective action plan, Deputy Warden Morriss written directive ensures that staff follows the revised process and serves as corrective action. Since the on-site review, there has been one incident and it was provided with corresponding Disciplinary report showing the Disciplinary committee consideration of Mental Health input/recommendation of programming, and also provided the mental health referral/form and mental health input/recommendation, demonstrating compliance with required standard.

All components of this standard are now compliant.

§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)

At the on-site portion of the audit, the facility failed to show compliance with section (b) of this standard. The facility/agency has a policy detailing this section however upon discussing with mental health staff and reviewing provided documentation it was revealed that follow-up services were not being offered for inmates that had previously perpetrated sexual abuse as indicated through the Risk Assessment pursuant to standard 115.41. Through a corrective action plan, the facility has revised their practice to ensure that an inmate that revealed perpetration of sexual abuse from the risk assessment is offered mental health follow-up within 14 days. The facility provided a sampling of assessments after the on-site review that revealed the offender had perpetrated sexual abuse and also documented where mental health follow-up was offered within 14 days to those offenders. The PREA Compliance Manager went on to state that at the end of all assessments, there is a blanket offer for mental health follow-up, thus demonstrating compliance.

All other components of this standard are compliant.

§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 facility/agency has policy supporting this standard as well as the medical provider (Corizon) contract for the agency. Staff interviews supported the standard and the documentation provided showed very good medical services provided for inmate victims of sexual abuse and that they received them in a timely manner and at no cost to the inmates.

§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)

During the on-site portion of the audit, the facility failed to show compliance with section (h) of this standard. Policy (D1.8.13 Section G-Health Services Care) did support this section, but JCCC failed to demonstrate this through practice. The Questionnaire in 115.78 documentation indicated at least two occurrences of where inmate-on-inmate sexual abuse occurred which should have triggered an attempt to conduct a mental health evaluation or offer of mental health treatment for the perpetrators within 60 days of learning of such abuse history, but no documentation could be provided to demonstrate this had occurred. Through a corrective action plan, the facility provided documentation of an incident where it was discovered there was an inmate on inmate abuser (only one since on-site visit). The documentation consisted of the disciplinary report conviction showing where and when the abuse was found, and they provided the corresponding mental health referral and attempt by mental health to conduct the evaluation. Also, the facility provided documentation where they went back to the two inmates mentioned as non-compliant and attempted to conduct mental health evaluations on them as well.

All components of this standard are now found to be compliant.

§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)

During the on-site portion of the audit, the facility failed to comply with section (c) of this standard. There was no documentation that input was received from medical or mental health practitioners from any of the Incident reviews (Debriefings). Through a corrective action plan, the facility revised the process for required input in their Debriefings and has provided a sampling of incident reviews (Debriefings) that demonstrated compliance with input from either medical or mental health. All components are now compliant.

§115.87 – Data Collection

- Exceeds Standard (substantially exceeds requirement of standard)

xx 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/agency has the COIN System. This system captures and maintains data for all allegations of sexual abuse. The agency did provide all such data to the DOJ for the Survey of Sexual Victimization for 2013.

§115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 meets this standard. The agency has policy supporting this standard. Staff interviews corroborated that data collected and aggregated is used to assess and improve the effectiveness of sexual abuse prevention, detection and responses policies, practices and training.

§§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

xx 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 meets this standard. The agency uses the COIN system which demonstrates measures necessary to ensure the data is securely retained. The aggregated data is made readily available to the public through its website. All personal identifiers are removed before being placed on their website. The retention schedule complies with standard.

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.

_____*Bryan K. Henson*_____ *Bryan K. Henson* _____ March 12, 2015 _____
Auditor Signature Date