

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

Interim  Final

Date of Report July 12, 2019

## Auditor Information

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Company Name: 3D PREA Auditing & Consulting, LLC	
Mailing Address: P.O. Box 5825	City, State, Zip: Greenwood, FL 32443
Telephone: 850-209-4878	Date of Facility Visit: May 30-31, 2019

## Agency Information

Name of Agency:	Governing Authority or Parent Agency (If Applicable):		
Missouri Department of Corrections	State of Missouri		
Physical Address: 2729 Plaza Drive	City, State, Zip: Jefferson City, Missouri 65109		
Mailing Address: P.O. Box 263	City, State, Zip: Jefferson City, Mo.65102		
Telephone: 573 751-2389	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Improving Lives for Safer Communities.

Agency Website with PREA Information: <http://doc.mo.gov/programs/PREA>

## Agency Chief Executive Officer

Name: Anne L. Precythe	Title: Director
Email: Anne.Precythe@doc.mo.gov	Telephone: 573 751-2389

## Agency-Wide PREA Coordinator

<b>Name:</b> Vevia Sturm	<b>Title:</b> Missouri Office of Professional Standard (OPS) PREA Coordinator
<b>Email:</b> Vevia.Sturm@doc.mo.gov	<b>Telephone:</b> 573 751-2389

<b>PREA Coordinator Reports to:</b>  Matt Briesacher Office of Professional Standards	<b>Number of Compliance Coordinators who report to the PREA Coordinator.</b> 0
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### Facility Information

<b>Name of Facility:</b> Kansas City Reentry Center
<b>Physical Address:</b> 651 Mulberry Street, Kansas City, MO 64101
<b>Mailing Address (if different than above):</b>
<b>Telephone Number:</b> (816) 842-7467

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail		<input checked="" type="checkbox"/> Prison

**Facility Mission:** Our mission is to return recovering offenders to society as productive, responsible and law-abiding citizens.

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

### Warden/Superintendent

<b>Name:</b> Todd Warren	<b>Title:</b> Warden
<b>Email:</b> todd.warren@doc.mo.gov	<b>Telephone:</b> (816) 842-7467

### Facility PREA Compliance Coordinator

<b>Name:</b> Beth Johnson	<b>Title:</b> Deputy Warden of Offender Management
<b>Email:</b> beth.johnson@doc.gov	<b>Telephone:</b> (816) 842-7467

### Facility Health Service Administrator

<b>Name:</b> Mabelle Wallace	<b>Title:</b> Health Service Administrator
<b>Email:</b> mabelle.wallace@doc.mo.gov	<b>Telephone:</b> (816) 387-2158

### Facility Characteristics

Designated Facility Capacity: 405		Current Population of Facility: 174	
Number of inmates admitted to facility during the past 12 months			351
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			351
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			351
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of	Youthful Inmates Under 18: N/A	Adults: 18-75	
Population:			
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> .NA
Number of youthful inmates housed at this facility during the past 12 months:			N/A
Average length of stay or time under supervision:			60 days – 15 mons
Facility security level/inmate custody levels:			Level 1
Number of staff currently employed by the facility who may have contact with inmates:			104
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			50
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			1
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		6	
Number of Segregation Cells (Administrative and Disciplinary):		10	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>Kansas City Reentry Center has 196 cameras that strategically located throughout the facility in program areas, housing units, warehouse, food service areas, control center, maintenance, classrooms/chapel property room, hallways, canteen/clothing issue, administrative segregation, medical and outside perimeter. The cameras are placed throughout the institution to assist staff in providing a safe secured environment for staff, offenders and the local community.</p>			
<b>Medical</b>			
Type of Medical Facility:		24-hour health clinic	
Forensic sexual assault medical exams are conducted at:		Forensic examinations are conducted on site and/or at Truman Medical Center	
<b>Other</b>			

<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	<b>37 Contractors/ 156 Volunteers</b>
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	<b>9</b>

## Audit Findings

### Audit Narrative

The Prison Rape Elimination Act (PREA) Recertification Audit for Kansas City Reentry Center (KCRC), Missouri Department of Corrections (MDOC) was conducted on May 30-31, 2019. The PREA audit was coordinated through the MDOC Office of Professional Standards and 3D PREA Auditing & Consulting, LLC. Department of Justice Certified PREA Auditors Debra Dawson and Joy Bell were assigned to conduct the audit. Debra Dawson served as the lead auditor.

An open line of communication was developed between the Lead Auditor, OPS PREA Coordinator Vevia Sturm and KCRC Deputy Warden of Offender Management/PREA Site Coordinator (PREA Site Coordinator) Beth Johnson. Communication was maintained via phone, and emails regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and audit logistics.

A flash drive was forward to the lead auditor by the PREA Site Coordinator. The flash drive contained the Pre-Audit Questionnaire (PAQ) and supporting documentation within designated folders for each of the 43 standards. The documentation included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, staff and offender acknowledgement of PREA training, organizational charts, offender risk assessments, investigative files and results to demonstrate compliance with each PREA standards. A physical plant schematic for a pre tour scheduling itinerary was provided. The lead auditor requested additional documentation during the pre-audit, site visit and post audit phrases. All requested documentation was submitted timely.

The entrance meeting was held on May 30, 2019 at approximately 8:15 a.m. with Warden Todd Warren, Deputy Warden of Offender Management/PREA Site Coordinator Beth Johnson, Deputy Warden of Operations Spencer Colliatie; OPS PREA Coordinator Vevia Sturm, Chief of Security Shelley Gray and the assigned PREA auditors. At the conclusion of the opening meeting, a tour of the facility was conducted. The auditors were accompanied by Deputy Warden/PREA Site Coordinator (PREA Site Coordinator) and PREA Coordinator. All areas of the facility were visited during the tour to include the administration area, main lobby, offender housing units, administrative segregation, medical/pharmacy, recreation, classrooms/chapel, library, food service, canteen/clothing issue, visiting room, maintenance, control room, officers' duty stations, and property room. Continued PREA educational material to include posters, third-party reporting, and flyers was posted throughout the facility to include the offender visiting room. The notification of the PREA audit site visit was confirmed during the pre-audit process as being posted on March 20, 2019. A date stamp photocopy of the posting was forwarded to the lead auditor as confirmation. Auditors observed the notice posted on bulletin boards throughout all departments and offender housing units with viewing accessibility to all offenders and staff.

KCRC has 74 security staff who are assigned to the various three correctional shifts. There are 33 non-security staff. The auditors conducted 38 staff interviews at KCRC that included 15 random interviews

and 23 specialized interviews. Security staff was interviewed including Captains, Lieutenants, and Correctional Officers. All staff interviewed have been properly trained as PREA first responders and were well versed in their areas of responsibility regarding response to PREA allegations. Specialized staff interviewed included: (1) Director of Adult Correctional Institutions; (1) Warden; (1) PREA Site Coordinator; (1) OPS PREA Coordinator; (1) Agency Contract Administrator; (1) Intermediate or Higher-level facility staff; (1) Human Services Supervisor; (1) SANE Nurse; (2) Volunteers; (1) Contract Mental Health; (1) Contract Medical Staff; (1) Investigative Staff; (2) Intake Staff; (1) Facility Victim Advocate; (2) Staff who perform screening for risk of victimization and abusiveness/Intake; (1) Staff who supervise offenders in segregated housing; (1) Incident Review Team Member; (2) Designated staff member charged with monitoring retaliation; (1) non-security staff served as a first responder. Zero security and or non-security staff served as a first responder where the alleged victim was requested to preserve physical evidence.

There were 174 offenders designated at KCRC on the first day of the site visit. Thirty offenders were selected for formal interviews and seven were selected for informal interviews. Twenty-five offenders were selected for random interviews. Five offenders were selected from the following targeted groups: (2) offenders who had physical or mental disabilities, (1) identified as gay or bisexual; (2) Offenders who reported sexual abuse, There were (0) offenders who reported prior sexual victimization, (0) youthful offenders, (0) offenders identified as limited English Proficient, (0) offenders placed in segregated housing for risk of sexual victimization/who alleged to have suffered sexual abuse, and (0) offenders identified as transgender or intersex were designated at KCRC during the site visit. The auditors utilized housing unit rosters to select offenders for random interviews. The offenders interviewed stated they felt generally safe and expressed a good understanding of received PREA education to include methods of reporting.

The auditors carefully examined a sampling of personnel files, new hires, promotional staff, background checks, staff, volunteers, and contractor workers PREA training documentation that were provided for review. Individuals are not allowed entrance into the facility to work or volunteer until a thorough background check has been completed.

A sampling of offender institutional files was selected and observed documentation indicated by their signature documented receipt of PREA education. Documentation was also reviewed for 41 initial risk screenings assessments and reassessments.

Eight PREA allegations of sexual abuse and/or sexual harassment were reported during the past 12 months of the audit. Two sexual harassment allegations were referred for administrative investigations. Six sexual abuse allegations were referred for criminal investigations. Zero PREA allegations were completed by an outside agency. Forensic medical examinations were not applicable. The six completed investigations were reviewed by the auditors. All investigations were complete and documented the investigation process per agency policy and PREA standard 115.71. The case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews. The two remaining investigations were referred to the agency's legal department.

The PREA Site Coordinator did a phenomenal job in organizing files, while properly listing and noting documentation for each of the 43 standards.

At the conclusion of the on-site visit on May 31, 2019, an exit meeting was held to discuss the audit findings with Warden Todd Warren, PREA Site Coordinator Beth Johnson, Spence Colliatie, Deputy Warden of Operations, Chief of Custody Chelley Gray; OPS PREA Coordinator Vevia Sturm, DOJ Certified PREA Auditors Debra Dawson and Joy Bell. A corrective measure of installing a mirror in

housing units 1 – 6 to eliminate blind spots of the offenders' laundry rooms. The PREA Site Coordinator would provide photographs of the included mirrors with identification of each housing unit to the auditors. The auditor explained the continuation of the audit process that would follow the on-site visit. The auditor explained further review of documentation of practice, policy and procedures will continue and a determination of compliance with standards would be determined upon completion.

The PREA Site Coordinator forward photographs of the installed mirrors in each of the housing units 1 - 6. The installed mirrors allow staff viewing of the offenders' laundry room from various locations in the common area. This project was completed on June 18, 2019.

## Facility Characteristics

The Kansas City Reentry Center (KCRC) is located at 651 Mulberry Street in Kansas City, Jackson County, Missouri. The facility consists of 88,000 square feet on five acres. KCRC is a two-story facility which consists of six dorm style housing units that can house up to 300 male, minimum security offenders. The facility began operation in 1996 as The Kansas City Community Release Center operating as an honor center. In 2015, the facility mission changed to a reentry center which resulted in the facility being designated as the Kansas City Reentry Center and placed under the supervision of the Division of Adult Institutions as a minimum-security prison. The facility continues to operate as a reentry center preparing offenders for release back into the community. Offenders housed at KCRC have 15 months or less until release to the community and are from the surrounding counties of Jackson, Clay, Cass, Platte, Johnson, Lafayette, Ray or Buchanan county. Unlike most other Missouri prison, KCRC consists of only one building which contains six general population housing units, one 10 cell administrative segregation unit, indoor recreation area, special unit (library), dining area, kitchen, canteen, clothing issue, food service warehouse, laundry room, maintenance, Institutional Parole offices, education classrooms, Medical, Mental Health services, chapel area and administrative offices.

KCRC offers the following classes: Impact of Crime on Victims, Inside Out Dads, Pathway to Change, Anger Management, Trauma Resolution, Communication Skills, Anxiety Management, Batterer's Intervention Program, Restorative Justice Organization, HiSet (GED) and Substance Abuse Education. Volunteers facilitate the following classes: Financial Peace University, Conflict Resolution, Personal/Professional Development and Alcohol Anonymous and Narcotics Anonymous.

All offenders at KCRC are within 15 months of release on Probation, Parole or Director's Discharge and have either been sentenced from or will be releasing to an eight (8) county catchment area surrounding the Kansas City metropolitan area. KCRC offenders are Medical 1 or 2 (low acuity), Mental Health 1 or 2 (no psychotropic medications for mental health reasons), custody level 1 and Education 1 – 5. The physical layout of the building consists of one building with administrative offices located on the second floor. Housing Units 1 – 6 have cameras at each end of the unit. The Housing Units are as follows:

Housing Unit 1 – General Population - Sigmas and Kappas (Sigmas – Work Release/Outside Clearance)

Housing Unit 2 – Intake Unit – Kappas and Alphas

Housing Unit 3 – General Population – Kappas and Alphas

Housing Unit 4 – General Population – Kappas and Alphas

Housing Unit 5 – General Population – Kappas and Alphas

Housing Unit 6 – Work Release/Outside Clearance – Kappas and Alphas

Housing Unit 7 – Administrative Segregation

## Summary of Audit Findings

**Number of Standards Exceeded:** 2

115.16: Inmates with disabilities and inmates who are limited English proficient; 115.41 Screening for risk of victimization and abusiveness;

**Number of Standards Met:** 41

115.11: Zero Tolerance of sexual abuse and sexual harassment: PRE Coordinator; 115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates ; 115.15: Limits to cross-gender viewing and searches; 115.17: Hiring and promotions decisions; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.31 Employee Training; 115.32 Volunteer and contractor training; 115.33 Inmate Education;115.34: Specialized training :Investigations; 115.35 Specialized training: Medical and mental health care; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies;.115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.62: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse: 115.82: Access to emergency medical and mental health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser; 115.86 Sexual abuse incident reviews ; 115.87 Data collection; 115.88 Data review for corrective action;.115.89 Data storage, publication, and destruction.

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any) N/A**

### PREVENTION PLANNING

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

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

### 115.11 (a)

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

### 115.11 (b)

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

### 115.11 (c)

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

## Auditor Overall Compliance Determination

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

In accordance with the review of Missouri Department of Corrections Department Procedural Manual, D1-8.13 Offender Sexual Abuse and Harassment (MDOC Policy D1-8.13); KCRC Offender Handbook; Director's Office and Facility Organization Charts and duties of the MDOC PREA Coordinator and PREA Site Coordinator it was determined KCRC meets the mandate of this standard. MDOC and KCRC have written policies and procedures in place to support the agency's mission and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in



the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors. Policies identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders.

The OPS PREA Coordinator is a position assigned by the OPS Director to coordinate the agency's statewide compliance with PREA. In an interview with the OPS PREA Coordinator, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. The Deputy Warden of Offender Management is assigned as the PREA Site Coordinator and is responsible for ensuring PREA standards are maintained at the facility. An interview with the PREA Site Coordinator confirmed she makes time to fulfill her duties as the PREA Site Coordinator by prioritizing her duties and ensuring her duties as the PREA Site Coordinator is completed. Effective communication between the OPS PREA Coordinator and the PREA Site Coordinator is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

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

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

### **115.12 (a)**

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

### **115.12 (b)**

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

### **Auditor Overall Compliance Determination**

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

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Warden; contracts with community confinement facilities under the authority of the Division of Probation and Parole and interviews with the OPS PREA Coordinator and Warden, KCRC meet the mandate of this standard. The contracts require the contractors adopt and comply with PREA standards and compliance is monitored by the agency. However, KCRC does not contract with other entities for the confinement of its offenders.

## **Standard 115.13: Supervision and monitoring**

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

### **115.13 (a)**

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

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from MDOC Security Administrator Regarding Staffing Patterns and PREA Requirements; PREA Yearly Staffing Report; Post Analysis; Correctional Officer Staffing Analysis; Staffing Pattern Charts; Shifts 1, 2, and 3, Staffing Evaluation 2016, 2017 and 2018; 2018 PREA Annual Report; Custody Daily Rosters; Documentation of Unannounced Rounds Logs; IS20.-1.1 Post Orders; Implementation Teams Report, KCRC meets the mandate of this standard. The staffing plan for KCRC was originally developed by Central Office in 2015/2016 which the KCRC continues to work from. The staffing plan addresses the items listed in section 115.13a. Per the Warden the agency ensures the facility does not go below the identified level of staff for each shift. All critical post would be manned. Any deviations from the staffing plan would be documented in addition to the reason for the deviation. If there was a need for additional staff, overtime would be authorized in lieu of vacating a critical post. There were no deviations noted to have occurred.

The facility has 196 cameras that assist staff in monitoring offender behavior. On an average the facility has 30 days of DVR storage space. Review of video monitoring confirmed the offenders' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observed by staff during video monitoring. The facility is designated as an adult male facility. Both female and male staffs are assigned to each shift.

The auditors identified blind spots in housing units 1 - 6 laundry rooms. The offenders' laundry room is in a separate room away from the common area and offender cell assignments. Staff was unable to monitor and/or observe offender activities within these areas prior to entering a hall and approaching the area. Therefore, this discrepancy was a factor in the facility not meeting the mandate of this standard. This matter was brought to the attention of the Warden, PREA Site Coordinator and OPS PREA Coordinator. A corrective measure plan was developed that included the installation of a mirror placed on the outer wall across from entry into the laundry room. Upon staff installing a mirror in the identified locations, staff are now able to monitor the laundry rooms from various location within the common area of the housing unit. The complete installation of cameras for these areas were conducted on June 21, 2019.

Photographs identifying each area was provided to the auditors and served as confirmation of compliance with this standard 115.13 (a).

The unannounced PREA rounds logs are documented on a tracking log noting all areas of the facility. Interviews with intermediate-level or higher-level supervisors that included Captains, Lieutenants, Functional Unit Managers, Warden, and PREA Site Coordinator indicated they are aware of their responsibility to conduct unannounced PREA rounds. Supervisory staff stated rounds are conducted out of sequence to prevent a pattern. A review of the tracking log and logbooks confirms unannounced rounds are not completed in a pattern and are conducted by a variation of supervisory staff. Rounds conducted in this manner prevent staff from alerting others that supervisory unannounced rounds are being conducted. Post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. Supervisory staff stated they are unaware of any circumstances where a staff member have alerted others of unannounced rounds being conducted.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

- Do youthful inmates have Access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; IS5-3.1 Offender Housing Assignments; Missouri Department of Corrections Institutional Services Procedural Manual, IS5-1.1 Diagnostic Center Reception and Orientation; MDOC Statutes, Chapter 217, Section 217.345, and Interviews with Warden and PREA Site Coordinator, offenders under the age of 18 have not and will not be assigned at KCRC. KCRC meets the mandate of this standard.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

Yes  No

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

In accordance with the review of SOPD1-8.13 Offender Sexual Abuse and Harassment; SOP20-1.3 Searches; Memorandums and Directive from Director of Adult Institutions PREA Privacy Screens and Barriers; Documentation of Cross-Gender Announcements; Post Order 19.14 Segregation Unit Officer;

IS6-1.3 Offender Personal Appearance and Grooming; D4-4.8 Security Camera Operations; Institutional Searches Lesson Plan; IS5-3.3 Transgender and Intersex Offenders; Institutional Staff Completed Training Log for 2018 Institutional Searches; Interviews with Staff, KCRC meets the mandate of this standard. KCRC is an adult male facility and does not house female offenders. However, the agency has policy that prohibit cross gender pat searches on female offenders, cross gender visual body cavity searches and strip searches. Individual shower stalls with appropriate showers curtains and/or dorrs and toilets with doors are provided for the offender population in the housing units. The showers and toilet barriers allow privacy for offenders to change of clothing, showers, use of bodily functions without being seen by nonmedical staff of the opposite gender viewing except in exigent circumstances or when such viewing is incidental to routine security checks

An announcement is made by each female entering the housing unit. A clipboard is posted outside the entry door of a chronological log noting the date, time staff person entering and exiting the housing units. All individuals entering are required to documented. A sign is posted when females are in the housing unit. This posting assist offenders who are hard of hearing or was not in the housing unit at the time of the opposite gender entry. Observation of this procedure and a review of the chronological log were conducted by the auditors.

Policy prohibits staff from physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status. The determination of transgender and/or intersex offenders genital status may be obtained during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviewed staff were given a variety of scenarios in which staff may elect to conduct a visual search of an offender identified as transgender and/or intersex for the sole purpose of determining the offender's genital status. The interviewed staff identified searches of such were prohibited and they would report any known behavior and/or attempted behavior of a co-worker regardless of the staff member's rank.

Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. An interview with training staff personnel confirmed hands-on training for cross-gender searches began in 2014 for all employees. The curriculum was also added at the Training Academy for all new hires at this time. All staff interviewed acknowledged receipt of institutional searches training which include conducting cross-gender searches. An electronic generated roster identified staff's completion of training. Staff provided the auditors with verbal instructions on conducting cross-gender searches. There were zero offenders identified as transgender or intersex at KCRC during the auditing cycle.

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No



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

### 115.16 (b)

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

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Special Needs Provided to Staff; PREA Training Rosters of Offenders with Special Needs; PREA Written Transcript; Available Bi-lingual Staff; KCRC Coordinated Response Plan; IS5-2.3 Offender Internal Classification; PREA Pamphlets and Posters; PREA Sexual Abuse Brochures in multiple languages, D5-5.1 Deaf and Hard of Hearing Offenders; Contracts with outside Translation Service Contracts that include communication services for sign language, verbal language and a written language translations. KCRC takes steps and has policies and procedures that ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. MDCO Policy D1-8.13 Offender Sexual Abuse and Harassment dictates PREA education shall be provided to the offender in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders, who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Signs with words "Male" and "Female" are on all housing units. These are used for hard of hearing offenders when there is a "female on the floor", PREA announcements Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. PREA Videos are also available with closed captioning. KCRC have available resources to provide offenders with materials in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Blind-Braille, Russian, Serb Croatian, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. The PREA video is available in English and Spanish. Offenders who are deaf are

provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos. Offenders who are blind are provided an audio version in either English or Spanish. The MDOC Lesson Plan for Special Needs completed by staff during basic institutional training goal is that students will be able to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Also, that staff will assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication. There are KCRC staff are available to provide translation services. One individual assist with translation services for the Spanish language and another provide translation services for the Samoan language. Additionally, a staff is available to translate sign language.

Formal and informal interviews with staff confirmed offenders are not used as interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's PREA allegations.

There were zero circumstances noted where an offender was utilized to serve as an interpreter and/or offender reader. Interviews with two offenders identified with a physical or mental disability, confirmed staff provided PREA educational material they were able to understand. There were zero offenders identified as LEP at the facility during the site visit.

## **Standard 115.17: Hiring and promotion decisions**

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

#### **115.17 (a)**

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

In accordance with D1-8.13 Offender Sexual Abuse and Harassment; Applications for Employment For New Hires and Promotions; New Hire, and Rehire Completed Applications: Email for the Missouri Department of Corrections Division of Human Services, Office of Personnel; Pre-Employment PREA Checks; Background Investigations; Promotional Appointment D2-5.1 Maintenance of Employee Records;.D2-2.10.Re-Employment Appointment D2-2.8.Promotional Appointment; D2-2.2 Background Investigations; D2-11.14.Annual Employment Requirements; Staff Yearly Background Checks, Missouri PREA Hiring Checklist; Background Checklist for Contractors; Employee Handbook; Application for Employment forms, Interviews with Human Resource Manager, and Warden, KCRC meets the mandate of this standard.

The Human Resource Manager was interviewed in regard to a response to this standard. Forty-five persons who may have contact the offender population was hired within the past 12 months of the audit. Before hiring new employees the human resources staff members or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted annually during the staff member's birth month. During the initial background investigation process of new hires, the applicant's fingerprints are mailed to the Highway Patrol as a process for hiring and continued service A check is also conducted on the staff's member driver license annually. The background checks are conducted through the Missouri State Highway Patrol utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center System (NCICS). The Application for Employment require applicants to report all work history in prison,

jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment on an inmate, detainee, or resident of a correctional facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. Corizon conduct all background checks for medical and mental health staff assigned at MDOC facilities. Once contract staff is cleared, the Human Resource Manager receives a memorandum stating they have been cleared.

Verification of employment verbal requests shall be referred to the automated TALX program. Written requests shall be submitted to the central office human resources office and should be responded to in writing within 5 working days.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

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

In accordance with the review of Memorandum from Warden; D4-4.8 Security Camera Operations; Quarterly Camera Reports; 2018 PREA Annual Report; Interview with Warden, KCRC meets the mandate of this standard. Housing Unit #8 will be utilized as an inside recreation area. However, the cubicles were not/will not be removed. Recreation equipment will be placed accordingly. Additionally, cameras have been installed that considered how such technology may enhance the agency's ability to protect inmates from sexual abuse. KCRC has not had any substantial expansion or modification of existing facility since the previous PREA audit in 2016.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse Access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA



## Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.8 Evidence Collection, Accountability and Disposal; D1-8.7 Crime Scene Security; D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Supervisor of Religious/Spiritual Programming (SRSP) to Agency Chaplains; SOPD1-8.13 Offender Sexual Abuse and Harassment; List of Available SANE Hospitals; Advocacy Training; Consent for Facility Advocacy Services; Documentation of unavailability to provide services from Crisis Center; On-Line Advocacy Learning; Letter to Missouri Sheriff Offices; Proven Partnership Contractual Agreement with Corizon, KCRC Inter-office communication for PREA Protocol, KCRC meets the mandate of this standard.

The Missouri Department of Corrections Office of Professional Standards PREA Unit conducts all criminal investigations and administrative investigations involving sexual abuse. The OPS PREA Unit investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examination." The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8 Evidence Collection, Accountability and Disposal All allegations involving staff and that appear to be criminal are forwarded to local law enforcement. In such an incident local law enforcement agency conduct an allegation of sexual abuse from the agency, the OPS PREA Coordinator forwarded a request to the local Sheriff Offices. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, request investigative agencies that conduct PREA investigations within MDOC facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards. A copy of correspondence from the OPS PREA Coordinator to the local law enforcement Sheriff Offices was provided for review by the auditors.

The auditor interviewed a OPS PREA Investigator and he confirmed all administrative and criminal investigation throughout MDOC must adhere to the investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

Medical and behavioral health care including certified Sexual Assault Nurse Examiners (SANE) are provided on-site through a contract with Corizon Health. Forensic exams are conducted on-site by a SANE nurse for an offender-on-offender sexual assault. Sexual abuse forensic examinations involving staff on offender are conducted at a local hospital Truman Medical Center 2301 Holmes Street Kansas City, MO 64108, where these services can be provided. A full time SANE Nurse is not assigned at KCRC. However, the Corizon Health SANE Nurses are assigned by Regions to report to MDOC correctional facilities when a forensic examination is required. The forensic examinations are provided at no cost to

the victim. There were zero sexual abuse allegations reported that required a forensic examination during the auditing cycle.

The OPS PREA Coordinator have attempted to obtain an agreement for a community victim advocate from a rape crisis center for KCRC. The effort to obtain an agreement was documented by the OPS PREA Coordinator through emails and logs. However, an agreement has not been established. The Missouri Department of Corrections collaborated with the Missouri Coalition Against Domestic and Sexual Violence to create online advocacy training. This training is available for Volunteers in Corrections as well as community members who may be interested in providing advocacy services to victims of sexual violence within MDOC prisons. The facility is required to have at least one qualified staff member that has been trained as an advocate. An interview was conducted with the Functional Unit Manager regarding his assignment as the Victim Advocate. Two volunteers in Corrections also have completed the training and service as a victim advocate for the facility. Each completed a 3.5 hours credit training course for advocacy/victim services on-line titled "Advocacy with Survivors of Sexual Victimization for DOC." Documentation of the completed training was provided. Immediately upon being notified of the circumstances surrounding the incident of sexual abuse, one of the victim advocates is notified by the Shift Commander. The victim advocate reports to the facility to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information and referrals as requested by the victim. Documentation of offering a victim advocate after the report of non-penetration sexual abuse was provided.

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

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

#### **115.22 (a)**

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

#### **115.22 (b)**

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment ; KCRC Coordinated Response to Offender Sexual Abuse; PRE Tips Hotline; ;D1-8.1 Office of Professional Standards; D1-8.4 Institutional Investigations; PREA Allegation Notification Checklist-Institution; D1-8.4 Institutional Investigations; Agency website; Interview with OPS Investigator and Review of Investigative Files and logs, KCRC meets the mandate of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports are immediately forwarded to the Shift Commander to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions or if additional information is needed.

KCRC did not have a facility investigator assigned at the facility during the audit process. The OPS PREA Unit is responsible for conducting PREA allegations to include those that may be criminal. The OPS Investigator explained all allegations are required to be referred and investigated as part of the employee standards. Upon receiving an allegation of sexual abuse, he begins the investigation as soon as possible. When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in an offender related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the

investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website: <http://doc.mo.gov/programs/PREA>.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. A memorandum drafted by the OPS PREA Coordinator was forwarded to the various Sheriff Departments requesting the responsible parties follow PREA standards when conducting offender sexual abuse investigations. There were zero PREA allegations investigated by outside law enforcement agencies. All administrative and criminal investigations of sexual abuse or sexual harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Interviews with both the facility investigator and OPS Investigator confirmed this practice during the interview process.

During the past 12 months of the audit, there were eight allegations of sexual abuse and sexual harassment that were referred for investigation to the OPS PREA Unit for investigation. Two allegations resulted in an administrative investigation and six were referred for criminal investigations. There was not enough evidence to support criminal actions, therefore the cases were returned for administrative investigations.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

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

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

In accordance with a review of D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; DOCOTA Online Training Lesson Plan "PREA Basic for All Staff Curriculum" for 2016; PREA Refresher Training Log 2018; PREA Training Acknowledgement Forms for 2018; Memorandum from Director; Memorandum from Director-Division of Adult Institutions Interviews with Random Staff and Specialized Staff, PREA Education Mandates from OPS PREA Coordinator, KCRC meets the mandate of this standard. D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. There are 104 staff who have contact with offenders and were trained or retrained on the PREA requirements. All employees to receive initial PREA training during the department's basic training and refresher PREA training every two years through MDOC Intranet, DOCOTA Online Training PREA. Years, in which an employee does not receive training, the department's PREA coordinator provide current information on sexual abuse and sexual harassment policies. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

Upon successful completion of the on-line PREA refresher training, staff receives a certificate of achievement. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. Interviews with random and specialized staff each confirmed they were aware of their responsibilities to protect victims, respond to allegations made and refer reports for investigation to the OPS PREA Unit. Staffs are provided with a pocket card identifying steps to follow during reported allegations pertaining to sexual abuse and sexual harassment by an offender and how to report these allegations. A review of staff training was confirmed through certificates of completion and computer-generated rosters. KCRC provides training tailored to the gender of the male offenders and includes training of conducting searches of transgender and intersex offenders. There were zero staff who transferred to KCRC (male facility) from a correctional facility that house only female offenders. However, training does dedicate gender training on searches.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed

how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offenders Sexual Abuse and Sexual Harassment; Volunteers in Corrections Lesson Plan; Offender Work Release Procedures Training; PREA: What you need to know about the PREA Elimination Act Pamphlet; PREA Training Acknowledgment Forms signed by Contractors and Volunteers, and Interviews with Volunteers and Contractors, KCRC meets the mandate of this standard. There are seven Corizon medical and mental staff health to include five nurses, the Director of Nursing and the Chief of Mental Health Services. The volunteers work with Alcohol Anonymous, Narcotics Anonymous or religious services. KCRC has a Memorandum of Understanding Missouri Department of Transportation and Scripted Healthcare/Accessibility Medical. These individuals received PREA training by KCRC staff. The PREA training provided includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. The level and type of training provided to the contractors and volunteers is based on the level of offender contact with them. Contractors and volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. PREA training for both volunteers and contract staff is an annual requirement. Medical and Mental Health staff confirmed they also receive annual PREA Refresher Training from Cozion Health and with MDOC staff through an on-line course with on-line DOCOTA. Supervisors employed with the various Department of Transportation where offenders may be assigned also complete training tailored to their position titled "Offender Work Release Procedures Training." PREA training acknowledgement forms for both volunteers and contract staff were presented to the auditor as supporting documentation of compliance with this standard. Volunteers in Corrections (VIC) complete volunteer training and the PREA training annually and are permitted to supervise offender groups per Departmental Policy, D2-13.1 Volunteers. Community Resource and Reentry Partners are volunteers who provide support services to assist offenders in achieving success and are required to be escorted and supervised by staff while inside the facility per IS 18-6.2 Access to Facilities. Policy identify vendor are always escorted by a staff member or shall receive PREA training prior to entering the facility. All vendors are escorted by staff.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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



- Does the agency provide inmate education in formats Accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

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

#### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

In accordance with a review of D1-8.13 Sexual Abuse and Sexual Harassment; SOP5-1.2 Institution Receiving and Orientation; Interviews with Offenders; Offender Sexual Abuse Sexual Harassment Acknowledgement Forms, PREA Posters, Pamphlets; Video and Lesson Plan "PREA: What You Need to Know," Formal and informal interviews with offenders, KCRC meets the mandate of this standard. KCRC ensures all incoming offenders who arrive earlier during the week, receive a PREA brochures at intake upon their arrival. The PREA Video PREA "What You Need to Know" is shown during Orientation and offenders sign the MO 931-4506 (06-13) Offender Sexual Abuse and Harassment Acknowledgment form. The forms are signed by the offenders and dated after watching the video. There were 351 offenders admitted during the past 12 months who were given PREA information. The documented PREA training is maintained in the offender's file. PREA posters are posted in all housing units, program areas, visiting room, and food service in English and Spanish and is available in other languages as needed. The offender population are issued personal tablets. The tablet contains the PREA Brochure, Institutional Advocacy poster, PREA poster with the stop sign and the PREA TIPS Hotline poster. This material is accessible to the offender population which provides a continuously and readily availability of PREA education resources.

Thirty formal and seven informal interviews were conducted with the offender population. The offenders acknowledged receipt of PREA training upon their arrival, observing the PREA video in addition to their awareness of PREA information posted throughout the facility.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Lesson Plan consisting of four Modules Special Investigator Training; Investigators' Training Rosters for PREA Specialized Investigator Training, Interview with OPS Investigator, KCRC meets the mandate of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. The nine assigned OPS Investigators have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40-hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, criteria and evidence to substantiate a case for administrative action or prosecution referral. In 2017, the OPS PREA Unit began utilizing the National Institute of Correctional for training of newly hired investigators completion of PREA Specialized Investigators Training. Confirmation of investigators' specialized training was confirmed through a computer-generated roster identified as completed PREA Specialized Investigator Training. The OPS Investigator articulated the training completed during the interview process.

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

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

#### **115.35 (a)**

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; PREA Specialized Training for Medical and Mental Health Training 2016, and 2018; Interviews with the Director of Nurses; SANE Nurse; Chief of Mental Health, KCRC meet the mandate of this standard. All staff who provide health care and/or mental health services, have participated in a specialized training titled PREA-Specialized Medical/Mental Health Professional Training. The course is a 2.0 hours credit course. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health training records by the auditors confirmed that these employees also receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse.

A certificate of completion of the Adult/Adolescent SANE Preparation and Refresher curriculum from the SANE-SART Online Clinical Learning Program with earnings of 40 hours confirmed required training for the SANE Nurse. An interview with a SANE Nurse indicated she and other SANE Nurses are assigned to conduct forensic examinations at the facility for offender on offender sexual abuse and they must

report to the facility within 4 hours of the report. SANE Nurses are required to complete refresher SANE training every 5 years also PREA refresher training on-line through DOCOTA with MDOC staff. Any allegation of sexual abuse of staff on offender would be conducted at a local hospital.

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

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

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

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

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

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

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

#### **115.41 (c)**

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

#### **115.41 (d)**

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

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum to Wardens from Director of Adult Correctional Institutions; IS5-2.3 Offender Internal Classification; Excerpts from the Adult Internal Risk Assessment (AIRA) Manual; Completed AIRA Screening Forms, and Interviews with Intake/Staff who perform risk screening and the Offender Population, KCRC meets the mandate of this standard. A memorandum from the Director of Adult Correctional Institution addressed to Warden identified effective September 15, 2014, the AIRA would be brought on-line while identifying the use and purpose to include conducting PREA risk assessments. KCRC received 351 offenders at the facility during the past 12 months of the audit. There were 351 offenders admitted to the facility during the past 12 months whose length of stay in the facility was for 30 days or more. There were 351 offenders admitted to the facility during the past 12 months whose length of stay in the facility was for 72 hours or more. There were zero offenders at KCRC who were admitted prior to August 20, 2012. Three hundred fifty-one offenders entered the facility (either thought intake or transfer) within the past 12 months (whose length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 25 - 30 days after their arrival at the facility based upon any additional, relevant information received since intake. Staff who conduct the initial intake screening also conduct the offender's reassessment 25-30 days after his arrival based on

the facility requirement. Staff utilize the MOCIS assessment module on the computer which notifies us when an assessment is due. The auditor reviewed documentation of 41 initial assessments and reassessment conducted by KCRC. There were zero instances in where intake and/or staff who perform screening for risk of victimization and abusiveness (Case Managers) were delinquent in conducting the 72-hour assessment and/or the 30 days assessment. All assessment screenings were conducted in accordance to the agency's policy and PREA standard. In instances when staff does not conduct the 72-hour assessment and/or 30 day reassessment timely, staff are required to submit a memorandum to the Deputy Warden of Offender Management stating why it was not completed timely and when the assessment/reassessment while noting it has been completed and when completed. It was obvious that conducting the risk screening of offenders is one of the top priorities at KCRC. The initial screening and reassessments are conducted in a private setting in the inmate's assigned housing unit by Case Managers who are assigned these duties. The offenders who are required to be placed in the segregation unit are screened by the Case Manager assigned to that unit. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Offenders that are identified as potential victims are referred for a mental health evaluation. The offender's completed risk of victimization or abusiveness is maintained in the AIRA. The offender's own view of safety is addressed during the interview process. Information obtained during the initial assessment and reassessment summary is placed in the offender's classification file. These files are accessible to identified authorized staff only that includes the Case Managers, Functional Unit Managers, Warden and Deputy Warden. Information obtained during the assessments determines how offenders are scored such as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). Offenders are not disciplined for refusing to answer or for not disclosing complete information related to the screening questions. Interviews staff who conduct risk assessments stated they have never had an offender refuse to answer questions during the risk assessments and additional questions are asked based on the offender's responses to the yes and no questions.

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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



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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

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

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; IS18-1.1 Required Activities; IS5-3.3 Transgender and Intersex Offenders; IS5-3.1 Offender Housing Assignments; Expanded Requirements of the Transgender Team; Warden's Inter-Officer Memorandum PREA Risk Score Utilized at Work Sites; Offender Placement via PREA Scoring Guidance to Staff from Warden; Memorandum from Director of Adult institutions; Interviews with Warden, PREA Site Coordinator and Staff who Perform Screening for Risk of Victimization and Abusiveness, KCRC meets the mandate of this standard. KCRC uses information from the risk assessment to make housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Based on information obtained during the assessment, offenders are scored as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). The information obtained is used by staff to make individualized determinations on how to ensure the safety of each offender. Offender housing assignments will be made in an individualized, nondiscriminatory manner and will not be made based on race, religion, nationality, political belief or sexual orientation. Offenders should be assigned to a room or bay area based on, but not limited to offender internal classification. Housing unit staff members utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification.

Alpha and Sigma are not housed in the same housing unit. Upon the offenders' arrival at KCRC, all offenders are assessed for risk of sexual victimization and potential for sexual perpetration. Offenders are assigned a score of either Alpha, Kappa, or Sigma. Alpha offenders have a high potential for sexual

perpetration. Kappa offenders have no risk for either victimization or perpetration. Sigma offenders have a high risk for sexual victimization. Offenders identified as Alpha and Sigma are never assigned to the same housing unit.

KCRC has instituted a procedure for worksite supervisors to monitor offenders for risk of victimization/perpetration. A list of all Alpha offenders is available on the I-Drive in the Classification folder and will be updated daily by the Case Managers. It is the responsibility of each section head to utilize this list daily for offenders that work in their area. If any offender workers are on this list, the direct line supervisors must be notified to ensure the offenders are not assigned tasks or can work in isolated areas with other offenders not on the list. These workers are required to be directly supervised by staff to ensure the safety of the offender workforce. The Alpha list is confidential and shall not be in view of those who don't need it, especially offenders.

Although there has been zero transgender and/or intersex offenders designed at KCRC in the past 12 months, policy dictate housing would be consider on a case-by-case basis, placement would consider the offenders health and safety, and whether the placement would present management or security problems. Interviews with staff confirmed a transgender or intersex offender's own view with respect to his or her own safety would be given consideration. Since KCRC had not received any transgender offenders within the last 12 months, there were no transgender committee reports and and/or six months reassessments for review.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Education to the extent possible?  Yes  No

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Involuntary Segregated Housing for Protective Custody; Directive from Director of Adult Correctional Institutions reference to offender classification; AIRS Manual; IS21-1.1 Temporary Administrative Segregation Confinement,; Interviews with Warden and Staff Assigned to Supervise Segregated Housing, KCRC meets the mandate of this standard. The agency and KCRC has policies and procedures in place that ensure offenders at high risk for sexual victimization are not placed 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. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization shall not be assigned to administrative segregation protective custody for no longer than a 30- day period. Interviewed staff indicated that if it became necessary to utilize restricted housing for this purpose, the offender would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation be arranged. Per an interview with the Warden, he confirmed offenders at high risk for sexual victimization placement in involuntary segregated housing would only utilize until other alternatives could be arranged. However none has occurred at KCRC.

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; KCRC Arrival Packet; PREA Posters and Brochure; KCRC Coordinated Response Plan; MOU with Department of Public Safety and the PREA Hotline information, D1-8.9 Crime Tips and PREA Hotlines; Agency's website; Third Party Reporting Investigative Reports; MDOC Employee Handbook; Interviews with Staff, and Offenders, KCRC meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and harassment. Offenders receive a copy of the Offender Handbook/Offender Rules during the intake process which advises them they may contact any staff member either verbally or in writing whether the alleged incident involved the reporting offender or not, call the Department's Confidential PREA Hotline, pressing "8" or dialing (573) 526-PREA (7732), write to the Missouri Department of Public Safety, Crime Victims Services Unit @ P.O. Box 49, Jefferson City, MO 65102. Confirmation of the offenders' access to the PREA Hotline was obtained during testing of the offenders' telephone system. Reports to the Missouri Department of Public Safety, Crimes Victims' Unit may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MDOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Documentation of third-party reports of PREA allegations and investigations were reviewed. Agency policy requires staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. KCRC does not house offenders solely for civil immigration offenses.

Staff identified several avenues in which the offenders could privately report sexual abuse/harassment that included the tips hotline, speak directly to any staff member, report to OPS Investigative staff, and/or

have a family member or friend call the facility and report for them. Staff confirmed that would document all verbal reports of sexual abuse/harassment prior to departing from their shift.

Thirty offenders were formally interviewed in addition to seven informally, all indicated they were familiar with ways to report sexual abuse or harassment allegations. Offenders indicated at least two or more of the following methods of reporting: report to staff, file a grievance, have a family member or friend report for them, write the Missouri Department of Public Safety and/or anonymously. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party are investigated in accordance to MDOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations for offenders is available to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  
 Yes  No  NA

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (f)

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



- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D5-3.2 Offender Grievance; D5-3.2 Offender Grievance; Interviews with offender population and Grievance Officer, KCRC meets the mandate of this standard. Offenders are informed of the grievance process during orientation. Offenders do not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Offenders will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the offender in writing when the agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other offenders, family members, friends, attorneys, and outside advocates. The agency policies also address the offender's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these circumstances, the agency is required to issue a response to the offender within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days.

An interview was conducted with the Grievance Officer. Zero grievances were filed by the offender population or on the behalf of an offender regarding a PREA allegation during the past 12 months of the

audit. Upon receipt of a grievance alleging a PREA allegation, the grievance would immediately be forwarded for investigation by the OPS Investigators. The investigative response is required to be completed within 30 days.

## Standard 115.53: Inmate Access to outside confidential support services

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

### 115.53 (a)

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

### 115.53 (b)

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

### 115.53 (c)

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

## Auditor Overall Compliance Determination

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

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

In accordance with the review D1.8.13 Offender Sexual Abuse and Harassment, PREA Brochures; Offender Anonymous Report Guideline; List of Available National Sexual Abuse Agencies; Interviews with the PREA Site Coordinator, OPS PREA Coordinator, KCRC meets the mandate of this standard. Offenders are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA.90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC.20005 (800) 656-HOPE (4673). Letters to the addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the offender and staff population in both English and Spanish. The offender population were aware of the information posted throughout the facility but stated they had not utilized the services and was unaware of the services. The flyers note "Per department policy, mail will be subject to examination and phone calls may be monitored."

### **Standard 115.54: Third-party reporting**

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

#### **115.54 (a)**

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

#### **Auditor Overall Compliance Determination**

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

In accordance with a review of D1-8.13 Sexual Abuse and Harassment; third party reporting posters and the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>) were reviewed and meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to call 573-526-9003; write PREA Unit Missouri Department of Corrections 2728 Plaza Drive Jefferson City, MO 65109 and/or Emailing DOC.PREA@doc.mo.gov. This information is included in the PREA brochures which are provided to each offender. Interviews with random staff and random offenders confirmed allegations of sexual abuse and/or sexual harassment of offenders could be reported by third party to include family, friends and other associates.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

### 115.61 (d)

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

### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D2-11.10 Staff Member Conduct; Coordinate Response for KCRC; Memorandum From Warden; Third Party, Verbal and Anonymously Reported PREA Allegations; IS11-32 Receiving Screening-Intake Center; Missouri Revised Statutes Chapter 217 Department of Corrections Section 217.410; Meeting Minutes of PREA Staff Meeting; Missouri Revised Statutes Chapter 630 Department of Mental Health Section 630.005; KCRC Coordinated Response Plan, and Interviews with Medical and Mental Health Staff, KCRC meets the mandate of this standard. In accordance with policy, interviews with random and specialized staff, all were aware of their responsibility to immediately report and document any knowledge or suspicion of violation of this standard to include those by third party and/or anonymous to their immediate supervisor, Shift Commander or higher-ranking staff. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member's neglect or violation of responsibilities that may have contributed to an incident or retaliation in reference to cooperating with the investigation. Those staff interviewed, indicated they would report all knowledge of PREA allegations on any and all staff without consideration of another's supervisory position or relationship with a co-worker.

Staff were knowledgeable of the agency's policy that prohibits them from discussing information related to sexual abuse reports with anyone other than those to the extent necessary such as those who perform medical and mental health treatment, conduct investigations, and other security and management decisions.

Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. Interviews with the Chief Mental Health Administrator, SANE Nurse, and Director of Nurses, each advise the offender at the initiation of services in their limitations of confidentiality and their duty to

report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. KCRC does not house any offenders under the age of 18.

KCRC has not had any medical or mental health staff reporting PREA events within the last 12 months.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

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In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; IS5-2.3 Offender Internal Classification; Directive Segregated Housing for Protective Custody, and Interview with the Warden, KCRC meets the mandate of this standard. The agency has policies and procedures in place in where staff are trained to ensure upon their awareness an offender is subject to a substantial risk of imminent sexual abuse, immediate actions are taken to protect the offender. The auditors presented random staff with a variety of scenarios for a response to their actions upon becoming aware an offender is subject to a substantial risk of imminent sexual abuse. Each staff member interviewed confirmed they would immediately remove the offender from the area of threat and notify their security supervisor and await further guidance. Staff confirmed under no circumstances would they not take immediate actions of removing the offender under such conditions. Per the Warden, the offender at risk of substantiated risk of sexual abuse would be immediately moved from the area of threat. Necessary measures would be taken to provide protection for the offender. Each incident would be evaluated on a case by case basis depending on the circumstances. An offender housing and job assignments could be changed and/or one of the offenders could be transferred based on the nature of the reported allegation and the potential harm to the offender identified at risk of imminent sexual abuse.

## Standard 115.63: Reporting to other confinement facilities

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

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Warden and Interviews with Warden, OPS PREA Coordinator, and PREA Site Coordinator, KCRC meets the mandate of this standard. When receiving an allegation that an offender alleges occurred at another Missouri Department of Corrections facility, KCRC initiates a coordinated response for offender sexual abuse. All relevant information is then immediately forwarded to the site coordinator of the facility where the abuse was alleged to have occurred. If the abuse is alleged to have occurred at a facility outside of the Missouri Department of Corrections, a coordinated response is initiated and forwarded to the PREA coordinator within 72 hours and OPS PREA Unit for investigation. KCRC has not received any allegations of sexual abuse that occurred another facility.

## Standard 115.64: Staff first responder duties

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

### 115.64 (a)

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

### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; Prison Rape Elimination Act (PREA) - MDOC Basic Training Section of First Responder; Copies of PREA Allegation Notification Checklist- Institution; KCRC Coordinated Response Protocol; Interviews with Supervisory Staff, Random Staff, Warden, and PREA Site Coordinator, KCRC meets the mandate of this standard. Policies are in place to ensure upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking,



drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In the past 12 months there were six allegations of sexual abuse reported at KCRC that included allegations of staff on offender. There were zero incidents in which security staff and/or non-security staff served as a first responder where the alleged victim was requested to not take any actions that could destroy physical evidence. Both security staff and non-security are trained to serve as first responders to allegations of sexual abuse. Security staff and non-security staff interviewed confirmed their understanding of the agency' Coordinated Response Protocol and their understanding in acting as a first responder. The auditors introduced different scenarios to staff during the interview process that allowed staff to respond to different events in which they would serve as a first responder. All staff to include security and non-security articulated the response protocol duties as noted in policy while notifying the Shift Commander and/or their immediate supervisor. Security staff and non-security staff are issued PREA cards to utilize as a reference when serving as a first responder. Staff maintained possession of these cards and presented them to the auditors during the interview process.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

In accordance with a review of PREA Allegation Notification Checklist – Institution; Coordinated Response for KCRC; D1-8.13 Sexual Abuse and Sexual Harassment; Interviews with Random and Specialized Staff, Warden, PREA Site Coordinator, OPS PREA Coordinator, KCRC meets the mandate of this standard. The KCRC Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocate. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The Protocol list provides guidance for the reporting of various allegations that include: Definitions; Basic Roles & Responsibilities; Penetration/ Sexual assault Exam; Penetration/ No Sexual

assault Exam; Non-penetration Events; Penetration Events; Sexual Harassment; Exceptions and Resources.

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

In accordance with the review of D2-11.6 Labor Organizations; Final Agreement between The State of Missouri Office of Administration, The Department of Corrections Division of Adult Institutions, and Missouri Correctional Officer Association (MOCOA), and Interviews with the Warden, Director of Adult Correctional Institutions, OPS PREA Coordinator, PREA Site Coordinator, KCRC meets the mandate of this standard. MDOC currently does not have a Union. MDOC will not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard.

## Standard 115.67: Agency protection against retaliation

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

### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment, Assessment/Retaliation Status Checklist, Interviews with Director of Adult Institutions, Staff Assigned to Monitor Retaliation, and Warden, KCRC meets the mandate of this standard. The Functional Unit Managers are assigned to conduct retaliation monitoring for offenders who are assigned to their respective housing unit. The PREA Site Coordinator is assigned to conduct staff retaliation monitoring. Interviews with staff assigned to monitor retaliation confirmed the initiation of monitoring begins after the allegation has been reported. After the initial contact, emotionally support services and monitoring is continued 30 days from the initial contact, followed by 60 days and 90 days. A multiple of protection measures are made following any retaliation claims that includes gathering evidence to confirm or rebuke the claims. If deemed necessary, staff will be temporarily reassigned, or the offender will be moved to another housing location. Offenders are monitored for housing changes, program changes,

disciplinary reports, and negative performance reviews by staff, treatment of offenders who reported the sexual abuse to see if there are changes that may suggest retaliation by offenders or staff. If the victim expresses fear of retaliation, monitoring will continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

The auditors confirmed retaliation monitoring was completed for the three sexual abuse investigations for staff on offender with a finding of substantiated and two sexual harassment investigations for staff on offender with the finding of unsubstantiated. The remaining investigations were determined as Unfounded and/or pending. Retaliation monitoring was properly documented by the assigned Retaliation Monitors and ended at 90 days when the threat of retaliation no longer existed. Staff documented meeting dates with staff and offenders and conversations held while addressing any concerns they may have on the Assessment/Retaliation Status Checklist. There were zero reports of retaliation by staff and/or offenders

## Standard 115.68: Post-allegation protective custody

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

### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Directive Segregated Housing for Protection; y Protocol, Interviews with Staff assigned to Supervise Segregated Housing, and Warden, KCRC meets the mandate of this standard. The agency has policies and procedures in place that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives is available. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of sexual abuse or offenders viewed as being at risk of victimization should not be assigned to administrative segregation protective custody for no longer than a 30-day period. Per an interview with the Warden, segregated housing has not been utilized to protect an offender who have alleged to suffered sexual abuse subject to the requirements of 115.43 in the past 12 months of the audit due to other available housing.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

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

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

In accordance with a review of Directive D1-8.1 Office of Professional Standards; OPS Investigative Staff Training Records, Reported Allegation of Sexual Abuse; Review of Investigative Files, Agency Record Retention Schedule; Interviews with Director of Adult Institutions, OPS PREA Coordinator, OPS Investigator, and Warden, KCRC meets the mandate of this standard. A computer-generated roster documented completed specialized training of all OPS Investigators who are authorized to conduct administrative and criminal investigations of sexual abuse and sexual abuse within MDOC. The auditors reviewed the 6 completed investigative files that included a variety of substantiated, unsubstantiated, and unfounded findings. An interview with the OPS Investigator and review of the investigative files confirmed the collection of evidence to support the finding of each investigation. The investigations were thorough and the investigative files contained interviews with alleged victims, suspected perpetrators, and witnesses, any available physical evidence, video monitoring, pictures, background of both the alleged victim and alleged perpetrator, whether staff actions or failure to act contributed to the abuse, review of prior complaints of sexual abuse involving the suspected perpetrator. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Offenders who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. During three investigations of staff on offender sexual abuse, the three staff members resigned prior to the completion of the investigation. Although the findings of the cases were determined to be substantiated, there was insufficient evidence for criminal referral to prosecution. All investigative files are retained for 90 years.

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)

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

### Auditor Overall Compliance Determination

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

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



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

In accordance with D1-8.13 Offender Sexual Abuse and Harassment, and interview with the OPS Investigator, the agency imposes no standard higher than a preponderance of the evidence whether allegations of sexual abuse or sexual harassment are substantiated. KCRC meets the mandate of this standard

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

In accordance with the review MDOC Policy D1-8.13; Review of Completed Investigation Files; PREA Alleged Sexual Abuse by Staff Member Notifications; PREA Alleged Sexual Abuse by Offender Notifications; and Interviews with Warden, OPS Investigator, PREA Site Coordinator, OPS PREA Coordinator, KCRC meet the requirements of this standard. Procedures are in place to notify the offender and/or staff upon closure of the investigation the determined findings of substantiated, unsubstantiated, or unfounded sexual abuse investigations. The OPS Investigator (PREA Unit) provides notification to each MDOC facility of their investigative findings. The PREA Unit is tasked with drafting the offender/staff notification letters within 30 days from the date an investigation is closed. The notification letter is forwarded to the PREA Site Coordinator at the facility where the offender/staff is assigned. The PREA Site Coordinator/designee meets with the offender/staff, request they sign the notification and offers a copy to them. The PREA Site Coordinator then returns the signed notification to the PREA Unit to be maintained within the official investigative file.

The Functional Unit Managers are assigned to deliver the notification to staff and offenders. All notifications are in writing, documented and signed by the offender and/or staff receiving the finding notification and the staff member issuing the findings. There were six allegations of sexual abuse reported. The review of offenders and staff signatures on the notification forms confirmed compliance with this standard. Two allegations of sexual abuse remained pending. Offenders are not discipline for refusing to sign. In the event an investigation is conducted by an outside agency, the OPS PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. However, there were zero investigations completed by an outside agency.

## Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

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

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D2-11.10 Staff Member Conduct: DORS PREA Log for Staff and Contract Staff; Review of Completed Investigative Files, Interviews with Warden, OPS PREA Coordinator, PREA Site Coordinator, KCRC meets the mandate of this standard. Policy address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the agency will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. Per Warden, staff would be placed on no contact with offenders until cleared by the OPS Investigators. Staff interviews revealed an awareness of the agency's zero tolerance policy and disciplinary procedures that pertains to sexual abuse and sexual harassment. Three staff resigned prior to the completion of the investigation in each the findings were determined as substantiated. Therefore, staff were not discipline or terminated for violation of agency zero tolerance of sexual abuse prior to their resignation.

## Standard 115.77: Corrective action for contractors and volunteers

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

### 115.77 (a)

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

### 115.77 (b)

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

## Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment and D2-13.1 Volunteers, Interviews with Contract Staff, Volunteers, and Warden, KCRC meets the mandate of this standard. MDOC has a zero-tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Per the Warden, in regard to sexual abuse allegations made against a VIC, visitation would be suspended and placed on no offender contact until a determination of findings through the OPS Investigator. Regarding contract staff, it would depend on the allegation reported and could result in no offender contact. All investigative finding of Substantiated would result in the termination of services and those applicable would be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with two (2) volunteers and three (3) contractors, and all were aware of the policies as outlined. KCRC reported there were zero incidents reported of volunteers and/or contractors engaging in sexual abuse of an offender since the past twelve months.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; Directive – Disciplinary Sanctions and Mental Health; IS19-1.1 Conduct Rules & Sanctions; Mental Health Notification/Sexual Assault Conduct Violation Letter; Memorandums of Facts. KCRC meets the mandate of this standard. Policy outline disciplinary sanctions that may be imposed on offenders who engage in

sexual abuse and sexual harassment. Offenders are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the acts of an offender's participation in sexual activities will be considered during the discipline process. An offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be substantiated, will not receive discipline for making the report. If an offender is found to be guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. This procedure was confirmed during an interview with the Chief of Mental Health. In the past twelve months, KCRC has had no substantiated investigations to utilize Mental Health input forms. KCRC has had no incidents where an offender was issued a conduct violation for sexual contact with staff after a finding that the staff member did not consent to such contact. There were zero allegations of sexual abuse and/or sexual harassment reported for offender on offender. There were zero disciplinary sanctions imposed on the offender population for Substantiated PREA allegations.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

In accordance with the review of MDOC PREA Risk Assessment Manual; Mental Health Log; Informed Consent for Mental Health Treatment Services; D1-8.13 Offender Sexual Abuse and Harassment; IS11-32 Receiving Screening- Intake Center, KCRC meet the requirement of this standard. Offenders at KCRC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to offenders who have previously perpetrated sexual abuse. SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners and documentation confirmed they obtain informed consent from offenders at the initiation of providing services to offender regards reporting information about prior sexual victimization that did not occur in an institutional setting.

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, if during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening



indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a qualified mental health practitioner within 14 days of the intake screening. Policy mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions. Health services staff confirmed an informed consent is obtained from offenders in accordance with institutional services regarding informed consent at the initiation of services before reporting information about prior sexual victimization that did not occur in an institutional setting.

KCRC has had zero instances in where consent to report history forms for prior sexual victimization that did not occur in an institutional setting.

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

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

#### **115.82 (a)**

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

#### **115.82 (b)**

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

#### **115.82 (c)**

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

#### **115.82 (d)**

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

### **Auditor Overall Compliance Determination**

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

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Sexual Assault Allegation Notification Form; KCRC Coordinated Response Protocol; Medical Accountability Records System; Corizon Health Contractual Requirements; Correspondence from Corizon Health Regional Director of Nursing; Interviews with Director of Nurses, SANE Nurse and Chief of Mental Health Sexual Assault Nursing Protocol; Skills Competency Sexual Assault Nurse Examine; SANE-SART Online Clinical Lesson Plan, Medical Referrals, KCRC meets the mandate of this standard. Policies are in place to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Emergency medical treatment is provided at the facility. Per the Regional Director of Nursing with Corizon Health nursing protocols are available to guide the nurses in the event of a reported sexual assault. Two protocols are in place, one is used when the report is received and another when the patient completes the forensic examination. The providers use their professional and clinical judgment to determine if and what prophylaxis is indicated. Corizon, the department's medical provider, has certified Sexual Assault Nurse Examiners. These nurses are on a rotation schedule by region. The agency does not employ a full time Corizon SANE Nurse. However, the Shift Commander will notify the Corizon SANE Nurse who is on-call. The SANE Nurse is required to report to the facility within four hours. Forensic medical examination involving offender on offender are conducted at KCRC. Forensic medical examinations involving staff on offender are conducted Truman Medical Centers 2301 Holmes St. Kansas City, MO 64108. In the event of an allegation report of a penetration event within 72 hours of the event, mental health staff will respond within 2 hours of notification, or the offender's return from a medical outcount (if necessitated).

All security and non-security first responders are required to immediately make notification of sexual abuse allegations to a security supervisor/shift commander. The shift commander is responsible for making all notifications to include the Director of Nurses and Chief of Mental Health. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided the appropriate response by medical staff who provides 24 hours coverage, and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

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

**115.83 (e)**

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

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

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

**Auditor Overall Compliance Determination**

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

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; KCRC Coordinated Response Protocol and Corizon Health Contractual Requirements; Mental Health Log, KCRC meet the mandate of this standard. Policies are in place to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. KCRC is a male correctional facility and does not house female offenders. Review of files indicates that the evaluation and treatment is offered and documented per policy. Ten allegations of alleged sexual abuse were reported to have occurred at KCRC. Each of the offenders were referred to mental health. All offenders received an assessment within three days of the referral. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical care is available 24 hours and mental health staff are on call 24 hours and can report to the facility within two hours.

KCRC has not had a substantiated investigation where an offender was found guilty of offender’s sexual abuse. However, the Chief of Health Mental confirmed treatment would be offer but not mandated to accept.

<b>DATA COLLECTION AND REVIEW</b>
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**Standard 115.86: Sexual abuse incident reviews**

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

**115.86 (a)**

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

**115.86 (b)**

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Review of PREA Sexual Abuse Debriefing Reports, Interviews with a Member of the Incident Review Team/PREA Site Coordinator and Warden, OPS PREA Coordinator, KCRC meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is determined to be unfounded. There were four sexual abuse investigations completed during the past 12 months of the audit. Three were determined to be substantiated and one was determined to be unfounded. The sexual abuse debriefing included upper-level management officials, investigators, and medical or mental health practitioners, and input from line supervisor. The final review of debriefing is submitted to the OPS PREA Coordinator, CAO, and Assistant Division Director. The debriefings included all measures of this standard. Interview with the Warden indicated the facility would look at any recommendations that resulted from the review or document the reasons for not making the implementations. There were no recommendations made for improvement in the past 12 months of the PREA audit. The debriefings included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information retaining to a forensic exam when applicable, mental health consultation. This information is also included in the facility's annual report.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Incident Data for 2014, 2015, 2016; Incident Date 2017 and 2018, Survey of Sexual Violence Summary Report 2016; Interviews with the Director of Adult Correctional Institutions, Warden and OPS PREA Coordinator, KCRC meets the mandate of this standard. Data needed to complete the annual Survey of Sexual Violence is collected in the Corrections Information Network [COIN] system. Policy D1-8.13 Offender Sexual Abuse and Harassment states, each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March.

The report includes: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year’s data and corrective actions with those from prior years, and an assessment of the facility’s progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report is submitted to the Division Director and the OPS PREA Coordinator no later than the last working day in March. The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include a comparison with prior year’s data, corrective actions, and an assessment of the department’s progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.”

The MDOC PREA Annual Report is published on the MDOC website at <https://doc.mo.gov/programs/PREA/>. The report contains information on the progress the agency has made in the PREA program, a trend analysis of all investigations in the state and correction actions for each facility. The data is collected monthly and reported annually.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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



In accordance with the review of D1-8.13 Sexual Abuse and Harassment, KCRC Annual PREA Report for 2015, 2016, 2017 and 2018; and MDOC PREA Annual Reports posted on the Agency's website were reviewed and meet the requirement of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer, OPS PREA Coordinator or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Coordinator indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

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

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

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; PREA Annual Report and the Agency's PREA Website, the agency meets the mandate of this standard. MDOC policy requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. MDOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

The auditors reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018> containing the audit reports for PREA audits completed. The auditors verified that MDOC since beginning in audit year 3 of cycle 1, has ensured that at least one-third of each facility type operated by the Agency was and/or is scheduled to be audited

The auditors were granted access to all areas of the facility and the ability to observe practices and procedures of staff and the offender population during the site visit. There was no hesitation in the receipt of requested documentation and copies requested by the auditors. The auditors were provided separate private office space to both offender and staff interviews in a private setting.

The auditors received zero correspondences from the offender population. An interview the mail room staff indicated the mail addressed to auditors would have been treated in the manner of legal mail.

## Standard 115.403: Audit contents and findings

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

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued).  Yes  No  NA

### Auditor Overall Compliance Determination

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

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that all previous PREA Final Reports from the correctional facilities within its jurisdiction are published on the Agency's website within 90 days after the final report is issued by the auditor. MDOC meets the requirement of this standard.

## AUDITOR CERTIFICATION

I certify that:

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

*Debra D. Dawson*

*July 12, 2019*

**Auditor Signature**

**Date**