

PREA Facility Audit Report: Final

Name of Facility: Boonville Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/17/2026

Date Final Report Submitted: 09/28/2026

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Kendra Prisk

Date of Signature: 09/28/2026

AUDITOR INFORMATION

Auditor name: Prisk, Kendra

Email: 2kconsultingllc@gmail.com

Start Date of On-Site Audit: 06/08/2026

End Date of On-Site Audit: 06/10/2026

FACILITY INFORMATION

Facility name: Boonville Correctional Center

Facility physical address: 1216 East Morgan Street , Boonville, Missouri - 65233

Facility mailing address: Select,

Primary Contact

Name:	Stanley Knipp
Email Address:	Stanley.Knipp@doc.mo.gov
Telephone Number:	6608826521

Warden/Jail Administrator/Sheriff/Director

Name:	Justin Page, Warden
Email Address:	Justin.Page@doc.mo.gov
Telephone Number:	660-882-6521 ext101

Facility PREA Compliance Manager

Name:	Stanley Knipp
Email Address:	stanley.knipp@doc.mo.gov
Telephone Number:	660-882-6521 104
Name:	Felicia Murphy
Email Address:	felicia.murphy@doc.mo.gov
Telephone Number:	
Name:	Desiree Smith-Hayes
Email Address:	desiree.smithhayes@doc.mo.gov
Telephone Number:	(660) 882-6521
Name:	Lillian Goss
Email Address:	lillian.goss@doc.mo.gov
Telephone Number:	660-882-6521

Facility Health Service Administrator On-site

Name:	Clare Williamson, HSA
Email Address:	clare.williamson@doc.mo.gov

Telephone Number:	660-882-6521 ext 163
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Facility Characteristics	
Designed facility capacity:	842
Current population of facility:	822
Average daily population for the past 12 months:	827
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	19 to
Facility security levels/inmate custody levels:	C-1 Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	276
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	24

AGENCY INFORMATION	
Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102

Telephone number:	5737512389
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Agency Chief Executive Officer Information:	
Name:	Trevor Foley
Email Address:	Trevor.Foley@doc.mo.gov
Telephone Number:	573-526-6607

Agency-Wide PREA Coordinator Information			
Name:	Darren Snellen	Email Address:	darren.snellen@doc.mo.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-06-08
2. End date of the onsite portion of the audit:	2026-06-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	CASA and JDI

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	842
15. Average daily population for the past 12 months:	822
16. Number of inmate/resident/detainee housing units:	14
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	820
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	15
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	4
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	8

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	3
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	76
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The agency/facility does not track specific categories of offenders, including cognitive disability and vision impaired.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	276
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	23

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	19
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected a geographically diverse sample of offenders (random and targeted) for random and targeted interviews. Interviewees (random and targeted) were selected from the following housing units: four from 1, two from 2, three from 3, four from 4, four from 5, five from 7, four from 8 and four from 9.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Of those interviewed (random and targeted), all 30 were male. Seven were black, 20 were white, and three identified as another race or ethnicity. Two of the offenders interviewed were 18 to 25 year of age, twelve were 26 to 35, five were 36 to 45, five were 46 to 55, and six were 56 or older. 22 of the offenders had been at the facility for less than one year and eight were at the facility between a year and five years.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1

48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed risk screening documents and interviewed offenders and staff.
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	4
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed housing assignments for high risk offenders and those who reported sexual abuse.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	13
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Race, gender and ethnicity

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The minimum number of random staff were able to be interviewed. Five staff were from the 8am-4pm shift, five were from the 4pm-12am shift and three were from the 12am-8am shift. Regarding the demographics of the random staff interviewed, nine were male and four were female. One staff was black, eleven were white and one was Hispanic. Six staff were Correctional Officers, two were Sergeants, two were Lieutenant and three were Captains.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	26
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No

66. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☒ Food service ☐ Maintenance/construction ☐ Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.	
71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site portion of the audit was conducted on June 8-10, 2026. The auditor conducted a tour of the facility on June 9, 2026. The tour included all areas associated with the facility to include housing units, laundry, warehouse, intake, visitation, chapel, education, vocation, maintenance, food service, health services, recreation, industries, outside building, canteen, clothing, barn, front entrance, and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for offenders in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility via the PREA Posters, TIPS Poster, PREA Advocacy Poster and Department of Public Safety (DPS) Poster. The PREA Posters were observed in English and Spanish on letter size paper. The DPS Poster was in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was displayed on letter size paper in English. The auditor did not view any local advocacy information. Posted information was observed on bulletin boards, in the sally port of housing units and across many common areas. PREA information was also observed on the offender tablet system. The PREA Brochure (English and Spanish), DPS Poster (English and Spanish), TIPS Poster (English), PREA Advocacy Poster (English) and PREA Posters (English and Spanish) were observed on the tablet system.

Third party reporting information was observed in visitation via the PREA Third Party Reporting Poster. The PREA Third Party Reporting Poster was in English on letter size paper. The auditor did not observe any third party reporting information at the front entrance.

During the tour the auditor confirmed the facility follows a staffing plan. There was at least one security staff member assigned to each housing unit. Additional security staff were assigned to work, program and common areas. Where staff were not directly assigned, routine security checks were required. The auditor observed that the facility was not overcrowded. The auditor noted that lines of sight were poor due to the age and physical plant, however supervision and monitoring was adequate and as such lines of sight were adequate with rounds and video monitoring. The auditor did not observe any blatant blind spots but did observe areas that would benefit from mirrors and/or video monitoring technology.

During the tour the auditor observed cameras in housing units and most work and common areas. The auditor verified that cameras assist with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplement staffing. The auditor viewed a few cameras that needed upgraded due to quality. Cameras are actively monitored by housing unit staff and work and program area staff. Cameras can also be remotely viewed by shift supervisors and administrative level staff.

Regarding cross gender viewing, the auditor confirmed that housing units provided privacy through half walls, frosted/opaque windows, saloon style doors, and doors with security windows. The auditor observed the strip search areas and confirmed there were no cross gender viewing issues. A review of video monitoring technology noted large black boxes over shared shower areas. The auditor did identify issues with two cells, a housing unit bathroom and two search areas. It should be noted that all bathroom cameras are restricted and are not actively monitored. During the tour the auditor heard the opposite gender announcement upon entry into half of the housing units. The announcement was

either verbal or over the loudspeaker.

Medical and mental health records are paper and electronic. Paper files are maintained in medical records, which is staffed Monday through Friday during business hours. The records room is secure after hours with limited access. Electronic records are maintained in the Missouri Corrections Integrated System (MOSIC), which is only accessible to medical and mental health care staff. Offenders risk assessments are documented electronically via the MOSIC system. The auditor had a security staff member pull up the risk screening information in MOSIC. The auditor viewed that the staff did not have access and was given an error message that noted they were not authorized to view the information. Paper risk screening files are maintained in the master file records room, which is staffed Monday through Friday during business hours. After hour access to the master file records room is limited. Investigative files are electronic and are maintained in the Investigative Reporting Intelligence System (IRIS), which has limited access.

During the tour the auditor observed the mail process. A locked box is in each housing building where offenders can place mail. The mailroom staff indicated that incoming regular mail from family and friends is electronic and comes in through the tablet system. Staff review all incoming electronic regular mail prior to it being released to the offender tablet. Incoming legal mail is not inspected and is provided to the Case Manager. The offender opens the mail in front of the Case Manager. Outgoing electronic regular mail goes through the tablet system. Staff review outgoing mail prior to it being released to the recipient. Outgoing regular physical mail is provided to the mailroom unsealed. All outgoing regular mail is opened and reviewed by staff. Legal mail is provided to the mailroom sealed. Mailroom staff do not

open legal mail but rather stamp it and send it out. The mailroom staff advised they were unfamiliar with how mail to DPS and the rape crisis centers is treated.

The auditor observed the intake process through a demonstration. Offenders are provided the PREA Brochure upon arrival. PREA information is also accessible on the offender tablet.

The auditor observed the initial risk screening process. The initial risk assessment is completed in housing unit six in an office. Staff ask the first ten questions on the Adult Internal Risk Assessment questionnaire, including, if they have ever been approached for sex, sexual orientation, gender identity, prior sexual victimization, perception of vulnerability, etc. The staff also review information from the offender record, including criminal history and institutional discipline. Staff use both information from verbal responses and the file review to complete the risk assessment. The risk reassessment process is completed in a private office setting, one-on-one. The staff complete the same process as the initial, including verbally asking questions and reviewing file information.

The auditor tested the internal reporting mechanism during the tour. With the assistance of an offender, the auditor called the PREA hotline on June 9, 2026 from a phone in an offender housing unit. The offender dialed "1" for a collect call, was prompted to enter his pin number and then entered the hotline number. The auditor left a message on the PREA hotline voicemail. The auditor was provided confirmation by the PC on the same date that the call was received by the PREA office.

The auditor also tested the external reporting mechanism via a letter to DPS. The auditor sent a letter to DPS. The auditor obtained an

envelope and sent a letter to DPS. The auditor observed the mailing address on the PREA posted information. Residents can remain anonymous as the letter does not require a return address. Additionally, it does not require postage. The DPS is utilized for numerous services and as such they are not just an organization to report sexual abuse. The auditor received confirmation within two weeks that the letter was received by the Department of Public Safety. The DPS staff advised she would scan the letter and send it to the MO DOC PREA office. She further confirmed that offenders can remain anonymous when reporting.

Additionally, during the tour, the auditor asked staff to demonstrate how they would document a verbal report of sexual abuse. Staff indicated all verbal reports would be documented in an Interoffice Communication (IOC). The IOC would be completed on the computer and printed out. The IOC would then be submitted to the Shift Commander.

The auditor tested the third-party reporting mechanism. The auditor sent an email to the email address found on the agency website. The auditor received confirmation from the PREA Coordinator on the same date that the email was sent that it was received and that the information would be forwarded to the facility PREA Compliance Manager to initiate the coordinated response and submit a Report for Investigation (RFI).

The facility provides access to emotional support services through JDI and RAINN. The phone numbers and mailing addresses to JDI and RAINN are provided via the PREA Advocacy Poster. Offenders can send correspondence via legal mail. Offenders can call the hotline numbers, but they are required to pay for these calls. Offenders are advised the calls are monitored. The auditor was unable to test the hotline due to the cost to the offenders. The auditor did review the

mail process to confirm access via written correspondence.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Education is completed in a closed housing unit. Chairs are set up in one room of the building and offenders watch the PREA What You Need to Know video on a 26 inch television screen. Staff complete orientation during this time and verbally advise offenders how to report sexual abuse or sexual harassment.

During offender interviews the auditor utilized a staff translator to assist with a LEP resident interview. One staff was utilized for Spanish translation; however, the staff was not proficient, and translation could not be completed verbally. The staff pulled up google translate on the computer and proceeded to utilize this method for the remainder of the interview. The auditor confirmed that the facility has access to translators and interpreters through the agency contracts. Staff call the organizations and schedule the services. This was tested previously for American Sign Language, and it was determined that resources could not be provided for two weeks. The agency also has a list of staff across all facilities that can serve as translators and interpreters in person or via phone.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes

☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit the auditor requested personnel and training files of staff, Offender files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is below.

Personnel and Training Files. The auditor reviewed 32 personnel and/or training records that included four staff hired in the previous twelve months, two contractors hired within the previous twelve months, three staff employed longer than five years, two contractors employed longer than five years and three staff promoted in the previous twelve months. The review included four volunteers, six contractors and four medical and mental health care staff.

Offender Files. A total of 31 offender files were reviewed. Six were disabled offenders, one was an LEP offender, and seven were offender who disclosed prior sexual victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening.

Medical and Mental Health Records. The auditor reviewed medical and mental health documents for ten offenders who reported sexual abuse or sexual harassment and seven offenders who disclosed prior sexual victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening.

Grievances. The facility indicated they had zero sexual abuse grievances in the previous twelve months. The auditor reviewed the grievance log and grievances categorized as "PREA".

Incident Reports. The auditor reviewed the incident reports associated with the ten investigations reviewed.

Investigation Files. The auditor reviewed

documentation for ten investigations (seven closed and three still ongoing). All eight completed investigations were administrative, and one was referred for prosecution.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	0	3	0
Staff-on-inmate sexual abuse	3	1	3	1
Total	6	1	6	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	0	1	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	0	1	1
Staff-on-inmate sexual abuse	0	0	0	3
Total	1	0	1	4

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	0	0	0
Staff-on-inmate sexual harassment	1	0	0	0
Total	2	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

6

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

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

1

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: - Pre-Audit Questionnaire - D1-8.13 Offender Sexual Abuse and Harassment - D1-8.1 Office of Professional Standards - D1-8.4 Institutional Investigations - D1-8.8 Evidence Collection Accountability & Disposal - D1-8.9 Crime Tips and PREA Hotlines - D2-2.2 Background Investigations - D2-2.23 Candidate Selection

9. D2-9.1 Employee Discipline
10. D2-11.6 Labor Organization
11. D2-11.10 Staff Member Conduct
12. D2-11.14 Annual Staff Member Requirements
13. D2-13.1 Volunteers & Reentry Partners
14. D2-13.2 Student Interns
15. D5-3.2 Offender Grievance
16. D5-5.1 Deaf and Hard of Hearing Offenders
17. IS5-1.2 Institution Receiving and Orientation
18. IS5-2.3 Offender Internal Classification
19. IS5-3.1 Offender Housing Assignments
20. IS5-3.3 Transgender and Intersex Offenders
21. IS6-1.3 Offender Personal Appearance and Grooming
22. IS11-34.1 Health Assessment – Physical Examination at Reception
23. IS18-1.1 Required Activities
24. IS19-1.6 Offender Accountability Program
25. IS20-1.1 Post Orders
26. IS20-1.3 Searches
27. IS21-1.1 Temporary Administrative Segregation Confinement
28. IS21-1.2 Administrative Segregation
29. IS21-1.3 Protective Custody
30. IS21-1.4 Disciplinary Segregation
31. Offender Rulebook
32. Agency Organizational Chart
33. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator

2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of offenders. The agency has a comprehensive PREA policy, D1-8.13 Offender Sexual Abuse and Harassment. Page 5 states that the department has a zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Pages 2-4 include the definitions of sexual abuse and sexual harassment and prohibited behavior. Pages 6 and 22-23 include the sanctions and process for those found to have participated in prohibited behaviors. D1-8.13 outlines the strategies and responses to preventing, detecting and responding to sexual abuse and sexual harassment. In addition to the D1-8.13, the agency has numerous other policies that address specific areas of the prevention, detection and response. These policies include: D1-8.1, D1-8.4, D1-8.8, D1-8.9, D2-2.2, D2-2.23, D2-9.1, D2-11.6, D2-11.10, D2-11.14, D2-13.1, D2-13.2, D5-3.2, D5-5.1, IS5-1.2, IS5-2.3, IS5-3.1, IS5-3.3, IS6-1.3, IS11-34.1, IS18-1.1, IS19-1.6, IS20-1.1, IS20-1.3, IS21-1.1, IS21-1.2, IS21-1.3, and IS21-1.4. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC and PCMs, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, offender education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and offenders, incident reviews and data collection. The policies are consistent with the PREA standards and outline the agency's approach to sexual safety.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator that has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ stated the position of the PC is within the Office of the Director. D1-8.13, page 6 states to ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and

	respond to offender sexual abuse, harassment, and retaliation. The agency's organizational chart confirms that the PC position is an upper-level position and is agency-wide. The organization chart notes that the PC reports to the Director of the Office of Professional Standards, who in turn reports to the agency Director. The interview with the PC indicated he has enough time to manage all of his PREA related responsibilities. He stated that there are 27 facility PREA Compliance Managers and he does training annually for the staff. The PC further advised if he identifies an issue, he tries to solve it at the lowest level. He works with the Wardens and has a good communication route with leadership within the agency. It should be noted that the PC is very knowledgeable and involved in the PREA compliance process across all facilities. 115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's effort to comply with the PREA standards. The PAQ stated the position of the PCM at the facility is the Deputy Warden who reports to the Warden. D1-8.13, page 6 states each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. A review of the facility organization chart confirms that the Deputy Warden reports directly to the Warden. The interview with the PREA Compliance Manager indicated he has enough time to manage all of his PREA related responsibilities. He advised he follows the PREA policy and ensures that when an allegation is reported they start the process right away. The PCM stated if they identify an issue complying with a standard, they make appropriate changes to fix it. Based on a review of the PAQ, D1-8.13, D1-8.1, D1-8.4, D1-8.8, D1-8.9, D2-2.2, D2-2.23, D2-9.1, D2-11.6, D2-11.10, D2-11.14, D2-13.1, D2-13.2, D5-3.2, D5-5.1, IS5-1.2, IS5-2.3, IS5-3.1, IS5-3.3, IS6-1.3, IS11-34.1, IS18-1.1, IS19-1.6, IS20-1.1, IS20-1.3, IS21-1.1, IS21-1.2, IS21-1.3, IS21-1.4, the organizational charts and information from interviews with the PC and PCM, this standard appears to be compliant.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire

	2. D1-8.13 Offender Sexual Abuse and Harassment 3. Blank Solicitation and Contract Findings (By Provision): 115.12 (a): The PAQ indicated the agency has not entered into or renewed a contract for the confinement of offenders since the last PREA audit. The PAQ stated that the agency does not contract for confinement of offenders. D1-8.13, page 6 states all community confinement facilities shall adopt and comply with PREA standards as outlined in their contract with the department. The department shall regularly audit community confinement facilities to ensure compliance with the PREA standards. A review of the blank solicitation (Request for Proposal) noted that Section 2.6 is the PREA requirements, which notes that the contractor must be in compliance with 28 Code of Federal Regulations (CFR) Part 115. The contract also requires that no later than 120 calendar days after receiving the first client, the contractor shall complete a PREA audit by a DOJ approved PREA auditor and shall provide a copy of the PREA audit results to the state agency within ten working days. 115.12 (b): The PAQ stated that the agency does not contract for confinement of offenders. D1-8.13, page 6 states all community confinement facilities shall adopt and comply with PREA standards as outlined in their contract with the department. The department shall regularly audit community confinement facilities to ensure compliance with the PREA standards. A review of the blank solicitation (Request for Proposal) noted that Section 2.6 is the PREA requirements, which notes that the contractor must be in compliance with 28 Code of Federal Regulations (CFR) Part 115. The contract also requires that no later than 120 calendar days after receiving the first client, the contractor shall complete a PREA audit by a DOJ approved PREA auditor and shall provide a copy of the PREA audit results to the state agency within ten working days. Based on the review of the PAQ, D1-8.13, and blank solicitation, this standard appears to be compliant.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. D1-8.13 Offender Sexual Abuse and Harassment
3. IS20-1.1 Post Orders
4. Staffing Plan
5. Annual Staffing Plan Reviews
6. Shift Rosters
7. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interviews with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse. D1-8.13, page 7 states the department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. The PAQ indicated that the current staffing plan is based on 828 offenders, and the average daily population at the facility was 764. The facility

employs 276 staff. A review of the daily shift rosters indicated that each shift has at least one Shift Supervisor/Commander and numerous other intermediate or higher level supervisors. Correctional Officers are assigned to posts throughout the facility including in housing units, common areas, work areas and program/education areas. A review of the staffing plan notes that it includes narrative for each element under this provision as well as post analysis, master roster, vacancy report breakdown, facility organizational chart and daily shift summaries. During the tour the auditor confirmed the facility follows a staffing plan. There was at least one security staff member assigned to each housing unit. Additional security staff were assigned to work, program and common areas. Where staff were not directly assigned, routine security checks were required. The auditor observed that the facility was not overcrowded. The auditor noted that lines of sight were poor due to the age and physical plant, however supervision and monitoring was adequate and as such lines of sight were adequate with rounds and video monitoring. The auditor did not observe any blatant blind spots but did observe areas that would benefit from mirrors and/or video monitoring technology. During the tour the auditor observed cameras in housing units and most work and common areas. The auditor verified that cameras assist with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplement staffing. The auditor viewed a few cameras that needed upgraded due to quality. Cameras are actively monitored by housing unit staff and work and program area staff. Cameras can also be remotely viewed by shift supervisors and administrative level staff. The interview with the Warden confirmed that the facility has a staffing plan and the plan provides for adequate levels to protect offenders from sexual abuse. He advised they review the staffing plan annually and they complete a weekly evaluation of current staffing. The Warden confirmed that video monitoring is part of the staffing plan and that the staffing plan is documented. The Warden noted all elements under this provision are considered in the staffing plan. He advised they must figure out day shift because that is when they have the most parts running and so more essential posts are on first and third shift. The Warden advised they check for compliance with the staffing plan through review of the shift chronology/summaries. The interview with the PCM indicated they have housing units with at least one staff member, they do unannounced rounds, they monitor the number of offenders in each housing unit and high security areas have additional staff and video monitoring. He noted the elements under this provision are considered in the staffing plan.

115.13 (b): The PAQ indicated that this provision does not apply as they do not deviate from the staffing plan. D1-8.13, page 7 states each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted. The Warden confirmed that any deviations from the staffing plan are documented on the shift summary. He stated they have not had to deviate as they have volunteers for overtime. A review of shift rosters note that they outline which posts are filled and which are not for each shift, including those posts covered by overtime. A review of Shift Summaries also notes that they outline deviations from the staffing plan related to those staff who were not

working due to absences and those staff that were working overtime to fill positions.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. D1-8.13, page 23 states each facility shall utilize information from the offender sexual abuse incident debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The staffing plan was most recently reviewed on June 4, 2026 by the PCM and Warden. The review was then sent to the PC. The plan was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The review included a review of all elements under provision (a) as well. The staffing plan was previously reviewed on October 16, 2024. The interview with the PC confirmed that he reviews each facility's staffing plan annually.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further indicated that the unannounced rounds are documented, they cover all shifts and the facility prohibits staff from alerting other staff of the conduct of such rounds. D1-8.13, page 7 states each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure. IS20-1.1, page 2 states the CAO of each institution shall ensure post orders for supervisory custody officers include requirements of conducting unannounced rounds on each shift, in all areas of the facility, and documenting said rounds on the staff member sign-in form. Interviews with intermediate-level or higher-level facility staff confirmed they make unannounced rounds and that the unannounced rounds are documented on the shift summaries. Staff stated they ensure staff don't notify one another of the rounds by making them irregular and not going the same time or route. A review of documentation for six weeks selected by the auditor during the previous twelve months noted rounds were not completed at least once a week across each shift.

Based on a review of the PAQ, D1-8.13, Staffing Plan, Annual Staffing Plan Reviews, Shift Rosters, Unannounced Rounds, observations made during the tour and

interviews with the Warden, PC, PCM and intermediate-level or higher-level facility staff, this standard appears to require corrective action. A review of documentation for six weeks selected by the auditor during the previous twelve months noted rounds were not completed at least once a week across each shift.

Recommendation

The auditor recommends the facility install a mirror in laundry. The auditor also highly recommends the facility install cameras or add additional cameras to maintenance, intake, powerhouse, garage, carpentry, lawn maintenance, barn, and storage buildings.

Corrective Action

The facility will need to ensure unannounced rounds are made at least weekly across all shifts in each area. The facility will need to provide four to six consecutive weeks of rounds during the corrective action period illustrating appropriate rounds.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Unannounced Rounds

The facility provided documentation from June 1, 2026 through June 27, 2026. The documentation illustrated that unannounced rounds were completed across the facility on each shift at least weekly.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. IS5-3.1 Offender Housing Assignments 4. Population Age Report 115.14 (a): The PAQ indicated this provision does not apply as the facility does not house youthful offenders. D1-8.13, page 10 states a youthful offender shall not be placed in a housing unit in which he shall have sight, sound, or physical contact with any adult offender through use of a shared day room or other common space, shower area, or sleeping quarters in accordance with the institutional services procedure regarding offender housing assignments. IS5-3.1, page 2 states youthful offenders shall only be housed with other youthful offenders or alone. A youthful offender shall not be placed in a housing unit in which he shall have sight, sound, or physical contact with any adult offender through use of a shared day room or other common space, shower area, or sleeping quarters. Staff members shall avoid placing youthful offenders in isolation to comply with this provision. If sight and sound separation is not possible, staff members shall provide direct supervision. Staff members shall provide direct supervision when offenders may have unavoidable contact with adult offenders. A review of the population age report confirmed the facility does not house youthful offenders. 115.14 (b): The PAQ indicated this provision does not apply as the facility does not house youthful offenders. IS5-3.1, page 2 states youthful offenders shall only be housed with other youthful offenders or alone. A youthful offender shall not be placed in a housing unit in which he shall have sight, sound, or physical contact with any adult offender through use of a shared day room or other common space, shower area, or sleeping quarters. Staff members shall avoid placing youthful offenders in isolation to comply with this provision. If sight and sound separation is not possible, staff members shall provide direct supervision. Staff members shall provide direct supervision when offenders may have unavoidable contact with adult offenders. 115.14 (c): The PAQ indicated this provision does not apply as the facility does not house youthful offenders. IS5-3.1, page 2 states youthful offenders who are placed in

	segregated housing, assigned to disciplinary segregation, or to the infirmary shall only be housed with another youthful offender or in a single cell in accordance with the institutional services procedures regarding temporary administrative segregation confinement and disciplinary segregation. To the extent possible, youthful offenders shall have access to work, programs, and/or activities in accordance with department and institutional services procedures. Based on a review of the PAQ, D1-8.13, IS5-3.1, population age report, and observation during the tour, this standard appears to be compliant.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. IS20-1.3 Searches 4. IS11-34.1 Health Assessment – Physical Examination at Reception 5. Search Documents 6. Searches Training Curriculum 7. DOCOTA Training Slides 8. Staff Training Records Interviews: 1. Interviews with Random Staff 2. Interviews with Random Offenders Site Review Observations: 1. Observations of Bathrooms, Showers and Strip Search Areas 2. Opposite Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of offenders and that there have been zero search of this kind in the previous twelve months. D1-8.13, page 11, states cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches. IS20-1.3, page 7 states strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Upon request, offenders who identify as transgender or intersex, shall be provided privacy from other offenders when being strip searched.

115.15 (b): The PAQ indicated that the facility does not house female offenders and therefore this standard does not apply. IS20-1.3, page 8 states all pat searches of female offenders shall be conducted by a staff member of the same gender, unless exigent circumstances exist. These cross gender pat searches shall be immediately reported to the shift supervisor, and the searching staff member shall document the search on the cross gender search form. The shift supervisor shall make all applicable notifications in accordance with SOP and forward the cross gender search form to the PREA site coordinator.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Additionally, the PAQ indicated that the facility does not house female offenders and as such this provision does not apply. D1-8.13, page 11, states cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches. IS20-1.3, page 7 states staff members shall document a cross gender strip search on the cross gender search form. The shift supervisor shall make all applicable notifications in accordance with SOP and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. Page 8 further states all pat searches of female offenders shall be conducted by a staff member of the same gender, unless exigent circumstances exist. These cross gender pat searches shall be immediately reported to the shift supervisor, and the searching staff member shall document the search on the cross gender search form. The shift supervisor shall make all applicable notifications in accordance with SOP and forward the cross gender search form to the PREA site coordinator.

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an offender housing unit. D1-8.13, page 11 states offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches. Staff members of the opposite gender shall announce their presence prior to entering an offenders housing unit. If an opposite gendered staff member is assigned to the housing unit, the announcement shall be made at the beginning of the shift. If there is no opposite gendered staff member assigned to the housing unit, an announcement shall be made each time an opposite gendered staff member enters the housing unit. Each time a cross gender announcement is made it shall be recorded in the housing unit chronological log. Regarding cross gender viewing, the auditor confirmed that housing units provided privacy through half walls, frosted/opaque windows, saloon style doors, and doors with security windows. The auditor observed the strip search areas and confirmed there were no cross gender viewing issues. A review of video monitoring technology noted large black boxes over shared shower areas. The auditor did identify issues with two cells, a housing unit bathroom and two search areas. It should be noted that all bathroom cameras are restricted and are not actively monitored. During the tour the auditor heard the opposite gender announcement upon entry into half of the housing units. The announcement was either verbal or over the loudspeaker. Interviews with thirteen random staff confirmed that offenders have privacy from opposite gender staff when showering, using the restroom and changing their clothes. Additionally, all thirteen stated that staff of the opposite gender announce when entering housing units. Interviews with 30 offenders indicated 23 have privacy when showering, using the restroom and changing their clothes. Additionally, 21 of the 30 offenders stated that opposite gender staff announce when entering housing units.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status and that no searches of this nature have occurred within the previous twelve months. D1-8.13, page 9 states if the gender of the offender is unknown at the time of intake, staff members shall not search the offender for the sole purpose of determining the offender's genital status in accordance with the institutional services and probation and parole procedure regarding transgender and intersex offenders or clients. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Page 11 further states staff members shall

not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, diagnostic center reception and orientation, and receiving screening intake center. IS11-34.1, page 4 states the facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined 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 the responsible physician. Interviews with thirteen staff indicated six were aware of a policy prohibiting searching a transgender or intersex offender for the sole purpose of determining the offender's genital status. There were zero transgender offenders at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.15 (f): D1-8.13, page 11 states custody staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs. The PAQ confirmed that 100% of security staff completed training on conducting cross gender pat-down searches and searches of transgender and intersex offenders. A review of the Searches training curriculum notes that page 5 performance objective includes performing a thorough same gender and cross gender pat search, according to policy guidelines and PREA standards, taking into consideration searches and professionalism. The training then outlines the appropriate procedure for female staff searching male offenders and male staff searching female offenders (it notes male staff searching female offenders will only occur during an exigent circumstance). The training includes video on same gender searches and cross gender searches. The training also revisits that staff learned about unique searches, including transgender, intersex, gender unknown and youthful offenders, during DOCOTA. The DOCOTA search slides outline that staff will utilize the female search techniques for transgender searches. Interviews with thirteen staff indicated ten had received training on cross gender searches and searches of transgender offenders. A review nineteen staff training records indicated seventeen had received search training.

Based on a review of the PAQ, D1-8.13, IS20-1.3, IS11-34.1, Search Documents, Searches Training Curriculum, DOCOTA Training Slides, Staff Training Records, Staff Training on Opposite Gender Announcement, observations made during the tour as well as information from interviews with random staff, random offenders and transgender offenders, this standard appears to require corrective action. The auditor identified cross gender viewing issues with two cells, a housing unit bathroom and two search areas. During the tour the auditor heard the opposite gender announcement upon entry into half of the housing units. The announcement was either verbal or over the loudspeaker.

	Corrective Action The facility will need to make appropriate modifications to video monitoring technology. Confirmation of the modifications will need to be provided. The facility will need to conduct training with staff on the opposite gender announcement policy and procedure. Confirmation of the training will need to be provided. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Photos of Modifications 2. Staff Training The facility provided photos illustrating the modification to the video monitoring technology. Black boxes were placed over appropriate areas, including the toilets, confirming the cross gender viewing issue was alleviated. The facility completed electronic GPS training with staff on the opposite gender announcement. A PowerPoint training was provided that included the PREA Resource Center's Frequently Asked Questions on procedure for opposite gender announcements, as well as confirmation that over 75% of the staff had completed the training. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.16	Inmates with disabilities and inmates who are limited English proficient
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D5-5.1 Deaf and Hard of Hearing Offenders 4. PREA Brochure 5. PREA Posters 6. PREA Advocacy Poster 7. Department of Public Service (DPS) Poster 8. Offender Rulebook 9. PREA Adult Comprehensive Education Video 10. Sign Language Interpretation Service Information 11. Verbal Language Interpretation Service Information 12. Staff Translator List Interviews: 1. Interview with the Agency Head Designee 2. Interviews with LEP and Disabled Offenders 3. Interviews with Random Staff Site Review Observations: 1. Observations of Posted PREA Information Findings (By Provision): 115.16 (a): The PAQ stated that the agency has established procedures to provide disabled offenders 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. D5-5.1, page 3 states that deaf or hard of hearing offenders shall be offered the assistance of qualified interpreters and have other auxiliary aids explained to them during the diagnostic process. The policy outlines the aids and services available to deaf and hard of hearing offenders. The agency has a contract for Sign Language Interpretation Services. Additionally, the agency has a list of over fifteen staff that can serve as American Sign Language interpreters. A review of the PREA Brochure, PREA Posters, PREA Advocacy Poster, DPS Poster, and Rulebook confirmed that they are available in larger print. The PREA Brochure is also available in Braille. The PREA Adult Comprehensive Education Video is available in American Sign Language and includes text related to the verbal information provided. The auditor observed PREA information posted throughout the facility via the PREA Posters, TIPS Poster, PREA Advocacy Poster and Department of Public Safety (DPS) Poster. The PREA Posters were observed in English and Spanish on letter size paper. The DPS Poster was in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was displayed on letter size paper in English. The auditor did not view any local advocacy information. Posted information was observed on bulletin boards, in the sally port of housing units and across many common areas. PREA information was also observed on the offender tablet system. The PREA Brochure (English and Spanish), DPS Poster (English and Spanish), TIPS Poster (English), PREA Advocacy Poster (English) and PREA Posters (English and Spanish) were observed on the tablet system. During offender interviews the auditor utilized a staff translator to assist with a LEP resident interview. One staff was utilized for Spanish translation; however, the staff was not proficient, and translation could not be completed verbally. The staff pulled up google translate on the computer and proceeded to utilize this method for the remainder of the interview. The auditor confirmed that the facility has access to translators and interpreters through the agency contracts. Staff call the organizations and schedule the services. This was tested previously for American Sign Language, and it was determined that resources could not be provided for two weeks. The agency also has a list of staff across all facilities that can serve as translators and interpreters in person or via phone. The interview with the Agency Head Designee confirmed that the agency takes appropriate steps to ensure offenders with disabilities and offender who are limited English proficient have 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. He advised they have a comprehensive Americans with Disabilities process for offenders. He stated they have signs and materials available in all languages, and they have contractors for American Sign Language and language translation services. Interviews with five disabled offenders indicated three were provided PREA information in a format that they could understand. It should be noted that this will be addressed under PREA standard 115.33.

115.16 (b): The PAQ stated that the agency has established procedures to provide offenders with limited English proficiency 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. The agency has a contract for Verbal Language Interpretation Services. Additionally, the agency has a list over 60 staff who can provide translation services. A review of the PREA Brochure, PREA Posters, PREA Advocacy Poster, DPS Poster, and Rulebook confirmed they were available in English and Spanish. Additionally, the PREA Brochure is available in six other languages. The PREA Adult Comprehensive Education Video is available in English and Spanish and includes text related to the verbal information provided. The auditor observed PREA information posted throughout the facility via the PREA Posters, TIPS Poster, PREA Advocacy Poster and Department of Public Safety (DPS) Poster. The PREA Posters were observed in English and Spanish on letter size paper. The DPS Poster was in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was displayed on letter size paper in English. The auditor did not view any local advocacy information. Posted information was observed on bulletin boards, in the lobby port of housing units and across many common areas. PREA information was also observed on the offender tablet system. The PREA Brochure (English and Spanish), DPS Poster (English and Spanish), TIPS Poster (English), PREA Advocacy Poster (English) and PREA Posters (English and Spanish) were observed on the tablet system. During offender interviews the auditor utilized a staff translator to assist with a LEP resident interview. One staff was utilized for Spanish translation; however, the staff was not proficient, and translation could not be completed verbally. The staff pulled up google translate on the computer and proceeded to utilize this method for the remainder of the interview. The auditor confirmed that the facility has access to translators and interpreters through the agency contracts. Staff call the organizations and schedule the services. This was tested previously for American Sign Language, and it was determined that resources could not be provided for two weeks. The agency also has a list of staff across all facilities that can serve as translators and interpreters in person or via phone. The interview with one LEP offender indicated he was not provided PREA information in a format that they could understand. It should be noted that this will be addressed under PREA standard 115.33.

115.16 (c): The PAQ stated that agency policy prohibits the use of offender interpreters, offender readers, or other types of offender assistants except in limited circumstances. The PAQ further indicated the facility documents the limited circumstances in individual cases where offender interpreters, readers or other assistants are used as they do not use offenders for interpreters, readers and other types of assistants. D1-8.13, page 9 states offender interpreters or offender readers shall not be utilized. Page 14 further states offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation. The PAQ expressed that there were zero instances where an offender was utilized to interpret, read or provide other types of assistance. Interviews with thirteen random staff indicated seven were aware of a policy prohibiting the use of offender interpreters, readers and assistants for sexual abuse allegations. Interviews with five disabled offenders and one LEP offender

indicated three were provided PREA information in a format they could understand. None of the six advised an offender was used to translate, interpret or read for them.

Based on a review of the PAQ, D1-8.13, PREA Brochure, PREA Posters, PREA Advocacy Poster, DPS Poster, Offender Rulebook, PREA Adult Comprehensive Education Video, Sign Language Interpretation Service Information, Verbal Language Interpretation Service Information, Staff Translator List, Staff Training, observations made during the tour as well as interviews with the Agency Head Designee, random staff and LEP and disabled offenders, this standard appears to require corrective action. Interviews with thirteen random staff indicated seven were aware of a policy prohibiting the use of offender interpreters, readers and assistants for sexual abuse allegations.

Recommendation

The auditor highly recommends the facility/agency contract with a services that can provide immediate translation virtually and via phone.

Corrective Action

The facility will need to provide training with staff on the prohibition under provision (c) and the resources to utilize in lieu of offenders.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. Propio Language Service Information
3. Information on Digital Translation Device

	The facility provided a PowerPoint training in GPS that outlined the prohibition under provision (c) as well as the resources available to use in lieu of offenders. The training noted that the agency has a staff translator list that can be utilized. Additionally, the agency entered into a contact with Propio Language Services to provide over the phone and virtual translation when needed. Further, the facility also purchased a digital interpreter device that can be utilized without Wi-Fi to translate between staff and offenders. The facility provided confirmation that over 75% of the staff had completed the GPS training. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D2-2.2 Background Investigations 4. D2-11.14 Annual Staff Member Requirements 5. D2-13.1 Volunteers & Reentry Partners 6. D2-2.23 Candidate Selection 7. D2-5.1 Maintenance of Employee Records 8. Pre-Employment PREA Check 9. Application for Employment 10. Employee Handbook 11. Staff and Contractor Personnel Files Interviews: 1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with offenders and prohibits enlisting the services of any contractor who may have contact with offenders who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. D1-8.13, page 7 states staff members shall not hire or promote any person, staff member, or enlist the services of any contractor that may have contact with an offender when it is known that he: a. has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; b. has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or c. has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse. D2-2.2, page 3 states prior to approval of a promotional appointment, regardless of the salary range, a check will be conducted of the employee's official personnel file through central office human resources. This check will be performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations will be considered by the department before an employee is promoted. The auditor requested documentation for four staff hired in the previous twelve months. At the issuance of the interim report appropriate documentation has not been provided. The auditor requested documentation for two contractors hired in the previous twelve months. At the issuance of the interim report appropriate documentation had not been provided.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with offenders. The Human Resource staff member confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with offenders, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for

information on substantiated allegations of sexual abuse or any resignations during a pending investigation. The PAQ indicated that 276 people were hired in the previous twelve months who had a criminal background records check completed. D1-8.13, page 7 states before hiring new staff members a worksite personnel staff member or designee shall perform a criminal background records check; and attempt 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 in accordance with the department procedure regarding background screening. D2-2.2, page 2 states individuals being interviewed for positions within the department shall be notified that a background investigation will be completed prior to his/her employment with the department. A review of the Pre-Employment PREA Check form confirms that it includes areas for staff to contact prior institutional employers and ask three questions, including whether the applicant had any substantiated allegations of sexual abuse or sexual harassment and if the applicant resigned pending an investigation of an allegation of sexual abuse. The interview with the Human Resource staff member confirmed that a criminal background records check is completed for all applicants prior to hire and the agency attempts to contact all prior institutional employers about any substantiated allegations of sexual abuse or resignations during investigation. She stated they query MULES, which includes national, state and local criminal histories. The auditor requested documentation for four staff hired in the previous twelve months. At the issuance of the interim report appropriate documentation has not been provided.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with offenders. The PAQ indicated that there have been zero contracts for services where criminal background record checks were conducted on all staff covered under the contract. D1-8.13, page 7 states before hiring new staff members a worksite personnel staff member or designee shall perform a criminal background records check; and attempt 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 in accordance with the department procedure regarding background screening. D2-2.2, page 5 states contract staff, volunteers, and student interns shall have a background investigation conducted that consists of the criminal history check and any violations that have been reported to pertinent professional licensing and/or certification organizations, if applicable. The Human Resource staff member confirmed that all contractors have a criminal background records check completed prior to enlisting their services. The auditor requested documentation for two contractors hired in the previous twelve months. At the issuance of the interim report appropriate documentation had not been provided.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and

contractors who may have contact with offenders or that a system is in place for otherwise capturing such information for current employees. D2-11.14, page 3 states each calendar year, in the month following each staff member's birth month, specific employment requirement verifications shall be conducted. A criminal history check shall be conducted to include outstanding warrants. Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. The interview with the Human Resource staff member indicated that a criminal background records check is completed through MULES annually on the individual's birthday month. The auditor requested documentation for three staff employed longer than five years and two contractors employed longer than five years. At the issuance of the interim report appropriate documentation had not been provided.

115.17 (f): A review of the Employment Applications noted that it includes four questions related to sexual abuse and sexual harassment. One question asks if the applicant resigned from an employer pending an investigation of an allegation of sexual abuse. A second question asks if the applicant has ever 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; or has been civilly or administratively adjudicated to have engaged in the activity. A third question asks the applicant if they have ever had any substantiated allegations of sexual abuse or sexual harassment in prison, jail, lockup, community confinement, juvenile facility or other institution. Page 18 of the Employee Handbook notes that employees must notify the CAO if arrested or charged with a criminal offense. The Human Resource staff stated that questions are asked on the application which is completed prior to hire and promotion. She further stated that the agency imposes a continuing duty to disclose any such misconduct. The auditor requested documentation for four staff hired in the previous twelve months. At the issuance of the interim report appropriate documentation has not been provided. The auditor requested documentation for three staff promoted during the previous twelve months. At the issuance of the interim report appropriate documentation has not been provided.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. D2-2.23, page 2 states falsification of any employment application may be grounds for disciplinary action in accordance with the department procedure regarding employee discipline and disqualification for consideration of a position. False information on the employment application regarding substantiated allegations of offender or resident abuse or harassment shall be grounds for termination.

115.17 (h): D2-5.1, page 7 states verification of information, other than public

information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contacting central office human resources. The Human Resource staff member confirmed the agency would provide information related to any substantiated incidents of sexual abuse or sexual harassment when requested.

Based on a review of the PAQ, D1-8.13, D1-8.13, D2-2.2, D2-11.14, D2-13.1, D2-2.23, D2-5.1, Pre-Employment PREA Check, Application for Employment, Employee Handbook, Personnel Files for Staff and Contractors, and information obtained from the Human Resource staff interview, this standard appears to require corrective action. The auditor requested documentation for four staff hired in the previous twelve months. At the issuance of the interim report appropriate documentation has not been provided. The auditor requested documentation for two contractors hired in the previous twelve months. At the issuance of the interim report appropriate documentation had not been provided. The auditor requested documentation for three staff employed longer than five years and two contractors employed longer than five years. At the issuance of the interim report appropriate documentation had not been provided. The auditor requested documentation for three staff promoted during the previous twelve months. At the issuance of the interim report appropriate documentation has not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Training Memorandum on Retention of Criminal Background Record Check Documents
2. Tracking Spreadsheet

	3. Criminal Background Record Checks The facility provided originally requested criminal background record check documentation for staff and contractors. The documentation confirmed a criminal background records check was completed prior hire or prior to enlisting services. The documents also confirmed that staff completed the Application for Employment, which includes the PREA questions, prior to hire and promotion. One of the staff reviewed had prior institutional employment within the same agency (worked at a different MO DOC facility). The agency queried their own records to confirm there were no substantiated incidents of sexual abuse. Additionally, the facility previously provided documentation illustrating the process for contacting prior institutional employers, The auditor confirmed the agency has a process for this and it is adequate. The facility provided documentation confirming staff and contractors had a current criminal background records check completed; however, they were unable to provide documentation confirming a prior criminal background records check was completed to illustrate these are done at least every five years. The facility provided documentation noting a criminal background records check is completed annually on staff and contractors, however based on the current records retention schedule, these records are purged when a new criminal background records check is completed. The documentation noted that the facility will now maintain a spreadsheet with the three most current criminal background record checks to illustrate compliance with this standard. The spreadsheet was provided which noted the current criminal background records check, the prior criminal background records check and when the next was due. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. During the tour the auditor confirmed there were no substantial modifications to the existing facility. The interview with the Agency Head Designee indicated that the agency has a comprehensive process to review every modification or addition to existing buildings. He advised there is a construction process where he and engineers review the request. During the review they determine if modifications would interfere with protecting the offenders and whether it would interfere with lines of sight, cameras views, etc. The interview with the Warden indicated they have not had any substantial modifications to the existing facility since the last PREA audit.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. During the tour the auditor observed cameras in housing units and most work and common areas. The auditor verified that cameras assist with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplement staffing. The auditor viewed a few cameras that needed upgraded due to quality. Cameras are actively monitored by housing unit staff and work and program area staff. Cameras can also be remotely viewed by shift supervisors and administrative level staff. The interview with the Agency Head Designee indicated that they take video monitoring technology very seriously and that they utilize it for investigations as well as a supplement to supervision and monitoring. He advised staff can view areas that they may not have direct sight lines of through cameras. The Agency Head Designee noted that they have updated all the camera systems in the state to include 360 degree cameras to assist with viewpoints. The interview with the Warden confirmed that when they update or install video monitoring technology they consider how the technology will enhance their ability to protect offenders from sexual abuse. He stated they do an

	annual camera review and the Major and Investigators determine where cameras will be placed. The auditor requested documentation related to the camera upgrades/ installation, however at the issuance of the interim report the documentation had not been provided. Based on a review of the PAQ, D1-8.13, observations from the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to require corrective action. The auditor requested documentation related to the camera upgrades/installation, however at the issuance of the interim report the documentation had not been provided. Corrective Action The facility will need to provide the originally requested documentation. Additional corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Video Monitoring Memorandum The facility provided a memo out that outlined the video monitoring technology updates completed at the facility in 2024. It outlined where cameras were added and/ or what cameras were updated. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D1-8.8 Evidence Collection Accountability & Disposal 4. Evidence Procedures Manual 5. Evidence Protocol 2023 6. SANE Hospitals Document 7. International Association of Forensic Nurses (IAFN) Adult-Adolescent SANE Training 8. SANE Credentialing Log 9. Contract with Centurion 10. Memorandum of Understanding with Citizen’s Against Spouse Abuse, Inc. (CASA) 11. Consent for Advocacy Services 12. Advocacy with Survivors of Sexual Victimization for DOC Training 13. Victim Advocate Training Certificates 14. Investigative Reports Interviews: 1. Interviews with Random Staff 2. Interview with SAFE/SANE 3. Interview with the PREA Compliance Manager 4. Interviews with Offenders who Reported Sexual Abuse Findings (By Provision): 115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting

both administrative and criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol which is the institutional response plan and includes elements in the PREA response bag. D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. D1-8.8, the Evidence Procedures Manual and the Evidence Protocol Memorandum outline the uniform evidence protocol. Interviews with thirteen random staff indicated all twelve knew and understood the protocol for obtaining useable physical evidence. Additionally, ten staff indicated they knew who was responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as the facility does not house youthful offenders. The PAQ indicated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. D1-8.8, the Evidence Procedures Manual and the Evidence Protocol Memorandum outline the uniform evidence protocol, including crime scene preservation, evidence collection and SAFE/SANE.

115.21 (c): The PAQ indicated that the facility offers offenders who experience sexual abuse access to forensic medical examinations onsite and at an outside facility. It stated that forensic exams are offered without financial cost to the victim. The PAQ indicated that examinations are conducted by SAFE or SANE and that when SAFE or SANE are not available qualified medical practitioners complete the examinations. The PAQ noted that the facility documents efforts to provide SAFEs or SANEs. The PAQ stated there were zero forensic exams conducted in the previous twelve months. D1-8.13, page 16 states if the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. If the alleged perpetrator is an offender and the allegation is reported within 72 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. The SANE staff member shall collect evidence according to established forensic procedures for processing and document the exam and finding in the applicable department computer system. If a SANE staff member is not available to conduct the sexual assault examination or if the victim's injuries are such that emergency room care is required, the victim shall be transported to the community emergency room with a SANE or SAFE for the sexual assault examination. The health services staff member shall notify the community emergency room. The health services staff member shall contact the shift supervisor to arrange transportation to the emergency room in accordance with institutional services

procedures regarding offender transportation and supervision of hospitalized offenders and hospital, specialized ambulatory care, and telemedicine. For investigative purposes, the investigator may direct that the victim receives a sexual assault medical examination by the on-call SANE staff member. The SANE Hospitals document outlines that University Hospital of Missouri and Western Missouri Medical Center are the SAFE/SANE hospitals for the facility. Page 68 of the Contract with Centurion notes that Centurion is required to designate at least four LPNs or RNs, as regional SANE. A review of the IAFN Adult-Adolescent SANE Training Outline notes that it includes eleven modules over the twelve week course. Training topics include dynamics of sexual assault, overview, victim response and crisis intervention, medical forensic history and observing and assessing physical examination findings, medical-forensic photography, medical-forensic specimen collection, medical-forensic documentation, STI and pregnancy testing and prophylaxis, program and operational issues, and courtroom testimony. The facility provided a credentialing log and training certificates confirming eleven medical staff had completed the training. The interview with the SANE noted that contracted medical staff are responsible for conducting forensic medical examinations for offender on offender sexual abuse, while any staff on offender sexual abuse victim would be transported to the local hospital. She advised there are a few on-call contracted SANE who are responsible for conducting forensic medical exams at all agency facilities. She confirmed she and the other SANEs are SAFE/SANE certified. The interview with the staff member at University Hospital of Missouri and Western Missouri Medical Center confirmed that they provide forensic medical examinations at the hospital. The staff confirmed that examinations are provided by SANE. The auditor requested documentation for eleven investigations. At the issuance of the interim report the documentation had not been provided.

115.21 (d): The PAQ indicated that the facility does not attempt to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and these efforts are documented. The PAQ further states that the facility provides a qualified staff member from a community based organization or a qualified agency staff member when a rape crisis center is not available to provide advocacy services. D1-8.13, page 18 states during the initial assessment, mental health treatment interventions shall be discussed with the victim by the QMHP and shall include options such as individual and/or group therapy. The QMHP shall explain and offer advocacy services to the alleged victim offender. The QMHP shall document the offender's acceptance or refusal of advocacy services in the electronic medical record. Page 20 further states each facility shall offer alleged victims of offender sexual abuse, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, during the investigative process. When an allegation of sexual harassment is forwarded for investigation, the alleged victim of sexual harassment shall be offered a victim advocate. A review of the MOU with CASA noted that CASA agrees to respond to the facility or the hospital to provide advocacy services and provide follow-up services and crisis intervention contacts to victims of sexual assault at the facility, as

resources allow, through telephone, mail, in-person or telehealth/video calls. The Consent for Facility Advocacy Services notes that offenders sign a form that outlines that confidentiality is maintained during advocacy sessions with the exceptions of plans to harm self or others, plans for escape, risk of suicide and/or disclosure of information that creates a concern for safety and security of the facility or staff. The PCM stated that if requested by the victim, a victim advocate accompanies the offender during the forensic medical examination and investigatory interviews. He stated they are working on an MOU with the outside agency and that it has been difficult the past few years to get someone to provide the services. He noted they have a staff member, the Chaplain, that is trained to serve as victim advocate. Interviews with offenders who reported sexual abuse noted none of the three were afforded access to a victim advocate. The auditor requested documentation for eleven investigations. At the issuance of the interim report the documentation had not been provided.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. D1-8.13, page 20 states each facility shall offer alleged victims of offender sexual abuse, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, during the investigative process. When an allegation of sexual harassment is forwarded for investigation, the alleged victim of sexual harassment shall be offered a victim advocate. A review of the MOU with CASA noted that CASA agrees to respond to the facility or the hospital to provide advocacy services and provide follow-up services and crisis intervention contacts to victims of sexual assault at the facility, as resources allow, through telephone, mail, in-person or telehealth/video calls. The Consent for Facility Advocacy Services notes that offenders sign a form that outlines that confidentiality is maintained during advocacy sessions with the exceptions of plans to harm self or others, plans for escape, risk of suicide and/or disclosure of information that creates a concern for safety and security of the facility or staff. The PCM stated that if requested by the victim, a victim advocate accompanies the offender during the forensic medical examination and investigatory interviews. He stated they are working on an MOU with the outside agency and that it has been difficult the past few years to get someone to provide the services. He noted they have a staff member, the Chaplain, that is trained to serve as victim advocate. Interviews with offenders who reported sexual abuse noted none of the three were afforded access to a victim advocate. The auditor requested documentation for eleven investigations. At the issuance of the interim report the documentation had not been provided.

115.21 (f): The PAQ indicated this provision is not applicable as the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations.

D1-8.13, page 19 states the PREA manager shall request all responsible law enforcement agencies follow PREA standards when conducting offender sexual abuse investigations.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): D1-8.13, page 20 states all staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. The memo from the PC advised that the agency has worked with the Missouri Coalition Against Domestic Violence and Sexual Violence to create an online advocacy training for those interested in providing advocacy services to victims of sexual violence within the agency. A review of the training curriculum confirms that the training was created by the Missouri Coalition Against Domestic Violence and Sexual Violence. The training outlines the continuum of sexual violence, terms and definitions, type of sexual violence, survivor and advocate response, samples of things to say, medical framework, the advocate’s role, crisis intervention, how to help, establishing rapport, defining the problems and exploring feelings. The training includes activities and a post training quiz. The facility provided confirmation that one staff member completed the training and can serve as a victim advocate when needed.

Based on a review of the PAQ, D1-8.13, D1-8.8, Evidence Procedures Manual, Evidence Protocol 2023, SANE Hospitals Document, SANE Credentialing Log, Contract with Centurion, IAFN SANE Training Curriculum, MOU with CASA, Victim Advocate Memorandum, investigative reports and information from interviews with the random staff, the SAFE/SANE, the PREA Compliance Manager and offenders who reported sexual abuse, this standard appears to require corrective action. The PCM stated that if requested by the victim, a victim advocate accompanies the offender during the forensic medical examination and investigatory interviews. He stated they are working on an MOU with the outside agency and that it has been difficult the past few years to get someone to provide the services. He noted they have a staff member, the Chaplain, that is trained to serve as victim advocate. Interviews with offenders who reported sexual abuse noted none of the three were afforded access to a victim advocate. The auditor requested documentation for eleven investigations. At the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Further, the facility will need to establish an appropriate procedure of affording outside victim

advocacy services. Training will need to be completed with applicable staff. Confirmation of the process and training will need to be provided. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated forensic medical examination documentation and victim advocacy documentation.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports
2. Victim Advocacy Documents
3. Staff Training
4. Photos of CASA Information
5. List of Allegations During Corrective Action Period

The facility provided the originally requested investigations. None involved a forensic medical examination. Nine of the ten included documentation that outlined a victim advocate was offered (three were at another MO DOC facility and they offered the services). Two of the nine accepted victim advocacy services, which were provided by the Chaplain, not CASA.

The agency PREA Coordinator conducted training with Shift Supervisors on the process for affording a victim advocate through CASA initially and if CASA is unavailable, then the qualified staff would be contacted. The training PowerPoint was provided as well as staff signatures were provided confirming completion and understanding of the information.

Photos were provided that illustrated the facility posted/distributed information related to CASA, including the phone number and mailing address.

	The facility provided a list of sexual abuse allegations reported during the corrective action period (two) and associated investigative documents, including the consent for victim advocacy. Both accepted victim advocacy services. Both subsequently refused the services. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D1-8.1 Office of Professional Standards 4. D1-8.4 Institutional Investigations 5. Investigative Reports Interviews: 1. Interview with the Agency Head Designee 2. Interviews with Investigative Staff Findings (By Provision): 115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ noted that all investigations have been completed. The PAQ indicated that there were ten allegations of sexual abuse and/or sexual harassment reported within the previous twelve months. All ten resulted in an administrative investigation and zero resulted in a criminal investigation. D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual

harassment. D1-8.4, page 2 states an inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or there is an allegation of staff member on offender sexual harassment (as defined in accordance with the department procedure regarding offender sexual abuse and harassment) not related to a pat search or a use of force. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force shall be processed in accordance with the PREA coordinated response protocol reference document. The interview with the Agency Head Designee advised that there is a comprehensive reporting process and that all allegations follow a protocol checklist. He advised allegations are entered into the IRIS system. The allegations are then assigned to an investigator. The auditor requested documentation for eleven investigations. At the issuance of the interim report the investigative reports had not been provided. The auditor did review the investigative log and confirmed that all eleven were referred for investigation and had an investigative outcome. The auditor reviewed the grievance log and identified nine "PREA" grievances. The auditor requested the grievances, facility response and associated investigative reports, however at the issuance of the interim report the documentation had not been provided.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. A review of the agency website (<https://doc.mo.gov/programs/PREA>) confirms that D1-8.13 is published and available for public review. Interviews with investigators confirmed that agency policy requires that allegations of sexual abuse and sexual harassment be referred to an investigative agency with the legal authority to conduct criminal investigations, unless the activity is clearly not criminal. The auditor requested documentation for eleven investigations. At the issuance of the interim report the investigative reports had not been provided. The auditor did review the investigative log and confirmed that all eleven were referred for investigation and had an investigative outcome.

115.22 (c): D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. A review of the agency website (<https://doc.mo.gov/programs/PREA>) confirms that D1-8.13 is published and available for public review.

115.22 (d): The PAQ stated that this provision is not applicable as the agency is responsible for conducting all administrative and criminal investigations. D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. A review of the agency website (<https://doc.mo.gov/programs/PREA>) confirms that D1-8.13 is published and available for public review.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, D1-8.13, D1-8.1, D1-8.4, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and investigators, this standard appears to require corrective action. The auditor requested documentation for eleven investigations. At the issuance of the interim report the investigative reports had not been provided. The auditor did review the investigative log and confirmed that all eleven were referred for investigation and had an investigative outcome. The auditor reviewed the grievance log and identified nine "PREA" grievances. The auditor requested the grievances, facility response and associated investigative reports, however at the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Further corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports
2. Grievances

	The facility provided the originally requested investigative reports for the identified allegations. Seven had a completed administrative investigations and three were still ongoing. Further, the facility provided the originally requested grievances identified as "PREA". None were allegations of sexual abuse or sexual harassment. All were related to PREA but were not new allegations of sexual abuse or sexual harassment (complaint against discipline related to PREA incident, complaint about handling of investigations, etc.). Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. PREA Training Curriculum 4. Working with the Female Offender Training Curriculum 5. Supervising the Female Population Training Curriculum 6. Pat Searches Training Curriculum 7. PREA Refresher Flyers 8. Staff Training Records Interviews: 1. Interviews with Random Staff Findings (By Provision): 115.31 (a): The PAQ stated that the agency trains all employees who may have

contact with offenders on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the offenders' right to be free from sexual abuse and sexual harassment, the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with offenders, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex offenders and how to comply with relevant laws related to mandatory reporting laws. D1-8.13, pages 7-8 state all new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. A review of the PREA Training Curriculum confirms it includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents' right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with residents, how to effectively and professionally communicate with LGBTI residents and how to comply with relevant laws related to mandatory reporting. Interviews with thirteen random staff confirmed all thirteen had received PREA training and the training included the required elements under this provision. A review of 21 staff training records noted eighteen had completed PREA training. Three were not provided at the issuance of the interim report.

115.31 (b): The PAQ indicated that training is tailored to the gender of offender at the facility and that employees who are reassigned to facilities with opposite gender offenders are given additional training. D1-8.13, page 8 states all new staff members who shall be placed at a female facility shall receive gender specific training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment. A review of the Working with the Female Offender Training Curriculum and the Supervising the Female Population Training Curriculum indicates they include specific information on female offenders. The facility houses male offenders and as such no additional training was required for staff.

115.31 (c): The PAQ indicated that between training the agency provides employees who may have contact with offenders with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ stated that training is completed every two years. D1-8.13, page 8 states all staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the facility site coordinator shall provide refresher information on current sexual abuse and sexual harassment policies. A review of the PREA Refresher Flyers confirmed that the agency/facility provides updated training information on various PREA topics. A review of documentation for 21 staff noted five completed training at least every two years. The remaining documents were not provided to the auditor at the issuance of the interim report.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with offenders understand the training they have received through employee signature or electronic verification. D1-8.13, page 8 state all completed PREA training requires a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. A review of staff training records confirmed that staff manually sign an acknowledgment form, or they complete online training which includes a post training quiz as electronic verification.

Based on a review of the PAQ, D1-8.13, PREA Training Curriculum, Working with the Female Offender Training Curriculum, Supervising the Female Population Training Curriculum, Pat Searches Training Curriculum, PREA Refresher Flyers, staff training records as well as interviews with random staff, this standard appears to require corrective action. A review of 21 staff training records noted eighteen had completed PREA training. Three were not provided at the issuance of the interim report. A review of documentation for 21 staff noted five completed training at least every two years. The remaining documents were not provided to the auditor at the issuance of the interim report.

Corrective Action

The facility will need to provide the originally requested documentation. Further corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

	The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Staff Training The facility provided the originally requested training documentation. All staff were documented with recent (within the last two years) PREA training. All staff, except for four, had completed training at least every two years. It should be noted that the agency switched between learning platforms in 2023/2024 and during this process training some training records were not migrated over to the new system. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Offender Sexual Abuse and Harassment A Guide for Partners in Corrections 4. PREA Training for Partners in Corrections 5. Contractor and Volunteer PREA Brochure 6. Contractor and Volunteer Training Records Interviews: 1. Interviews with Volunteers and Contractors who have Contact with Offenders

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. The PAQ indicated that 58 volunteers and contractors received PREA training. D1-8.13, page 8 states all part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training. A review of PREA Training for Partners in Corrections indicates it includes information on the zero tolerance policy, the purpose of PREA, definitions, red flags (signs to look for), the coordinated response and the individual's role, characteristic of victims and perpetrators, common reactions of victim, professional boundaries and reporting (including the mandatory reporting statute). A review of the Offender Sexual Abuse and Harassment A Guide for Partners in Corrections notes that it includes information on the zero tolerance policy, definitions, avoidable contact, avoiding inappropriate relationships, retaliation, reporting, statutes and policy. The Contractor and Volunteer PREA Brochure is distributed annually and includes information on the zero tolerance policy, definitions, red flags, behaviors to avoid and reporting. Interviews with two contractors and one volunteer confirmed they received training on their responsibilities under the agency's sexual abuse and sexual harassment policies. A review of six contractor training documents confirmed all six had completed PREA training. The auditor requested documentation for four volunteers. At the issuance of the interim report the documentation had not been provided.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. Additionally, the PAQ indicates that all volunteers and contractors who have contact with offenders have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. D1-8.13, page 8 states all part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training. A review of PREA Training for Partners in Corrections indicates it includes information on the zero tolerance policy, the purpose of PREA, definitions, red flags (signs to look for), the coordinated response and the individual's role, characteristic of victims and perpetrators, common reactions of victim, professional boundaries and reporting (including the mandatory reporting statute). A review of the Offender Sexual Abuse and Harassment A Guide for Partners in Corrections notes that it includes information on the zero tolerance policy, definitions, avoidable contact, avoiding inappropriate relationships, retaliation, reporting, statutes and policy. The Contractor and Volunteer PREA Brochure is distributed annually and includes information on the zero tolerance policy, definitions, red flags, behaviors to avoid and reporting. Interviews with contractors and the volunteer indicated they complete training in person and/or

online. All three confirmed the training went over the zero tolerance policy and reporting procedures. A review of six contractor training documents confirmed all six had completed PREA training. The auditor requested documentation for four volunteers. At the issuance of the interim report the documentation had not been provided.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. D1-8.13, page 8 state all completed PREA training requires a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. A review of contractor training documents noted that they either manually signed the acknowledgement form or they completed the online training which included a quiz at the end to document understanding. Documents were not provided for volunteers.

Based on a review of the PAQ, D1-8.13, Offender Sexual Abuse and Harassment A Guide for Partners in Corrections, PREA Training for Partners in Corrections, Contractor and Volunteer PREA Brochure, Contractor and Volunteer training, as well as the interviews with contractors and volunteers, this standard appears to require corrective action. A review of six contractor training documents confirmed all six had completed PREA training. The auditor requested documentation for four volunteers. At the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Volunteer Training Documents

	The facility provided the originally requested volunteer training documents. All volunteers were documented with completed training. All had signed an acknowledgment confirming they received and understood the training. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. IS5-1.1 Diagnostic Center Reception and Orientation 4. IS5-1.2 Institution Receiving and Orientation 5. PREA Adult Comprehensive Education Video 6. PREA Brochure 7. PREA Advocacy Poster 8. PREA Posters 9. Department of Public Safety (DPS) Poster 10. Offender Rulebook 11. Sign Language Interpretation Service Information 12. Verbal Language Interpretation Service Information 13. Staff Translator List 14. Offender Education Records Interviews:

1. Interview with Intake Staff
2. Interviews with Random Offenders

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ stated that offenders receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. The PAQ indicated that 824 offenders received information at intake on the zero tolerance policy and how to report incident of sexual abuse/sexual harassment. This is equivalent to over 100% of offenders who arrived at the facility over the previous twelve months. A review of the Rulebook noted that it outlines the definitions of sexual abuse and sexual harassment, conduct violations and sanctions for sexual abuse and sexual misconduct, steps to avoid sexual abuse, actions to take after an incident of sexual abuse, reporting methods, victim rights, and consequences. A review of the PREA Brochure noted that it includes information on the zero tolerance policy, definitions, tips for prevention, steps to take after sexual abuse, reporting methods, victim right and consequences. A review of the PREA Posters indicated they included information on reporting mechanisms. The DPS Poster outlines reporting mechanisms and provides contact information for Just Detention International and RAINN. The PREA Advocacy Poster included the phone number and mailing address to Just Detention International (JDI) and RAINN. A review of the PREA Adult Comprehensive Education Video confirms that it includes information on the zero tolerance policy, reporting methods, the residents right to be free from sexual abuse and sexual harassment, the residents right to be free from retaliation from reporting and the agency/facilities response to an allegation of sexual abuse. The auditor observed the intake process through a demonstration. Offenders are provided the PREA Brochure upon arrival. PREA information is also accessible on the offender tablet. The interview with the intake staff confirmed that offenders are provided information on the zero tolerance policy and reporting methods. She stated they provide education during orientation in housing unit six. They do a presentation which includes a section on PREA and how to report. She advised they also show the PREA video. The staff indicated this is done the day after they arrive. 27 of the 30 offenders that were interviewed indicated they received information on the zero tolerance policy and reporting mechanisms. A review of 32 offender files noted 31 received PREA information. The facility did not provide dates of arrival for the offenders and as such the auditor was unable to determine when the information was provided.

115.33 (b): The PAQ indicated that 824 offenders received comprehensive PREA education within 30 days of intake, which is equivalent to over 100% of those that arrived in the last twelve months and stayed longer than 30 days. IS5-1.1, pages 7-8 state each offender shall be scheduled for a formal institutional orientation, to occur within one week of arrival. Offenders shall receive a comprehensive Prison Rape Elimination Act (PREA) education. If the offender is disabled, limited English proficient or has limited reading skills, the PREA education shall be delivered in a manner which is understandable by the offender. Offenders shall sign an offender sexual abuse and harassment acknowledgment form showing they received PREA education and understand their rights to be free from sexual abuse, harassment and retaliation. IS5-1.2, pages 2-3 state after receiving an offender at an institution, designated reception and orientation unit staff members should ensure that offenders are provided an orientation program that includes general information including, but not limited to, the Prison Rape Elimination Act (PREA), description of and reporting potential PREA events and crime tips and PREA hotline information. After orientation, the offender will sign the receipt form and the offender sexual abuse and harassment acknowledgement form signifying completion of orientation information. A review of the Rulebook noted that it outlines the definitions of sexual abuse and sexual harassment, conduct violations and sanctions for sexual abuse and sexual misconduct, steps to avoid sexual abuse, actions to take after an incident of sexual abuse, reporting methods, victim rights, and consequences. A review of the PREA Brochure noted that it includes information on the zero tolerance policy, definitions, tips for prevention, steps to take after sexual abuse, reporting methods, victim right and consequences. A review of the PREA Posters indicated they included information on reporting mechanisms. The DPS Poster outlines reporting mechanisms and provides contact information for Just Detention International and RAINN. The PREA Advocacy Poster included the phone number and mailing address to Just Detention International (JDI) and RAINN. A review of the PREA Adult Comprehensive Education Video confirms that it includes information on the zero tolerance policy, reporting methods, the residents right to be free from sexual abuse and sexual harassment, the residents right to be free from retaliation from reporting and the agency/facilities response to an allegation of sexual abuse. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Education is completed in a closed housing unit. Chairs are set up in one room of the building and offenders watch the PREA What You Need to Know video on a 26 inch television screen. Staff complete orientation during this time and verbally advise offenders how to report sexual abuse or sexual harassment. The interview with the intake staff confirmed that offenders receive comprehensive PREA education on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and policies and procedures after a report of sexual abuse. She stated they provide education during orientation in housing unit six. They do a presentation which includes a section on PREA and how to report. She advised they also show the PREA video. The staff indicated this is done the day after they arrive. Interviews with 30 offenders indicated 22 were told about their right to be free from sexual abuse, their right to be free from retaliation from reporting sexual abuse and agency policies and

procedures on responding to an allegation. A review of 32 offender files noted 31 received PREA information. The facility did not provide dates of arrival for the offenders and as such the auditor was unable to determine when the information was provided.

115.33 (c): The PAQ indicated that all offenders have received comprehensive PREA education within 30 days of intake. The PAQ noted that agency policy requires that offenders who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. IS5-1.1, pages 7-8 state each offender shall be scheduled for a formal institutional orientation, to occur within one week of arrival. Offenders shall receive a comprehensive Prison Rape Elimination Act (PREA) education. If the offender is disabled, limited English proficient or has limited reading skills, the PREA education shall be delivered in a manner which is understandable by the offender. Offenders shall sign an offender sexual abuse and harassment acknowledgment form showing they received PREA education and understand their rights to be free from sexual abuse, harassment and retaliation. IS5-1.2, pages 2-3 state after receiving an offender at an institution, designated reception and orientation unit staff members should ensure that offenders are provided an orientation program that includes general information including, but not limited to, the Prison Rape Elimination Act (PREA), description of and reporting potential PREA events and crime tips and PREA hotline information. After orientation, the offender will sign the receipt form and the offender sexual abuse and harassment acknowledgement form signifying completion of orientation information. A review of the Rulebook noted that it outlines the definitions of sexual abuse and sexual harassment, conduct violations and sanctions for sexual abuse and sexual misconduct, steps to avoid sexual abuse, actions to take after an incident of sexual abuse, reporting methods, victim rights, and consequences. A review of the PREA Brochure noted that it includes information on the zero tolerance policy, definitions, tips for prevention, steps to take after sexual abuse, reporting methods, victim right and consequences. A review of the PREA Posters indicated they included information on reporting mechanisms. The DPS Poster outlines reporting mechanisms and provides contact information for Just Detention International and RAINN. The PREA Advocacy Poster included the phone number and mailing address to Just Detention International (JDI) and RAINN. A review of the PREA Adult Comprehensive Education Video confirms that it includes information on the zero tolerance policy, reporting methods, the residents right to be free from sexual abuse and sexual harassment, the residents right to be free from retaliation from reporting and the agency/facilities response to an allegation of sexual abuse. The interview with the intake staff confirmed that offenders are provided information on the zero tolerance policy and reporting methods. She stated they provide education during orientation in housing unit six. They do a presentation which includes a section on PREA and how to report. She advised they also show the PREA video. The staff indicated this is done the day

after they arrive. A review of 32 offender files noted 31 received PREA information.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for offenders who are LEP, deaf, visually impaired, and otherwise disabled, as well as to offenders who have limited reading skills. D1-8.13, page 10 states the department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. D5-5.1, page 3 states that deaf or hard of hearing offenders shall be offered the assistance of qualified interpreters and have other auxiliary aids explained to them during the diagnostic process. The policy outlines the aids and services available to deaf and hard of hearing offenders. The agency has a contract for Sign Language Interpretation Services. A review of the PREA Brochure, PREA Posters, DPS Poster, PREA Advocacy Poster, and Rulebook confirmed that they are available in larger print. The PREA Brochure is also available in Braille. The PREA Adult Comprehensive Education Video is available in American Sign Language and includes text related to the verbal information provided. The agency has a contract for Verbal Language Interpretation Services. Additionally, the agency has a list over 75 staff who can provide translation services. A review of the PREA Brochure, PREA Posters, DPS Poster, PREA Advocacy Poster, and Rulebook confirmed they were available in English and Spanish. Additionally, the PREA Brochure is available in six other languages. The PREA Adult Comprehensive Education Video is available in English and Spanish and includes text related to the verbal information provided. The interview with the intake staff noted they have not had an LEP offender and that they have interpreters around the facility (offenders). She stated she is not sure how she would provide education to an LEP offender. Further, interviews with five disabled offenders and one LEP offender noted three were provided information in a format they could understand. A review of six disabled offender records and one LEP offender record noted six had received PREA education. The one LEP offender signed an English acknowledgment form.

115.33 (e): The PAQ indicated that the agency maintains documentation of Offender participation in PREA education sessions. IS5-1.1, pages 7-8 state each offender shall be scheduled for a formal institutional orientation, to occur within one week of arrival. Offenders shall receive a comprehensive Prison Rape Elimination Act (PREA) education. If the offender is disabled, limited English proficient or has limited reading skills, the PREA education shall be delivered in a manner which is understandable by the offender. Offenders shall sign an offender sexual abuse and harassment acknowledgment form showing they received PREA education and understand their rights to be free from sexual abuse, harassment and retaliation. IS5-1.2, pages 2-3 state after receiving an offender at an institution, designated reception and

orientation unit staff members should ensure that offenders are provided an orientation program that includes general information including, but not limited to, the Prison Rape Elimination Act (PREA), description of and reporting potential PREA events and crime tips and PREA hotline information. After orientation, the offender will sign the receipt form and the offender sexual abuse and harassment acknowledgement form signifying completion of orientation information. A review of offender files noted offenders sign an acknowledgment form confirming they completed the education.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, handbooks or other written formats. D1-8.13, page 11 states the PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, electronic notebooks and the offender brochure on sexual abuse and harassment. The auditor observed PREA information posted throughout the facility via the PREA Posters, TIPS Poster, PREA Advocacy Poster and Department of Public Safety (DPS) Poster. The PREA Posters were observed in English and Spanish on letter size paper. The DPS Poster was in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was displayed on letter size paper in English. The auditor did not view any local advocacy information. Posted information was observed on bulletin boards, in the sally port of housing units and across many common areas. PREA information was also observed on the offender tablet system. The PREA Brochure (English and Spanish), DPS Poster (English and Spanish), TIPS Poster (English), PREA Advocacy Poster (English) and PREA Posters (English and Spanish) were observed on the tablet system.

Based on a review of the PAQ, D1-8.13, IS5-1.1, IS5-1.2, PREA Adult Comprehensive Education Video, PREA Education Script, Offender Rulebook, PREA Brochure, PREA Advocacy Poster, PREA Posters, DPS Poster, Sign Language Interpretation Service Information, Verbal Language Interpretation Service Information, Staff Translator List, a review of offender records, observations made during the tour as well as information from interviews with intake staff and offenders, this standard appears to require corrective action. A review of 32 offender files noted 31 received PREA information. The interview with the intake staff noted they have not had an LEP offender and that they have interpreters around the facility (offenders). She stated she is not sure how she would provide education to an LEP offender. Further, interviews with five disabled offenders and one LEP offender noted three were provided information in a format they could understand. A review of six disabled offender records and one LEP offender record noted six had received PREA education. The one LEP offender signed an English acknowledgment form.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required. The facility will need to develop a process for LEP offender education. Appropriate staff will need to be provided training on the process. Confirmation of the process and training will need to be provided. The auditor will need to conduct a follow-up phone interview with intake staff on the process.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. PREA Education Script
2. Dates of Arrival
3. Training Memorandum
4. Propio Language Service Information
5. Information on Digital Translation Device

Additional Interviews:

1. Interview with Intake Staff

The facility provided the originally requested dates of arrival. While all had PREA education completed, a few had education completed prior to arrival at the facility. This education was completed at another MO DOC facility. The auditor confirmed that this was adequate as all agency policies and procedures are the same and the facility is not an intake facility. As such, any education provided at Boonville Correctional Facility is supplemental to the comprehensive education provided at one of the intake facilities. Further, the facility provided the PREA Education Script. This script is an outline of the PREA Resource Center Comprehensive Education Video information. The script includes sections for the facility to add facility specific information, including their local rape crisis center contact information.

	A training memorandum was provided outlining the proper procedure for LEP and disabled offenders. The training memo outlined that the video is available in English, Spanish and American Sign Language. Further, it noted that staff should utilized staff translators, the translation device and/or the language translation service. The agency entered into a contact with Propio Language Services to provide over the phone and virtual translation when needed. Further, the facility also purchased a digital interpreter device that can we utilized without Wi-Fi to translate between staff and offenders. T The interview with the intake staff noted that they identify any non-English speakers and offenders with disabilities prior to arrival. The staff stated they complete education during the initial risk screening where they provide documentation in a language the offender can understand. The staff advised they have materials in Spanish, including the video. The staff also stated they have staff available who speak a variety of languages, they have translation device they can use and have a company that can translate information. The staff noted that they would have the translate the video as it was being played, if it was a language other than Spanish. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. National Institute of Corrections (NIC) – Investigating Sexual Abuse In a Confinement Setting 4. Standard of Proof Training Document 5. PREA Investigations (Sexual Harassment) Training Curriculum 6. Credibility Assessments Training Document 7. Investigator Training Records

Interviews:

1. Interviews with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. D1-8.13, page 8 states investigators assigned to investigate offender sexual abuse allegations shall receive specialized PREA investigator training. The agency utilizes the NIC Conducting Sexual Abuse Investigations in a Confinement Setting training curriculum. In addition, the agency provides additional training to investigators via the PREA Investigations (Sexual Harassment) training, the Credibility Assessments Training Document and the Standard of Proof Training Document. Interviews with investigative staff confirmed the agency investigator completed the specialized investigator training, via the NIC training.

115.34 (b): D1-8.13, page 8 states investigators assigned to investigate offender sexual abuse allegations shall receive specialized PREA investigator training. The agency utilizes the NIC Conducting Sexual Abuse Investigations in a Confinement Setting training curriculum. In addition, the agency provides additional training to investigators via the PREA Investigations (Sexual Harassment) training, the Credibility Assessments Training Document and the Standard of Proof Training Document. A review of the NIC Conducting Sexual Abuse Investigations in a Confinement Setting training confirmed that it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. Interviews with investigators confirmed that the agency investigator completed training that included the elements under this provision. A review of documentation indicated eleven investigators completed the specialized training and were issued a training certificate through the NIC.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that ten investigators had completed the required training. A review of documentation confirmed eleven investigators completed the specialized training and were issued a training certificate through the NIC.

115.34 (d): The auditor is not required to audit this provision.

	Based on a review of the PAQ, D1-8.13, National Institute of Corrections (NIC) – Investigating Sexual Abuse In a Confinement Setting, Standard of Proof Training Document, PREA Investigations (Sexual Harassment) Training Curriculum, Credibility Assessments Training Document, Investigator Training Records as well as the interviews with the investigators, this standard appears to be compliant.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. PREA Overview by Relias Training 4. International Association of Forensic Nurses (IAFN) Adult-Adolescent SANE Training 5. SANE Credentialing Log 6. Contract with Centurion 7. PREA Training Curriculum 8. Offender Sexual Abuse and Harassment A Guide for Partners in Corrections 9. PREA Training for Partners in Corrections 10. Medical and Mental Health Training Records Interviews: 1. Interviews with Medical and Mental Health Staff Findings (By Provision): 115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. The PAQ indicated

that fifteen (100%) medical and mental health care staff received the specialized training. D1.8-13, page 8 states health services staff members shall receive specialized PREA medical and mental health training. A review of the PREA Overview training curriculum confirms that it includes information on the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. Interviews with medical and mental health staff confirmed that both received specialized training and the training included the elements under this provision. The auditor requested documentation for four medical and mental health staff. At the issuance of the interim report the documentation had not been provided.

115.35 (b): The PAQ indicated that agency medical staff conduct forensic medical exams. Contracted medical and mental health staff conduct forensic medical examinations at the facility. Page 68 of the Contract with Centurion notes that Centurion is required to designate at least four LPNs or RNs, as regional SANE. A review of the IAFN Adult-Adolescent SANE Training Outline notes that it includes eleven modules over the twelve week course. Training topics include dynamics of sexual assault, overview, victim response and crisis intervention, medical forensic history and observing and assessing physical examination findings, medical-forensic photography, medical-forensic specimen collection, medical-forensic documentation, STI and pregnancy testing and prophylaxis, program and operational issues, and courtroom testimony. The facility provided a credentialing log and training certificates confirming eleven medical staff had completed the training. Interviews with medical and mental health staff confirmed that they do not perform forensic medical examinations however they do have a SANE nurse that comes to the facility. The interview with the SANE noted that contracted medical staff are responsible for conducting forensic medical examinations for offender on offender sexual abuse, while any staff on offender sexual abuse victim would be transported to the local hospital. She advised there are a few on-call contracted SANE who are responsible for conducting forensic medical exams at all agency facilities. She confirmed she and the other SANEs are SAFE/SANE certified.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. The auditor requested documentation for four medical and mental health staff. At the issuance of the interim report the documentation had not been provided.

115.35 (d): A review of the PREA Training Curriculum confirms it includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents' right to be free from sexual abuse and sexual harassment, the right of the resident to

be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with residents, how to effectively and professionally communicate with LGBTI residents and how to comply with relevant laws related to mandatory reporting. A review of PREA Training for Partners in Corrections indicates it includes information on the zero tolerance policy, the purpose of PREA, definitions, red flags (signs to look for), the coordinated response and the individual's role, characteristic of victims and perpetrators, common reactions of victim, professional boundaries and reporting (including the mandatory reporting statute). A review of the Offender Sexual Abuse and Harassment A Guide for Partners in Corrections notes that it includes information on the zero tolerance policy, definitions, avoidable contact, avoiding inappropriate relationships, retaliation, reporting, statutes and policy. The Contractor and Volunteer PREA Brochure is distributed annually and includes information on the zero tolerance policy, definitions, red flags, behaviors to avoid and reporting. A review of four medical and mental health care staff training records indicated all four had completed training as required under 115.31 or 115.32.

Based on a review of the PAQ, D1-8.13, PREA Overview by Relias Training, International Association of Forensic Nurses (IAFN) SANE Training, SANE Credentialing Log, Contract with Centurion, PREA Training Curriculum, Offender Sexual Abuse and Harassment A Guide for Partners in Corrections, PREA Training for Partners in Corrections, medical and mental health care staff training records as well as interviews with medical and mental health care staff, this standard appears to require corrective action. The auditor requested documentation for four medical and mental health staff. At the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

	Additional Documents: 1. Medical and Mental Health Training The facility provided the originally requested documentation. All four had completed the specialized training. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Adult Internal Risk Assessment (AIRS) 4. Adult Internal Risk Assessment Scoring 5. Adult Internal Risk Assessment Manual 6. Adult Internal Risk Assessment Manual Supplement 7. Adult Internal Risk Assessment Training 8. Offender Assessment and Reassessment Documents Interviews: 1. Interviews with Staff Responsible for Risk Screening 2. Interviews with Random Offenders 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of File Location

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other offenders. D1-8.13, page 9 states facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment. All offenders shall be assessed during intake and upon transfer to another facility for their risk of being sexually abused by other offenders or sexual abusiveness towards other offenders in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedures regarding housing assignments, transgender and intersex clients, and contracted residential facilities. The auditor observed the initial risk screening process. The initial risk assessment is completed in housing unit six in an office. Staff ask the first ten questions on the Adult Internal Risk Assessment questionnaire, including, if they have ever been approached for sex, sexual orientation, gender identity, prior sexual victimization, perception of vulnerability, etc. The staff also review information from the offender record, including criminal history and institutional discipline. Staff use both information from verbal responses and the file review to complete the risk assessment. Interviews with 22 offenders that arrived within the previous twelve months indicated nineteen were asked the risk screening questions on the same day they arrived. The interviews with the staff responsible for the risk screening indicated that offenders are screened at intake for their risk of victimization and risk of abusiveness.

115.41 (b): The PAQ indicated that the policy requires that offenders be screened for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours of their intake. D1-8.13, page 9 states offenders be assessed within 72 hours of arrival. The PAQ stated that 824 offenders, or over 100% of those that arrived in the previous twelve months, were screened for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours. Interviews with 22 offenders that arrived within the previous twelve months indicated nineteen were asked the risk screening questions on the same day they arrived. The interviews with the staff responsible for the risk screening confirmed that offenders are screened for their risk of victimization and abusiveness within 72 hours. The auditor requested

documentation for 32 offenders. 32 offender risk screenings were provided, however dates of arrival were not provided and as such the auditor was unable to determine if timeframes were met.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. A review of the Adult Internal Risk Assessment indicates that it includes a risk of victimization section and a risk of abusiveness section. The risk of victimization section includes fourteen questions, and the risk of abusiveness section includes four questions. Each section also has an override question. The Adult Internal Risk Assessment Scoring notes that responses associated with each questions have points assigned, ranging from zero to three. The points are totaled in each section and based on the number of points; one of three designations is assigned (Kappa, Sigma and Alpha). The Adult Internal Risk Manual and Supplement provide directions for staff on how to complete the risk screening as well as details behind each of the questions.

115.41 (d): A review of the Adult Internal Risk Assessment indicates that the assessment includes fourteen questions related to sexual victimization, including, if ever approached or threatened with sexual abuse while incarcerated, approached or threatened with physical violence while incarcerated, prior sexual victimization, victim of physical abuse, ever sought assistance from staff due to fear for safety due to sexual abuse, ever sought assistance from staff due to fear of physical violence, fear of placement in general population due to sexual or physical abuse, age, physical stature, disability, gender identity/sexual preference, prior incarcerations, prior sexual offenses against an child, and history of consensual sex while incarcerated. The assessment also has a victim override question which asks whether the offender had a substantiated investigation of sexual victimization (where was the victim) within the last five years. The Adult Internal Risk Manual and Supplement provide directions for staff on how to complete the risk screening as well as details behind each of the questions. It should be noted that the Adult Internal Assessment Manual Supplement outlines corrections to three questions that were identified through prior DOJ PREA audits. One of which changes the question related to prior sexual offenses to include adult or child and the other which handles exclusively non-violent criminal history. The interviews with the staff responsible for the risk screening indicated she asks the questions on the Adult internal Risk Manual and they confirm information through a review of the offender's record in the system. Staff confirmed the required elements under this provision are considered.

115.41 (e): A review of the Adult Internal Risk Assessment confirms that the screening tool includes four questions related to sexual abusiveness, including, if ever found guilty of sex offense with adult victims, if ever found guilty of crimes of violence, any conduct violations for violent offenses within last ten years, and violation for Murder/ Manslaughter or Forcible Sexual Misconduct older than five years but less than ten

years. The assessment also has an abusiveness override question which asks if the offender has a substantiated investigation for sexual misconduct or any conduct violations for Murder/Manslaughter or Forcible Sexual Misconduct within the last five years. The Adult Internal Risk Manual and Supplement provide directions for staff on how to complete the risk screening as well as details behind each of the questions. It should be noted that the Adult Internal Assessment Manual Supplement outlines corrections to three questions that were identified through prior DOJ PREA audits. The question related to sex offenses with adult victims was changed to include child and adult changes the question related to prior sexual offenses to include any prior sexual offenses. The question related to conduct violations for violent offenses within the last ten years was changed to remove the timeframe of ten years. The interview with the staff responsible for the risk screening indicated they asks the questions on the Adult internal Risk Manual, and they confirm information through a review of the offender's record in the system. Staff confirmed the required elements under this provision are considered.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each offender's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the offender's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PAQ was blank related to number of offenders with a reassessment. D1-8.13, page 9 states offenders shall be reassessed within 30 days of arrival and shall consider additional relevant information received by the facility after the initial intake screening. The risk reassessment process is completed in a private office setting, one-on-one. The staff complete the same process as the initial, including verbally asking questions and reviewing file information. The interviews with staff responsible for the risk screening indicated that offenders are reassessed within 30 days. Interviews with 22 offenders that arrived in the previous twelve months indicated ten were asked the risk screening questions on more than one occasion. Offenders stated they were asked a few weeks to 30 days after arrival. The auditor requested documentation for 32 offenders. 32 offender risk screenings were provided, however dates of arrival were not provided and as such the auditor was unable to determine if timeframes were met.

115.41 (g): The PAQ indicated that policy requires that an offender's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. D1-8.13, page 9 states the offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness. The interviews with staff responsible for risk screening confirmed that offenders are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. Interviews with 22 offenders that arrived in the previous twelve months indicated ten were asked the

risk screening questions on more than one occasion. The auditor requested documentation for 32 offenders. 32 offender risk screenings were provided. The auditor requested documentation for eleven allegations, however at the issuance of the interim report documentation had not been provided, including reassessment due to incident of sexual abuse.

115.41 (h): The PAQ indicated that policy prohibits disciplining offenders for refusing to answer whether or not the offender has a mental, physical or developmental disability; whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability. D1-8.13, page 9 states the offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment. The interviews with the staff responsible for risk screening indicated that offenders are not disciplined for refusing to answer or not fully disclose information for any of the risk screening questions.

115.41 (i): Offenders risk assessments are documented electronically via the MOSIC system. The auditor had a security staff member pull up the risk screening information in MOSIC. The auditor viewed that the staff did not have access and was given an error message that noted they were not authorized to view the information. Paper risk screening files are maintained in the master file records room, which is staffed Monday through Friday during business hours. After hour access to the master file records room is limited. The PC stated that the agency has implemented appropriate controls on information from the risk screening to ensure sensitive information is not exploited. He stated the information is limited to Corrections Case Managers and their supervisors, as these are the staff who complete the risk screening. All other staff only have access to review the label produced as a result of the risk assessment. The interview with the PCM and staff responsible for the risk screening confirmed that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited.

Based on a review of the PAQ, D1-8.13, Adult Internal Risk Assessment (AIRS), Adult Internal Risk Assessment Scoring, Adult Internal Risk Assessment Manual, Adult Internal Risk Assessment Manual Supplement, Adult Internal Risk Assessment Training, offender files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random offenders, this standard appears to require corrective action. The auditor requested documentation for 32 offenders. 32 offender risk screenings were provided, however dates of arrival were not provided and as such the auditor was unable to determine if timeframes were met. The auditor requested documentation for eleven allegations, however at the issuance of the interim report documentation had not been provided, including reassessment due to incident of sexual abuse.

	Corrective Action The facility will need to provide the originally requested documentation. Additional corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Dates of Arrival 2. List of Sexual Abuse Allegations Closed During the Corrective Action Period 3. Risk Assessments The facility provided the originally requested dates of arrival. The auditor confirmed that initial risk assessments were completed within 72 hours and reassessments were completed within 30 days. The facility provided a list of sexual abuse investigations closed during the corrective action period (two). Both victims had a reassessment completed due to receipt of additional information/incident of sexual abuse. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. D1-8.13 Offender Sexual Abuse and Harassment
3. IS5-2.3 Offender Internal Classification
4. IS18-1.1 Required Activities
5. IS5.3.1 Offender Housing Assignments
6. Transgender Offender Protocol
7. Transgender Committee Review
8. High Risk Victim and High Risk Abuser Assignments
9. Transgender/Intersex Offender Biannual Reviews
10. LGBTI Offender Housing Documents

Interviews:

1. Interviews with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interviews with Transgender/Intersex Offenders
5. Interviews with Gay, Lesbian and Bisexual Offenders

Site Review Observations:

1. Housing Assignments of LGBTI Offenders
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. D1-8.13, page 10 states housing,

cell, bed, education, and programming assignments shall be individualized utilizing the adult internal risk assessment with the goal of keeping separate those offenders identified at high risk of sexual victimization from offenders assessed at high risk of being sexually abusive. This shall be in accordance with the institutional services procedures regarding offender housing assignments, transgender and intersex offenders, offender recreation and activities, and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities. IS18-1.1, page 4 states housing unit staff members shall 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 systems. IS5-2.3, page 1 states the department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. The interview with the PREA Compliance Manager indicated that information from the risk screening is utilized to house offenders accordingly. He stated there are certain housing units for high risk victims and high risk abusers and they keep them separated. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to determine where they are housed and what types of jobs they can have. The auditor requested documentation for high risk victims and high risk abusers. At the issuance of the interim report the documentation had not been provided.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each offender. D1-8.13, page 10 states housing, cell, bed, education, and programming assignments shall be individualized utilizing the adult internal risk assessment with the goal of keeping separate those offenders identified at high risk of sexual victimization from offenders assessed at high risk of being sexually abusive. This shall be in accordance with the institutional services procedures regarding offender housing assignments, transgender and intersex offenders, offender recreation and activities, and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities. IS18-1.1, page 4 states housing unit staff members shall 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 systems. IS5-2.3, page 1 states the department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act

(PREA) guidelines. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to determine where they are housed and what types of jobs they can have.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex offenders in the facility on a case by case basis. D1-8.13, page 9 states housing assignment for transgender and intersex offenders shall be made in accordance with the institutional services and probation and parole procedures regarding housing assignments. IS5-3.1, page 3 states the transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meet with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. A review of the Transgender Offender Protocol notes that there are three different committees, one at the facility level, one at the agency level and one at the clinical level. The document outlines that the facility level team meets with the transgender or intersex individual within ten days to review health and safety needs. The PCM stated that program and placement of transgender and intersex offenders is determined based on needs. He stated they have an interview with them and determine their needs. He also stated they are housed based on their risk screening score. The PCM confirmed that housing and program assignments take into consideration the offender's health and safety as well as any security or management problems. There were zero transgender offenders at the facility during the on-site portion of the audit and as such no interviews were completed. A review of the Transgender Committee Review for five transgender offenders confirms that they had a case by case review. The form notes the offenders view of vulnerability, historical overview of offender, institutional adjustment, programming assignments, health care status, accommodations, security concerns, etc.

115.42 (d): D1-8.13, page 22 states the department shall make informed decisions regarding the health and safety of transgender and intersex offenders by ensuring that there are assessed every 6 months in accordance with the institutional services procedure regarding transgender and intersex offenders. The interview with the PCM indicated transgender and intersex offenders are reassessed every six months. The staff responsible for the risk screening confirmed transgender and intersex offenders are reassessed at least biannually.

115.42 (e): Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex offenders' view with respect to their safety are given serious consideration. There were zero transgender offenders at the facility during the on-site portion of the audit and as such no interviews were completed.

115.42 (f): During the tour the auditor confirmed that showers were group style and had walls, saloon style doors and opaque window for privacy. Interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex offenders are given the opportunity to shower separately. The PCM stated that if they request a separate shower, they will have a specific time for that person to shower. He stated the staff would close the showers for other offenders so the transgender offender could shower separately. There were zero transgender offenders at the facility during the on-site portion of the audit and as such no interviews were completed.

115.42 (g): The interviews with the PC and PCM confirmed that the agency does not have a consent decree and that LGBTI offenders are not placed in one housing unit or one facility based on their gender identify and/or sexual preference. The PC stated LGBTI offenders are housed case by case, just like all other offenders. He advised housing LGBTI offenders in one facility, unit or wing would violate policy and the PREA standards. Interviews with LGBTI offenders confirmed neither of the two felt that they were placed in any specific housing unit, facility or wing based on their sexual preference and/or gender identity. A review of housing assignments for offenders who identified as LGBTI confirmed they were not housed in the same unit.

Based on a review of the PAQ, D1-8.13, IS5-2.3, IS18-1.1, IS5.3.1, Transgender Offender Protocol, Transgender Committee Review, High Risk Victim and High Risk Abuser Assignments, Transgender/Intersex Offender Biannual Reviews, LGBTI Offender Housing Documents, observations from the tour, and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI offenders, this standard appears to require corrective action. The auditor requested documentation for high risk victims and high risk abusers. At the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this

	standard. Additional Documents: 1. High Risk Victim and High Risk Abuser Assignments 2. Updated Facility Standard Operating Procedure IS5-2.3 Offender Internal Classification 3. Memorandum from the PREA Coordinator The facility provided the originally requested high risk victim and high risk abuser lists with assignments. The auditor viewed that numerous high risk abusers (Alpha) were housed in the same unit as high risk victims (Sigma). The PC provided a memo that outlined he had a meeting with the Director related to housing of Alpha and Sigma offenders within the agency and within Boonville Correctional Center. The result of the meeting was the update to the Standard Operating Procedure. The facility updated their Standard Operation Procedure to address this issues, as they are mainly open bay housing. The update noted specific housing locations within the facility to house offenders identified as Sigma. It also stated that Alpha and Sigmas are not to be assigned in areas unsupervised together. The updated high risk victim and high risk abuser lists were provided. The list confirmed appropriate placement for Sigma and Alpha offenders. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. D1-8.13 Offender Sexual Abuse and Harassment
3. Housing Assignments for High Risk Offenders

Documents:

1. Interview with the Warden
2. Interview with the Staff Who Supervisor Offenders in Segregated Housing

Site Review Observations:

1. Observation of the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated the agency has a policy that prohibits placing offenders at high risk of sexual victimization in involuntary segregated housing unless an assessment has been made, and there has been a determination that there is no available alternative means of separation from likely abusers. D1-8.13, page 15 states following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift supervisor shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. The PAQ indicated there have been zero instances where offenders have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden confirmed that the agency has a policy that prohibits placing offenders at high risk of victimization in involuntary segregated housing unless there are no other available alternative means of separation of likely abusers. A review of documentation for high risk offenders (Sigma) indicated numerous were housed in segregated housing, however they were housed there due to discipline and/or they requested protective custody. None were segregated due to risk of victimization.

115.43 (b): D1-8.13, page 15 states if the assessment of least restrictive housing is due to an allegation of sexual abuse or sexual harassment the shift supervisor shall note the recommended housing option on the PREA allegation notification penetration/non-penetration event checklist. If segregation is recommended, the shift supervisor shall note on the PREA notification checklist the reason no alternative

means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation. During the tour the auditor observed the segregated housing unit. The housing unit had a separate recreation area. Offenders in segregated housing have out of cell time via recreation (three times a week) and showers (every other day). Phone access is requested through the case manager after 30 days. Offenders have access to their tablets in segregated housing. Grievances and mail are provided to case managers and/or staff during their daily rounds. The interview with the staff who supervise offenders in segregated housing indicated that an offender in segregation cannot be out on work release but all activities would resume once released from segregation. He stated they do have access to their tablets. The staff further stated that restrictions are documented in policy, as they cannot have access to anything policy does not permit. There were zero offenders at high risk of victimization in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): D1-8.13, page 15 states assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. The PAQ indicated there have been zero instances where offenders have been placed in involuntary segregated housing due to their risk of sexual victimization. The Warden confirmed that the facility would only assign offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He stated that depending on if they needed to transfer the offender or not, it could be immediately or up to 45 days. The interview with the staff who supervise offenders in segregated housing advised the facility would only assign offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He stated if they needed to transfer an offender it would be until they could transfer the offender out.

115.43 (d): D1-8.13, page 15 states if the assessment of least restrictive housing is due to an allegation of sexual abuse or sexual harassment the shift supervisor shall note the recommended housing option on the PREA allegation notification penetration/non-penetration event checklist. If segregation is recommended, the shift supervisor shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation. The PAQ indicated there have been zero instances where offenders have been placed in involuntary segregated housing due to their risk of sexual victimization and as such no files had documentation related to this provision. A review of documentation for high risk offenders (Sigma) indicated numerous were housed in segregated housing, however they were housed there due to discipline and/or they requested protective custody. None were segregated due to risk of victimization.

115.43 (e): The PAQ indicated if an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population. D1-8.13, page 15 states every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. The interview with the staff who supervise offenders in segregated housing confirmed that they would be reviewed at least every 30 days.

Based on a review of the PAQ, D1-8.13, housing assignments for high risk offenders, observations from the facility tour as well as information from interviews with the Warden and staff who supervise offenders in segregated housing, this standard appears to require corrective action. The interview with the staff who supervise offenders in segregated housing indicated that an offender in segregation cannot be out on work release, but all activities would resume once released from segregation. He stated they do have access to their tablets. The staff further stated that restrictions are documented in policy, as they cannot have access to anything policy does not permit. The staff who supervise offenders in segregated housing advised the facility would only assign offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He stated if they needed to transfer an offender it would be until they could transfer the offender out.

Corrective Action

The facility will need to train applicable staff on this standard, including prohibition of placement, access to be provided if placed and necessary documentation if placed and restricted. Confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

	1. Staff Training The facility conducted training with applicable staff on policy and procedure related to the elements under this standard. Signatures were provided confirming confirmation of the training. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D1-8.9 Crime Tips and PREA Hotlines 4. Statutes of Missouri 217.410 5. Offender Rulebook (Rulebook) 6. PREA Brochure 7. PREA Posters 8. Department of Public Safety (DPS) Poster 9. Employee Handbook 10. C.L.E.A.R. Line Poster 11. Memorandum of Understanding with Department of Public Safety Crime Victims Unit 12. Interoffice Communication (IOC) Interviews: 1. Interviews with Random Staff

- 2. Interviews with Random Offenders
- 3. Interview with the PREA Compliance Manager

Site Review Observations:

- 1. Observation of Posted PREA Information

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing multiple internal ways for offenders to report privately to agency officials; sexual abuse or sexual harassment; retaliation by other offenders or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. D1-8.13, pages 11-12 state each facility shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. A review of the Rulebook noted that it outlines reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. A review of the PREA Brochure noted that it includes information on reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. A review of the PREA Posters indicated they included information on reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. A review of the DPS Poster noted that it included information on reporting mechanism, including to staff, through the PREA hotline, and anonymously to DPS. The auditor observed PREA information posted throughout the facility via the PREA Posters, TIPS Poster, PREA Advocacy Poster and Department of Public Safety (DPS) Poster. The PREA Posters were observed in English and Spanish on letter size paper. The DPS Poster was in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was displayed on letter size paper in English. Posted information was observed on bulletin boards, in the sally port of housing units and across many common areas. PREA information was also

observed on the offender tablet system. The PREA Brochure (English and Spanish), DPS Poster (English and Spanish), TIPS Poster (English), PREA Advocacy Poster (English) and PREA Posters (English and Spanish) were observed on the tablet system. The auditor tested the internal reporting mechanism during the tour. With the assistance of an offender, the auditor called the PREA hotline on June 9, 2026 from a phone in an offender housing unit. The offender dialed "1" for a collect call, was prompted to enter his pin number and then entered the hotline number. The auditor left a message on the PREA hotline voicemail. The auditor was provided confirmation by the PC on the same date that the call was received by the PREA office. Interviews with 40 offenders confirmed that all 30 were aware of at least one method to report sexual abuse and sexual harassment. Offenders advised they would report through the hotline, via their tablet, or to staff. Interviews with thirteen staff confirmed that offenders can report to staff, through a kite or via the hotline.

115.51 (b): The PAQ stated that the agency provides at least one way for offenders to report abuse or harassment to a public entity or office that is not part of the agency. The PAQ indicated that offenders are not detained solely for civil immigration purpose. D1-8.13, page 12 states offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. The MOU with the Department of Public Safety notes that DPS shall receive written correspondence of allegations of offender sexual abuse and harassment and that all written correspondence shall be documented in the SharePoint application. DPS staff will send alerts to agency staff notifying of the correspondence and recorded information in SharePoint. A review of the Manual noted that it outlines reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. A review of the PREA Brochure noted that it includes information on reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. A review of the PREA Posters indicated they included information on reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. A review of the DPS Poster noted that it included information on reporting mechanism, including to staff, through the PREA hotline, and anonymously to DPS. The DPS Poster states offenders can report anonymously by writing to DPS and that offenders do not have to include their name or number on the envelop and the envelop does not need to be sealed. The auditor observed PREA information posted throughout the facility via the PREA Posters, TIPS Poster, PREA Advocacy Poster and Department of Public Safety (DPS) Poster. The PREA Posters were observed in English and Spanish on letter size paper. The DPS Poster was in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was displayed on letter size paper in

English. Posted information was observed on bulletin boards, in the sally port of housing units and across many common areas. PREA information was also observed on the offender tablet system. The PREA Brochure (English and Spanish), DPS Poster (English and Spanish), TIPS Poster (English), PREA Advocacy Poster (English) and PREA Posters (English and Spanish) were observed on the tablet system. During the tour the auditor observed the mail process. A locked box is in each housing building where offenders can place mail. The mailroom staff indicated that incoming regular mail from family and friends is electronic and comes in through the tablet system. Staff review all incoming electronic regular mail prior to it being released to the offender tablet. Incoming legal mail is not inspected and is provided to the Case Manager. The offender opens the mail in front of the Case Manager. Outgoing electronic regular mail goes through the tablet system. Staff review outgoing mail prior to it being released to the recipient. Outgoing regular physical mail is provided to the mailroom unsealed. All outgoing regular mail is opened and reviewed by staff. Legal mail is provided to the mailroom sealed. Mailroom staff do not open legal mail but rather stamp it and send it out. The mailroom staff advised they were unfamiliar with how mail to DPS and the rape crisis centers is treated. The auditor also tested the external reporting mechanism via a letter to DPS. The auditor sent a letter to DPS. The auditor obtained an envelope and sent a letter to DPS. The auditor observed the mailing address on the PREA posted information. Residents can remain anonymous as the letter does not require a return address. Additionally, it does not require postage. The DPS is utilized for numerous services and as such they are not just an organization to report sexual abuse. The auditor received confirmation within two weeks that the letter was received by the Department of Public Safety. The DPS staff advised she would scan the letter and send it to the MO DOC PREA office. She further confirmed that offenders can remain anonymous when reporting. The interview with the PCM indicated that offenders can report externally through the hotline and their family. He stated that calls to the hotline are provided back to the facility through the PREA Unit. Interviews with 30 offenders indicated nine were aware that they could report to DPS as an outside reporting mechanism and eighteen stated they knew they could report anonymously. It should be noted that while offenders were not aware of DPS, the information was clearly displayed on physical postings as well as was available on the tablet.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports. D1-8.13, page 12 states all allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure. Page 14 further states all allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The Employee Handbook, page 21 advises that when an employee has reason to

believe that an offender has been abused, they must immediately report all pertinent details in writing to their supervisor or chief administrative officer. During the tour, the auditor asked staff to demonstrate how they would document a verbal report of sexual abuse. Staff indicated all verbal reports would be documented in an Interoffice Communication (IOC). The IOC would be completed on the computer and printed out. The IOC would then be submitted to the Shift Commander. Interviews with 30 offenders confirmed all 30 knew they could report allegations of sexual abuse verbally or in writing to staff and 24 knew they could report via a third party. Interviews with thirteen random staff noted that nine were aware that offenders can report verbally, in writing, anonymously and through a third party. Nine staff stated that they would document verbal reports in an IOC. The auditor requested documentation for eleven allegations. At the issuance of the interim report documentation had not been provided, including written reports of verbal allegations.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of offenders. A review of C.L.E.A.R Line Poster notes that staff are advised there is a zero tolerance and they can report through the chain of command, by contacting the Civil Rights Officer, and by calling the C.L.E.A.R. line to make a confidential report to the Office of Professional Standards (phone and email provided). The Employee Handbook, page 6 also states that staff can make a confidential report by calling the reporting hotline. Interviews with thirteen staff indicated all thirteen knew they could privately report sexual abuse and sexual harassment of offenders.

Based on a review of the PAQ, D1-8.13, D1-8.9, Statute of Missouri 217.410, Offender Rulebook, PREA Brochure, PREA Posters, DPS Poster, Employee Handbook, C.L.E.A.R. Line Poster, Memorandum of Understanding with Department of Public Safety Crime Victims Unit, Interoffice Communication/PREA Checklist, observations during the tour, and information from interviews with the PC, random residents and random staff, this standard appears to require corrective action. The mailroom staff advised they were unfamiliar with how mail to DPS and the rape crisis centers is treated. The interview with the PCM indicated that offenders can report externally through the hotline and their family. He stated that calls to the hotline are provided back to the facility through the PREA Unit. Interviews with thirteen random staff noted that nine were aware that offenders can report verbally, in writing, anonymously and through a third party. Nine staff stated that they would document verbal reports in an IOC. The auditor requested documentation for eleven allegations. At the issuance of the interim report documentation had not been provided, including written reports of verbal allegations.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required. The facility will need to train mailrooms staff on how mail to DPS is handled/treated. Confirmation of the training will need to be provided. The facility will need to train staff on the methods offender can report sexual abuse, including externally (including who the external entity is), anonymously and through a third party. Further the training should include the requirement to complete an IOC when receiving a verbal report. Confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. Mailroom Training
3. List of Allegations During the Corrective Action Period

The facility provided training that was completed with Administrative level staff and the PCM on the external reporting entity. Signatures were provided confirming completed training.

The facility provided the originally requested documentation. Four allegations were reported verbally, one was via the hotline, one was in writing, one was via Warden to Warden notification and two were through staff observation. Two verbal reports were documented, however the other two verbal reports were not documented by the staff receiving the verbal report. As such, the facility conducted training with staff on this process. The facility provided a training memorandum that was emailed to all staff that outlined all verbal reports are to be documented in a written report via an Interoffice Communication (IOC). Staff signatures were provided confirming the training. The facility provided a list of allegations reported during the corrective action period (two). One was reported via the hotline, and one was reported in writing through e-messaging.

Based on the documentation provided the facility has corrected this standard and as

	such appears to be compliant.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D5-3.2 Offender Grievance 4. Informal Resolution Request Form 5. Offender Grievance Form 6. Offender Grievance Appeal Form 7. Grievance Log Interviews: 1. Interviews with Offenders who Reported Sexual Abuse Findings (By Provision): 115.52 (a): The PAQ indicated that the agency is not exempt from this standard. 115.52 (b): The PAQ indicated that agency policy or procedure allows an offender to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Additionally, it indicated that the policy requires an offender to use the informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. D1-8.13, page 12 states the department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting

a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards. D5-3.2, page 17 states the department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offender sexual abuse. The department shall not require an offender to use the informal grievance process or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.

115.52 (c): The PAQ indicated that agency policy and procedure allow an offender to submit a grievance alleging sexual abuse without submitting it to the staff member who is subject of the complaint. Additionally, the PAQ indicated that policy and procedure require that an offender grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. D1-8.13, pages 12-13 state the department shall ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards. D5-3.2, pages 17-18 state an offender who alleges offender sexual abuse may submit an offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A complaint of sexual abuse against a staff member shall not be referred to the staff member for response, nor shall that staff member be the respondent of the complaint.

115.52 (d): The PAQ indicated that agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated that there were zero grievances of sexual abuse in the previous twelve months. D5-3.2, page 18 states offender grievances alleging sexual abuse shall be processed as follows, the complaint shall be reviewed by the CAO or the PREA site coordinator for determination on if the complaint shall be treated as a PREA grievance or PREA emergency grievance. If determined to be a non-emergency the CAO or designee shall respond within 30 calendar days of receipt. An extension of time to respond, of up to 70 calendar days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. Interviews with offenders who reported sexual abuse indicated none reported an allegation via a grievance. The auditor reviewed the grievance log and identified nine "PREA" grievances. The auditor requested the grievances, facility response and associated investigative reports, however at the issuance of the interim report the documentation had not been provided.

115.52 (e): The PAQ indicated that agency policy and procedure permit third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing grievances for administrative remedies related to allegations of sexual abuse and to file such request on behalf of offenders. It also states that agency policy and procedure require that if the offender declines to have third-party assistance in filing a grievance of sexual abuse, the agency documents the offender's decision to decline. The PAQ indicated there were zero grievances filed by offenders in the previous twelve months in which the offender declined third-party assistance. D5-3.2, page 18 states third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. Page 19 states if the offender declines to have the request processed on his behalf, the CCM shall document the offender's decision, and the complaint shall be considered withdrawn for grievance purposes. The auditor reviewed the grievance log and identified nine "PREA" grievances. The auditor requested the grievances, facility response and associated investigative reports, however at the issuance of the interim report the documentation had not been provided.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an offender is subject to substantial risk of imminent sexual abuse. It also indicated that an initial response is required within 48 hours and a final agency decision be issued within five days. The PAQ stated there were zero grievances alleging imminent risk of sexual abuse over the previous twelve months. D5-3.2, page 1 states when a staff member receives the completed grievance form from the offender, the staff member shall record receipt of the form in accordance with this procedure and it shall be taken to the CAO, PREA site coordinator or designee immediately for possible investigation or inquiry. If the CAO or the PREA site coordinator determines that the complaint meets the definition of a PREA emergency grievance, the grievance shall be addressed as follows, the CAO or designee shall prepare an initial response which shall be attached to the grievance and provided to the offender within 48 hours of receipt of the initial filing date. The offender shall sign and date the response. A final response from the CAO or designee shall be provided to the offender within 5 calendar days from the initial filing date. The offender shall sign and date the form. The auditor reviewed the grievance log and identified nine "PREA" grievances. The auditor requested the grievances, facility response and associated investigative reports, however at the issuance of the interim report the documentation had not been provided.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an offender for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the offender filed the grievance in

bad faith. The PAQ noted there were zero offender grievances alleging sexual abuse that resulted in disciplinary action by the agency against the offender for having filed the grievance in bad faith.

Based on a review of the PAQ, D1-8.13, D5-3.2, Informal Resolution Request Form, Offender Grievance Form, Offender Grievance Appeal Form, grievance log, and information from interviews with offenders who reported sexual abuse, this standard appears to require corrective action. The auditor reviewed the grievance log and identified nine "PREA" grievances. The auditor requested the grievances, facility response and associated investigative reports, however at the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Grievances

The facility provided the originally requested grievances. None of the grievances reported sexual abuse. All grievances were related to sexual abuse or sexual harassment incidents already reported (i.e. discipline, retaliation, etc.). All grievances included a response to the offender within 90 days. Further, all allegations noted in the grievances were investigated, including the report of retaliation.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. PREA Advocacy Poster 4. Department of Public Safety (DPS) Poster 5. Consent for Facility Advocacy Services Form 6. Memorandum of Understanding with Citizen's Against Spouse Abuse, Inc. (CASA) Interviews: 1. Interviews with Random Offenders 2. Interviews with Offenders who Reported Sexual Abuse Site Review Observations: 1. Observations of Victim Advocacy Information Findings (By Provision): 115.53 (a): The PAQ indicated the facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by; giving offenders mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; and enabling reasonable communication between offenders and these organizations in as confidential a manner as possible. D1-8.13, page 21 states facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The PAQ indicated that the agency does not detain offenders solely for immigration purposes and as such this part of the provision does not apply. A review of the PREA Advocacy Poster notes that it includes contact information (phone number and mailing address) for JDI and RAINN. A review of the DPS Poster notes that it includes the phone number and

mailing address to JDI and the mailing address for RAINN. The DPS Poster advises that letters to JDI and RAINN will be confidential and not subject to examination by staff. Further, the DPS Posters states that phone calls may be monitored. The Consent for Facility Advocacy Services notes that offenders sign a form that outlines that confidentiality is maintained during advocacy sessions with the exceptions of plans to harm self or others, plans for escape, risk of suicide and/or disclosure of information that creates a concern for safety and security of the facility or staff. The auditor observed PREA information posted throughout the facility via the PREA Posters, TIPS Poster, PREA Advocacy Poster and Department of Public Safety (DPS) Poster. The PREA Posters were observed in English and Spanish on letter size paper. The DPS Poster was in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was displayed on letter size paper in English. The auditor did not view any local advocacy information. Posted information was observed on bulletin boards, in the sally port of housing units and across many common areas. PREA information was also observed on the offender tablet system. The PREA Brochure (English and Spanish), DPS Poster (English and Spanish), TIPS Poster (English), PREA Advocacy Poster (English) and PREA Posters (English and Spanish) were observed on the tablet system. The facility provides access to emotional support services through JDI and RAINN. The phone numbers and mailing addresses to JDI and RAINN are provided via the PREA Advocacy Poster. Offenders can send correspondence via legal mail. Offenders can call the hotline numbers, but they are required to pay for these calls. Offenders are advised the calls are monitored. The auditor was unable to test the hotline due to the cost to the offenders. The auditor did review the mail process to confirm access via written correspondence. Interviews with 30 offenders, including those who reported sexual abuse, indicated fifteen were provided a mailing address and telephone number to the organization.

115.53 (b): The PAQ stated that the facility informs offenders, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs offenders about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. D1-8.13, pages 20-21 state offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Before being given access to a victim advocate, the offenders shall be informed of the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. A review of the PREA Advocacy Poster notes that it includes contact information (phone number and mailing address) for JDI and RAINN. The PREA Advocacy Poster advised that mail to JDI and RAINN is confidential. A review of the DPS Poster notes that it includes the phone number and mailing address to JDI and the mailing address for RAINN. The DPS Poster advises that letters to JDI and RAINN will be confidential and not subject to examination by staff.

Further, the DPS Posters states that phone calls may be monitored. The Consent for Facility Advocacy Services notes that offenders sign a form that outlines that confidentiality is maintained during advocacy sessions with the exceptions of plans to harm self or others, plans for escape, risk of suicide and/or disclosure of information that creates a concern for safety and security of the facility or staff. The auditor observed PREA information posted throughout the facility via the PREA Posters, TIPS Poster, PREA Advocacy Poster and Department of Public Safety (DPS) Poster. The PREA Posters were observed in English and Spanish on letter size paper. The DPS Poster was in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was displayed on letter size paper in English. The auditor did not view any local advocacy information. Posted information was observed on bulletin boards, in the hallway port of housing units and across many common areas. PREA information was also observed on the offender tablet system. The PREA Brochure (English and Spanish), DPS Poster (English and Spanish), TIPS Poster (English), PREA Advocacy Poster (English) and PREA Posters (English and Spanish) were observed on the tablet system. During the tour the auditor observed the mail process. A locked box is in each housing building where offenders can place mail. The mailroom staff indicated that incoming regular mail from family and friends is electronic and comes in through the tablet system. Staff review all incoming electronic regular mail prior to it being released to the offender tablet. Incoming legal mail is not inspected and is provided to the Case Manager. The offender opens the mail in front of the Case Manager. Outgoing electronic regular mail goes through the tablet system. Staff review outgoing mail prior to it being released to the recipient. Outgoing regular physical mail is provided to the mailroom unsealed. All outgoing regular mail is opened and reviewed by staff. Legal mail is provided to the mailroom sealed. Mailroom staff do not open legal mail but rather stamp it and send it out. The mailroom staff advised they were unfamiliar with how mail to DPS and the rape crisis centers is treated. Interviews with 30 offenders, including those who reported sexual abuse, indicated fifteen were provided a mailing address and telephone number to the organization.

115.53 (c): The PAQ indicated that the agency or facility does not maintain MOUs or other agreements with community service providers that are able to provide offenders with emotional services related to sexual abuse and the agency/facility maintains copies of those agreements. D1-8.13, page 21 states each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. A review of the MOU with CASA noted CASA agrees to respond to calls from offenders at the facility through the rape crisis hotline. It also advises that CASA agrees to provide follow-up services and crisis intervention contacts to victims of sexual assault through calls, mail, in-person or telehealth/video call.

Based on a review of the PAQ, D1-8.13, PREA Advocacy Poster, DPS Poster,

Agreement with CASA Tipton, Consent for Facility Advocacy Services Form, observations from the facility and interviews with random offenders and offenders who reported sexual abuse, this standard appears to require corrective action. The auditor did not view any local advocacy information. The mailroom staff advised they were unfamiliar with how mail to DPS and the rape crisis centers is treated. Interviews with 30 offenders, including those who reported sexual abuse, indicated fifteen were provided a mailing address and telephone number to the organization.

Corrective Action

The facility will need to provide offenders with local advocacy information (CASA), including a phone number and mailing address. The information should include how to contact them and level of confidentiality. Confirmation of the provided information will need to be provided, including photos of the information posted and uploaded to the tablet. The facility will need to provide training with mailroom staff on how mail to the rape crisis centers (CASA, JDI and RAINN) is treated. Confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of CASA Posters
2. Training with Mailroom Staff

The facility provided CASA Posters that included the phone number and mailing address to CASA. The document noted that calls are not confidential, but mail is treated as legal. The document further advises offenders to contact staff if they want to set up a confidential call with CASA. Photos were provided of the CASA Poster displayed around the facility in English and Spanish. Photos were also provided confirming the CASA Poster was added to the tablet.

	The facility provided training that was conducted with the mailroom staff on how mail to the rape crisis centers is treated (privileged). Signatures were provided confirming the completed training. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. PREA Third Party Reporting Poster Findings (By Provision): 115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an offender. The PAQ indicated the method is through the agency website. D1-8.13, page 12 states all allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure. Page 14 further states all allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. A review of the agency's website confirms that it includes information on reporting and outlines that friends and family may report offender sexual abuse and harassment by calling (573-526-9003), by writing the PREA Unit (address included) or by emailing (DOC.PREA@doc.mo.gov). A review of the PREA Third Party Reporting Poster notes that it that friends, family, or anyone outside of the facility may report sexual abuse or harassment for an offender. It advises to contact the PREA Unit by calling, writing or emailing (contact information provided). Third party reporting information was observed in visitation via the PREA Third Party Reporting Poster. The PREA Third Party Reporting Poster was in English on

letter size paper. The auditor did not observe any third party reporting information at the front entrance. The auditor tested the third-party reporting mechanism. The auditor sent an email to the email address found on the agency website. The auditor received confirmation from the PREA Coordinator on the same date that the email was sent that it was received and that the information would be forwarded to the facility PREA Compliance Manger to initiate the coordinated response and submit a Report for Investigation (RFI).

Based on a review of the PAQ, D1-8.13, PREA Third Party Reporting Poster, the agency website, and the functional test, this standard appears to require corrective action. The auditor did not observe any third party reporting information at the front entrance.

Corrective Action

The facility will need to post third party reporting information at the front entrance. Photos of the posted information will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of the PREA Third Party Poster

The facility provided photos illustrating that the PREA Third Party Poster was displayed in the lobby (front entrance) and visitation.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D2-11.10 Staff Member Conduct 4. D1-8.1 Office of Professional Standards 5. Statue of Missouri 630.005 6. Statue of Missouri 630.163 7. Statue of Missouri 210.115 8. PREA Healthcare Duty to Report Form 9. Investigative Reports Interviews: 1. Interviews with Random Staff 2. Interviews with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator Findings (By Provision): 115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. D1-8.13, page 6 states failure to report offender sexual abuse is a Class A misdemeanor in accordance with Missouri state statute. All staff members, shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that

occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. D2-11.10, page 6 states staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the office of professional standards in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Interviews with thirteen random staff confirmed that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. D1-8.13, page 6 states staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions. D1-8.1, page 4 states after a request for investigation has been submitted, all staff members having knowledge of the matters under investigation are prohibited from disclosing any details about the matters except during interviews that occur as part of an investigation or inquiry. Interviews with thirteen random staff confirmed that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated that they would immediately report the information to the supervisor/shift commander.

115.61 (c): D1-8.13, page 6 states medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes. Page 12 further states all health services staff members shall be required to report sexual abuse and to inform the offender of the practitioner's duty to report prior to the initiation of services. A review of the PREA Healthcare Duty to Report form notes that offenders sign a form that outlines that staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against offenders or staff who report such incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation in a correctional setting. It further outlines that patient and practitioner confidentiality does not apply to these scenarios as well as any mandatory reporting (under eighteen or vulnerable adults). Interviews with medical and mental health care staff confirmed that at the initiation of services with an offender they disclose their limitation of confidentiality and their duty to report. Both stated they are required to report any allegation, incident or information

related to sexual abuse that occurred within an institutional setting. The mental health care staff indicated he had become aware of such information and reported the information to security. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.61 (d): The PC stated they have mandatory reporting laws, and they would conduct an investigation and report as necessary. The interview with the Warden indicated that any allegation by a vulnerable adult would include the coordinated response and determining what to do from there. It should be noted all mandatory reporting is completed through the PREA Unit.

115.61 (e): D1-8.13, page 6 states failure to report offender sexual abuse is a Class A misdemeanor in accordance with Missouri state statute. All staff members, shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. D2-11.10, page 6 states staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the office of professional standards in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. The interview with the Warden confirmed that all allegations of sexual abuse and sexual harassment are reported to agency investigators. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Based on a review of the PAQ, D1-8.13, D2-11.10, D1-8.1, Statue of Missouri 630.005, Statue of Missouri 630.163, Statue of Missouri 210.115, Investigative Reports and information from interviews with random staff, the PREA Coordinator and the Warden, this standard appears to require corrective action. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Recommendation

The auditor highly recommends all administrative level staff be trained on mandatory reporting laws.

	Corrective Action The facility will need to provide the originally requested documentation. Additional corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: Investigative Documents The facility provided the originally requested documentation. Four allegations were reported verbally, one was reported through the hotline, one was reported in writing, one was reported via Warden to Warden notification and two were discovered by staff through intel/observation. All were forwarded for investigation. One verbal allegation was reported to a medical staff member. The medical staff member notified security and provided an email for written documentation of the information. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: - Pre-Audit Questionnaire - D1-8.13 Offender Sexual Abuse and Harassment

3. Segregated Housing for Protective Custody Directive

4. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interviews with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an offender is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the offender. D1-8.13, page 15 states when an offender is believed to be in substantial risk of victimization, the shift supervisor shall assess the offender to ensure housing in the least restrictive housing. The PAQ stated that there have been zero offenders who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The Segregated Housing for Protective Custody Directive states alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization, in the absence of an allegation of offender sexual abuse, should not typically be assigned to Administrative Segregation for Protective Custody for no longer than a 30-day period. If the offender is an alleged victim of offender sexual abuse and was assigned to administrative segregation for protective custody, the committee will, review the offender's placement in segregated housing every 30 days to determine whether there is a continuing need for separation from general population and document the following on the Classification Hearing Form: the basis for the facility's concern for the offender's safety, the reason no alternative means of separation can be arranged, and work and programming assignments that the victim was participating and is now unable to attend due to Administrative Segregation assignment. The Agency Head Designee stated that if an offender was at imminent risk of sexual abuse, they would separate the offender and get them to a safe place. He advised, if appropriate, they would change housing and/or work assignments, offer protective custody, etc. The Agency Head Designee noted staff are trained to use the least restrictive manner possible for separation. The Warden stated that if there was an offender was deemed at imminent risk of sexual abuse, they would take the offender under their wing, get him interviewed, get him to medical and find the potential abuser to protect the offender from him. Interviews with thirteen random staff noted ten were aware of protective actions, including removing the offender or separating the offender. It should be noted that six advised they would take the offender to protective custody (segregation). The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not

been provided.

Based on a review of the PAQ, D1-8.13, Segregated Housing for Protective Custody Directive, investigative reports and interviews with the Agency Head Designee, Warden and random staff, this standard appears to require corrective action. Interviews with thirteen random staff noted ten were aware of protective actions, including removing the offender or separating the offender. It should be noted that six advised they would take the offender to protective custody (segregation). The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required. The facility will also need to provide training with staff on the use of involuntary protective custody for offender deemed at imminent risk and that this should not be the initial protective action as this may appear to be punishing the offender at imminent risk. Confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Documents
2. Training Memorandum

The facility provided the originally requested documentation. None of the allegations involved imminent risk of sexual abuse. All did include necessary protective actions, including housing changes for the victim and/or the perpetrator.

	The facility conducted training with staff on actions to take when an offender is deemed at imminent risk. The training outlined that offenders should not be placed in protective custody as the initial response. Staff signatures were provided confirming the training. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Warden to Warden Notifications 4. Investigative Reports Interviews: 1. Interview with the Agency Head Designee 2. Interview with the Warden Findings (By Provision): 115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The PAQ indicated that during the previous twelve months the facility had one offender report that they were sexually abused while confined at another facility. D1-8.13, pages 14-15 state upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offender sexual abuse shall be immediately initiated as outlined in this

procedure. Upon receiving an allegation that an offender was sexually abused while confined at a facility outside of the department, the CAO or designee or the appropriate office shall ensure the outside facility is notified of the allegation within 72 hours. The CAO or designee shall maintain documentation of the allegation received and when the outside facility was notified with the allegation. The auditor requested documentation for the offender who reported sexual abuse that occurred at another facility. At the issuance of the interim report the documentation had not been provided.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. D1-8.13, pages 14-15 state upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offender sexual abuse shall be immediately initiated as outlined in this procedure. Upon receiving an allegation that an offender was sexually abused while confined at a facility outside of the department, the CAO or designee or the appropriate office shall ensure the outside facility is notified of the allegation within 72 hours. The CAO or designee shall maintain documentation of the allegation received and when the outside facility was notified with the allegation. The auditor requested documentation for the offender who reported sexual abuse that occurred at another facility. At the issuance of the interim report the documentation had not been provided.

115.63 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. D1-8.13, pages 14-15 state upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offender sexual abuse shall be immediately initiated as outlined in this procedure. Upon receiving an allegation that an offender was sexually abused while confined at a facility outside of the department, the CAO or designee or the appropriate office shall ensure the outside facility is notified of the allegation within 72 hours. The CAO or designee shall maintain documentation of the allegation received and when the outside facility was notified with the allegation. The auditor requested documentation for the offender who reported sexual abuse that occurred at another facility. At the issuance of the interim report the documentation had not been provided.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The PAQ stated that there were two allegations received from another Warden/Agency Head within the previous twelve months. D1-8.13, page 14 states upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offender sexual abuse shall be immediately initiated as outlined in this procedure. Page 18 further states the

department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. The Agency Head Designee stated that they have site PREA Compliance Managers, who would serve as the point of contact at each facility. He advised that if they received an allegation from another agency/facility they would follow the same investigative process, where they would complete the checklist, have the information entered into IRIS and have an investigator assigned. The Agency Head Designee noted he did not know any specific examples but know they have received these allegations in the past and they were investigated. The interview with the Warden confirmed that if they received an allegation that an offender was abused while housed at the facility, they would initiate the coordinated response and forward the information to the Shift Commander. He stated they have received an allegations from another agency/facility during the previous twelve months and the allegations were investigated. The auditor requested documentation related to the investigations completed for the allegations received from another facility/agency. At the issuance of the interim report the documentation had not yet been provided.

Based on a review of the PAQ, D1-8.13, Warden to Warden Notifications, Investigative Reports and interviews with the Agency Head Designee and Warden, this standard appears to require corrective action. The auditor requested documentation for the offender who reported sexual abuse that occurred at another facility. At the issuance of the interim report the documentation had not been provided. The auditor requested documentation related to the investigations completed for the allegations received from another facility/agency. At the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

	1. Warden to Warden Notification 2. Investigative Documents The facility provided the originally requested documentation. One offender reported sexual abuse that occurred at another MO DOC facility. The incident was reported on December 9, 2025 and the notification was provided on December 12, 2025. The second incident was discovered by investigators during another investigation and did not require a Warden to Warden notification (agency level investigators). The third document noted an allegation was reported to another MO DOC that occurred at Boonville. A notification was sent to Boonville in November 2025. A review of the originally requested investigative reports noted one was reported via a Warden to Warden notification. The allegation included a completed administrative investigation. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. PREA Training Curriculum 4. Investigative Reports Interviews: 1. Interviews with First Responders 2. Interviews with Random Staff 3. Interviews with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.64 (a). The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. The PAQ indicated that during the previous twelve months there were three allegations of sexual abuse and all three involved the immediate separation of victim and abuser. The PAQ noted that none were reported in a timeframe that allowed for evidence collection. D1-8.13, page 14 states in the event of an allegation of a penetration act, the first responder shall take the following steps. Ensure the safety of the victim. Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift supervisor shall make telephone notifications and respond as outlined in the facility's coordinated response to offender sexual abuse protocol. A review of the PREA Training Curriculum confirms that staff are provided training on the first responder duties outlined under this standard (pages 25-26). The interview with the security first responder indicated he would separate the offenders, ensure they do not shower, eat, drink or use the bathroom, locate the supervisor, report the incident and cut off access to the area to secure the scene. The non-security first responder advised she would report to the Shift Supervisor, take the victim to. secure area and tell them not to destroy any evidence. Interviews with offenders who reported sexual abuse indicated none involved any immediate first responder duties. All three stated they were called to get a statement after the information was reported. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. The PAQ indicated that during the previous twelve months there were zero allegations of sexual abuse that involved a non-security staff first responder. D1-8.13, page 14 states in the event of an allegation of a penetration act, the first responder shall take the following steps. Ensure the safety of the victim. Request the victim not to take any actions that may destroy physical evidence including washing, brushing

teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift supervisor shall make telephone notifications and respond as outlined in the facility's coordinated response to offender sexual abuse protocol. The interview with the security first responder indicated he would separate the offenders, ensure they do not shower, eat, drink or use the bathroom, locate the supervisor, report the incident and cut off access to the area to secure the scene. The non-security first responder advised she would report to the Shift Supervisor, take the victim to secure area and tell them not to destroy any evidence. Interviews with thirteen random staff confirmed twelve were aware of first responder duties. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Based on a review of the PAQ, D1-8.13, PREA Training Curriculum, Investigative Reports and interviews with random staff, first responders and offenders who reported sexual abuse, this standard appears to require corrective action. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Documents

The facility provided the originally requested investigative reports. None of the

	allegations involved any immediate first responder duties. One allegation was reported to a medical (non-security staff member) who notified security. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Coordinated Response Boonville Correctional Center Interviews: 1. Interview with the Warden Findings (By Provision): 115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. D1-8.13, page 14 states the CAO or designee shall coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the facility's coordinated response to offender sexual abuse protocol. A review of the Coordinator Response notes that it includes information for first responders, shift supervisor and facility leadership. It also outlines information related to outside law enforcement, community medical services, community mental health services, and victim advocacy services. The document outlines a response for incidents occurring within 72 hour and over 72 hours. It also provides contact information for interpretive services, victim advocacy and the local hospital. The interview with the Warden indicated the facility has a written plan to coordinate actions among first responders, medical, mental health, investigators and facility leadership.

	Based on a review of the PAQ, D1-8.13, Coordinated Response for Boonville Correctional Center, and the interview with the Warden, this standard appears to be compliant.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D2-11.6 Labor Organization 3. Agreement with Missouri Corrections Officers Association (MOCOA) Interviews: 1. Interview with the Agency Head Designee Findings (By Provision): 115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency’s behalf has entered not into or renewed a collective bargaining agreement or other agreement since the last PREA audit. D2-11.6, page 4 states per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department’s ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. A review of the collective bargaining agreement confirmed that Article 2 allows for the agency to hire, reassign, transfer, promote and determine hours of work and shifts and assign overtime. It also states the agency has the right to suspend, demote, and dismiss in accordance with applicable statutes. The interview with the Agency Head Designee confirmed that the agency has a collective bargaining and the agreement does not prohibit the facility/agency’s ability to remove staff or discipline staff, up to and including termination.

	115.66 (b): The auditor is not required to audit this provision. Based on a review of the PAQ, D2-11.6, Agreement with Missouri Corrections Officers Association (MOCOA), and the interview with the Agency Head Designee, this standard appears to be compliant.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Assessment-Retaliation Status Check Form 4. Retaliation Monitoring Guide 5. PREA Staff Protection Against Retaliation Flyer 6. Investigative Reports Interviews: 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Designated Staff Member Charged with Monitoring Retaliation 4. Interviews with Offenders who Reported Sexual Abuse Findings (By Provision): 115.67 (a): The PAQ indicated that the agency has a policy to protection all offenders and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders

or staff. D1-8.13, page 13 states the PREA site coordinator shall ensure victims, individuals who report sexual abuse, and those that cooperate with offender sexual abuse investigations are monitored and protected from retaliation. The PAQ indicated that the agency designates staff to monitor for retaliation (Functional Unit Manager – FUM).

115.67 (b): D1-8.13, page 13 states following any reported incident of sexual abuse, monitoring for retaliation shall be conducted. The alleged victim and offender and staff reporters of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation (First Responders shall not be considered a reporter for the purpose of retaliation monitoring in this policy). Monitoring shall include face-to-face status checks with offender victims and reporters. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation is unfounded. The PREA Site Coordinator shall ensure any offender or staff member who cooperates with a sexual abuse investigation and expresses a fear of retaliation, shall be assessed for and protected from retaliation. The Agency Head Designee stated that facilities conduct monitoring for retaliation through a 30, 60 and 90 day process. He confirmed they can take protective measures to prevent retaliation including, housing changes, facility transfers, removal of staff from contact with offender and emotional support services. The Agency Head Designee advised that if retaliation is suspected, it would be reported and investigated. He noted that they would also take action to protect the individual and ensure their safety. The interview with the Warden indicated that they would consider the parties, involve, look at past incidents to see if there is a pattern and refer the information for investigation. He confirmed they take protective measures such as housing unit changes and facility transfers, removal of alleged staff abusers and emotional support services. The staff responsible for monitoring noted that he reviews violations since the incident, if they have had any job or housing changes, and things like that. He stated he also asks them if they feel they have been retaliated against, and if they have, he would investigate it. The staff noted they can take protective measures such as separating those involved. He confirmed they can change housing, transfer facilities, remove staff from contact and offer emotional support services. Interviews with offenders who reported sexual abuse indicated two of the three felt safe at the facility and two felt protected against retaliation. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.67 (c): The PAQ stated that the agency/facility monitors the conduct and treatment of offenders or staff who reported sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff. The PAQ indicated that monitoring is conducted for at least 90 days and that the agency/facility acts promptly to remedy

any such retaliation. The PAQ further stated that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ indicated that there have been zero instances of retaliation in the previous twelve months. D1-8.13, page 13 states following any reported incident of sexual abuse, monitoring for retaliation shall be conducted. The alleged victim and offender and staff reporters of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation (First Responders shall not be considered a reporter for the purpose of retaliation monitoring in this policy). Monitoring shall include face-to-face status checks with offender victims and reporters. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation is unfounded. The PREA Site Coordinator shall ensure any offender or staff member who cooperates with a sexual abuse investigation and expresses a fear of retaliation, shall be assessed for and protected from retaliation. A review of Assessment/Retaliation Status Checklist form confirms that it includes a section for monitoring staff and a section for monitoring offenders. The form includes checkboxes that outline the type of assessments, initial, 30 day, 60 day, 90 day or other. The individual sections notate the requirements to be reviewed for monitoring for staff and offenders (elements outlined under this provision) as well as a summary of the information obtained from the review. The Warden stated that if they suspected retaliation, they would separate the parties, set up an interview, investigate and refer the information to the PREA Unit. The staff responsible for monitoring indicated he reviews discipline, job changes, program changes and housing changes. He advised he would not monitor staff as that would be done by a supervisor. He stated he would monitor for 90 days and if there was a concern he would monitor until needed. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.67 (d): D1-8.13, page 13 states monitoring shall include face-to-face status checks with offender victims and reporters. The staff responsible for monitoring retaliation stated he conducts periodic in-person status checks when the PCM send him the email that it is due. He stated he believed it was at 30 days, at 60 days and at 90 days. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.67 (e): D1-8.13, page 13 states following any reported incident of sexual abuse, monitoring for retaliation shall be conducted. The alleged victim and offender and staff reporters of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation (First Responders shall not be considered a reporter for the purpose of retaliation monitoring in this policy). Monitoring shall include face-to-face status checks with offender victims and reporters. The assessment-retaliation status checklist form shall be used during each

of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation is unfounded. The PREA Site Coordinator shall ensure any offender or staff member who cooperates with a sexual abuse investigation and expresses a fear of retaliation, shall be assessed for and protected from retaliation. The Agency Head Designee and Warden confirmed that individuals who cooperate with an investigation or fear retaliation would be afforded the same protection as an offender or staff who reports sexual abuse.

115.67 (f): Auditor is not required to audit this provision.

Based on a review of the PAQ, D1-8.13, Assessment/Retaliation Status Check Form, Retaliation Monitoring Guide, PREA Staff Protection Against Retaliation Flyer, and interviews with the Agency Head Designee, Warden, and staff charged with monitoring for retaliation, this standard appears to require corrective action. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Monitoring Documents
2. List of Sexual Abuse Allegations During the Corrective Action Period

The facility provided the originally requested documentation. The auditor confirmed

	that monitoring was not adequate as it was not completed for 90 days. As such further corrective action was required. The facility provided a list of allegations reported during the corrective action period (two). One allegation was sexual abuse and included monitoring as required under the standard for 90 days. The second allegation was sexual harassment and included one instance of monitoring for retaliation. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Segregated Housing for Protective Custody Directive 4. Victim Housing Documentation Documents: 1. Interview with the Warden 2. Interview with the Staff Who Supervisor Offenders in Segregated Housing Site Review Observations: 1. Observation of the Segregated Housing Unit Findings (By Provision):

115.68 (a): The PAQ indicated the agency has a policy prohibiting the placement of offenders who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ indicated that zero offenders who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. D1-8.13, page 15 states following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift supervisor shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. If the assessment of least restrictive housing is due to an allegation of sexual abuse or sexual harassment the shift supervisor shall note the recommended housing option on the PREA allegation notification penetration/non-penetration event checklist. If segregation is recommended, the shift supervisor shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. If the assessment of least restrictive housing is due to an allegation of sexual abuse or sexual harassment the shift supervisor shall note the recommended housing option on the PREA allegation notification penetration/non-penetration event checklist. If segregation is recommended, the shift supervisor shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. The Segregated Housing for Protective Custody Directive states alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization, in the absence of an allegation of offender sexual abuse, should not typically be assigned to Administrative Segregation for Protective Custody for no longer than a 30-day period. If the offender is an alleged victim of offender sexual abuse and was assigned to administrative segregation for protective custody, the committee will, review the offender's placement in segregated housing every 30 days to determine whether there is a continuing need for separation from general population and document the following on the Classification Hearing Form: the basis for the facility's concern for the offender's safety, the reason no alternative means of separation can be arranged, and work and programming assignments that the victim was participating and is now unable to attend due to Administrative Segregation assignment. During the tour the auditor observed the segregated housing unit. The housing unit had a separate recreation area. Offenders in segregated housing have out of cell time via recreation (three times a week) and showers (every other day). Phone access is requested through the case manager after 30 days. Offenders have access to their tablets in segregated housing. Grievances and mail are provided to case managers and/or staff

during their daily rounds. The interview with the Warden confirmed that the agency has a policy that prohibits placing offenders who report sexual abuse in involuntary segregated housing unless there are no other available alternative means of separation of likely abusers. The Warden further confirmed that the facility would only assign offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He stated that depending on if they needed to transfer the offender or not, it could be immediately or up to 45 days. The Warden stated they have not had to involuntarily segregate a victim in the previous twelve months. The interview with the staff who supervise offenders in segregated housing indicated that an offender in segregation cannot be out on work release but all activities would resume once released from segregation. He stated they do have access to their tablets. The staff further stated that restrictions are documented in policy, as they cannot have access to anything policy does not permit. The staff who supervise offenders in segregated housing advised the facility would only assign offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He stated if they needed to transfer an offender it would be until they could transfer the offender out. He further confirmed that offenders in segregated housing would be reviewed at least every 30 days. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Based on a review of the PAQ, D1-8.13, Segregated Housing for Protective Custody Directive, Victim Housing Documentation, observations during the tour and information from interviews with the Warden and staff who supervise offenders in segregated housing, this standard appears to require corrective action. The interview with the staff who supervise offenders in segregated housing indicated that an offender in segregation cannot be out on work release, but all activities would resume once released from segregation. He stated they do have access to their tablets. The staff further stated that restrictions are documented in policy, as they cannot have access to anything policy does not permit. He stated if they needed to transfer an offender it would be until they could transfer the offender out. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required. The facility will need to train applicable staff on this standard, including prohibition of placement, access to be provided if placed and necessary documentation if placed and restricted. Confirmation of the training will need to be provided.

	Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Victim Housing Documentation 2. Staff Training The facility provided the originally requested victim housing documentation. None of the victims were placed in involuntary segregated housing. One did request protection and was placed in segregated housing pending protective custody (voluntary). The facility conducted training with applicable staff on policy and procedure related to the elements under this standard. Signatures were provided confirming confirmation of the training. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D1-8.1 Office of Professional Standards 4. D1-8.4 Institutional Investigations

5. Investigator Training Records
6. OPS Retention Schedule
7. Investigative Reports

Interviews:

1. Interviews with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager
5. Interviews with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment.

Interviews with investigators indicated an investigation is initiated the same day the allegation is reported. The allegation is submitted and an investigator is assigned within two days. Investigators advised that allegations reported anonymously or through a third party would be investigated under the same investigative process. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.71 (b): D1-8.13, page 8 states investigators assigned to investigate offender sexual abuse allegations shall receive specialized PREA investigator training. The agency utilizes the NIC Conducting Sexual Abuse Investigations in a Confinement Setting training curriculum. In addition, the agency provides additional training to investigators via the PREA Investigations (Sexual Harassment) training, the Credibility Assessments Training Document and the Standard of Proof Training Document. A review of the NIC Conducting Sexual Abuse Investigations in a Confinement Setting training confirmed that it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not

been provided.

115.71 (c): D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. The agency investigator advised that his first step in the investigative process is to do background on the victim and alleged perpetrator. He stated he then offers mental health and advocacy and conducts interviews. The agency investigator indicated he would then review the crime scene and gather all evidence, including a review of video, email, phone calls, etc. He stated he would then interview any witnesses, put together the information and complete his report. Investigators indicated they would be responsible for gathering evidence such as, physical, DNA, photos, video, emails, calls, and a review of prior complaints. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.71 (d): D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. The agency investigator confirmed he would consult with prosecutors prior to conducting any compelled interviews. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.71 (e): D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. Interviews with the investigators confirmed that the agency does not require the offender victim to submit to a polygraph test or any other truth-telling device to continue with the investigation. The agency investigator stated that credibility is based on a credibility assessment, which includes discipline, prior complaints, etc. Interviews with offenders who reported sexual abuse confirmed none were required to take a polygraph or truth telling device test.

115.71 (f): D1-8.13, page 18 states administrative investigations shall include an effort to determine whether staff member actions or failure to act contributed to the abuse. Interviews with investigative staff confirmed that administrative investigations are documented in a written report. The investigators stated the report includes everything done during the investigation, including interviews, background information, evidence, etc. The agency investigator stated that during the investigative process they determine if staff actions or failure to act contributed to the sexual abuse. He advised that is part of watching the video, interviewing people, and making sure staff did everything they were supposed to, including making

rounds. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.71 (g): D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. Interviews with investigative staff confirmed that criminal investigations are documented in a written report. The investigators stated the report includes everything done during the investigation, including interviews, background information, evidence, etc. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there were zero allegations referred for prosecution since the last PREA audit. Page 5 further states in the event an outside law enforcement agency conducts a criminal investigation on a staff member or an offender, it shall be the responsibility of that agency to submit the case for prosecution. OPS may request a copy of the investigative report for departmental record keeping. Interviews with investigators indicated cases are referred for prosecution when they meet probable cause for Missouri statute. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The OPS Retention Schedule outlines that documentation of investigations that pertain to sexual abuse shall be retained for 50 years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): The agency investigator stated an investigation is continued regardless of whether the offender or staff member are no longer at the facility. He advised they try to track down everyone involved to complete the investigation.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): D1-8.13, page 18 states when outside agencies investigate sexual abuse, staff members shall cooperate with outside investigators and shall make an effort to

remain informed about the progress of the investigation. The interview with the PC indicated that all investigations are done in house, with only a few exceptions. He advised even if an outside entity conducted an investigation, the agency would conduct their own investigation (administrative and/or criminal). The interview with the Warden and PCM further confirmed investigations are completed by agency staff.

Based on a review of the PAQ, D1-8.13, P4-4.5, D1-8.1, D1-8.4, Investigator Training Records, OPS Retention Schedule, Investigative Reports, and information from interviews with the PREA Coordinator, Warden, and investigative staff, this standard appears to require corrective action. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports

The facility provided the originally requested documentation. Eight investigation were closed and all eight were thorough and objective. Seven were prompt. All were documented in a written report and seven included a review of prior complaints of the alleged perpetrator. One of the incidents was referred for prosecution.

All investigations were completed by investigators with specialized investigator training.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Standard of Proof Document 4. Investigative Reports Interviews: 1. Interviews with Investigative Staff Findings (By Provision): 115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. D1-8.13, page 18 states administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated. The Standard of Proof Document outlines the different levels of proof for investigations, including reasonable suspicion, probable cause, preponderance of the evidence, clear and convincing and beyond a reasonable doubt. The document explains the burden of proof for sexual abuse and sexual harassment, which is no higher than a preponderance of the evidence. The document also outlines when to utilize the investigative outcomes based on standard of evidence. Interviews with investigators confirmed they do not utilize a standard higher than a preponderance of the evidence when determining whether an allegation is substantiated. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

	Based on a review of the PAQ, D1-8.13, Standard of Proof Document, Investigative Reports, and information from the interviews with the investigators, this standard appears to require corrective action. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided. Corrective Action The facility will need to provide the originally requested documentation. Additional corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: Investigative Reports The facility provided the originally requested documentation. The auditor confirmed all investigations had the appropriate investigative outcome, and all applied a standard no higher than than a preponderance. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. D1-8.13 Offender Sexual Abuse and Harassment
3. PREA Alleged Sexual Abuse by Offender Notification Form
4. PREA Alleged Sexual Abuse by Staff Member Notification Form
5. PREA Allegations Subject Notification Form
6. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interviews with Investigative Staff
3. Interviews with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any offender who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. The PAQ indicated there were three investigations completed within the previous twelve months and three offenders were notified verbally or in writing of the results of the investigation (victim and alleged abusers). D1-8.13, page 19 states upon the completion of an offender sexual abuse investigation, the department's PREA unit shall make written notification to the alleged victim regarding the outcome of the investigation utilizing the applicable PREA alleged sexual abuse by offender notification form or the PREA alleged sexual abuse by staff member notification form. A review of the PREA Alleged Sexual Abuse by Offender Notification form indicates it includes checkboxes that are marked to indicate the investigative outcome (unfounded, unsubstantiated and substantiated). It also includes checkboxes that note whether the subject was indicated or convicted. The bottom of the form includes a line for the offender to sign. A review of the PREA Alleged Sexual Abuse by Staff Member Notification form indicates it includes checkboxes that are marked to indicate the investigative outcome (unfounded, unsubstantiated and substantiated). It also includes checkboxes that note whether the staff is no longer assigned to the housing unit, the staff is no longer employed at the facility, the staff was indicated and the/or the staff was convicted. A review of the

PREA Allegation Subject Notification form noted that it has checkboxes that are marked to indicate the investigative outcome, including unsubstantiated and unfounded. It also has a box that outlines an offender received discipline for filing a false allegation. The bottom of the form includes a line for the offender to sign. Interviews with the Warden and investigators confirmed that victims are notified whether the investigation is substantiated, unsubstantiated or unfounded. Interviews with offenders who reported sexual abuse indicated none were aware they were to be informed of the outcome of the investigation into their allegation. All three stated they were not provided notification verbally and/or in writing. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.73 (b): The PAQ indicated that this provision is not applicable as the agency/facility is responsible for conducting administrative and criminal investigations. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. D1-8.13, page 19 states in the event that the investigation was conducted by an outside agency, the PREA unit shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation.

115.73 (c): The PAQ indicated that following an offender's allegation that a staff member has committed sexual abuse against the offender, the agency/facility subsequently informs the offender whenever: the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ stated that there has not been substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an offender in an agency facility in the past twelve months. D1-8.13, page 19 states all subsequent notifications shall be made when: the staff member perpetrator is no longer assigned to the housing unit; the staff member perpetrator is no longer employed by the department; the staff member perpetrator has been indicted on a charge related to sexual abuse within the institution and/or d. a disposition of charges exists related to sexual abuse within the institution. A review of the PREA Alleged Sexual Abuse by Staff Member Notification form indicates it includes checkboxes that are marked to indicate the investigative outcome (unfounded, unsubstantiated and substantiated). It also includes checkboxes that note whether the staff is no longer assigned to the housing unit, the staff is no longer employed at the facility, the staff was indicated and the/or the staff was convicted. Interviews with three offenders who reported sexual abuse indicated all three were against a staff member and none included any notifications under this provision. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.73 (d): The PAQ indicates that following an offender's allegation that he or she has been sexually abused by another offender, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. D1-8.13, pages 19-20 state following the completion of an investigation, the offender shall be notified when the offender has been indicted on a charge related to sexual abuse within the institution and when a disposition of charges exists related to sexual abuse within the institution. A review of the PREA Alleged Sexual Abuse by Offender Notification form indicates it includes checkboxes that are marked to indicate the investigative outcome (unfounded, unsubstantiated and substantiated). It also includes checkboxes that note whether the subject was indicated or convicted. The bottom of the form includes a line for the offender to sign. Interviews with three offenders who reported sexual abuse indicated none were against another offender and as such did not require notifications under this provision. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to offenders described under this standard are documented. D1-8.13, page 20 states the PREA unit shall forward the written notification to the offender via the PREA site coordinator. The original notification shall be signed by the offender and witnessed by a staff member. The PAQ stated that there were three notifications to offenders under this standard and all six were documented. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, D1-8.13, PREA Alleged Sexual Abuse by Offender Notification Form, PREA Alleged Sexual Abuse by Staff Member Notification Form, PREA Allegations Subject Notification Form, Investigative Reports, and information from interviews with the Warden, and investigators, this standard appears to require corrective action. Interviews with offenders who reported sexual abuse indicated none were aware they were to be informed of the outcome of the investigation into their allegation. All three stated they were not provided notification verbally and/or in writing. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

	Corrective Action The facility will need to provide the originally requested documentation. Additional corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Investigative Reports 2. Victim Notifications The facility provided the originally requested documentation. All offenders that were at the facility when the investigation was completed was provided a notification in writing. Two victims were also notified the staff was no longer employed at the facility. All notification were in writing and the offender victim signed they received the notification. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment

3. D2-9.1 Employee Discipline
4. Investigative Reports
5. Employee Discipline/Termination

Findings (By Provision):

115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. D1-8.13, page 22 states staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures.

115.76 (b): The PAQ indicated there was one staff member who violated the sexual abuse and sexual harassment policies. The PAQ was blank related to this provision. D1-8.13, page 22 states termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided. It should be noted the facility did provide documentation for one staff that resigned during investigation.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. D2-9.1 outlines the employee disciplinary process and the procedure as it relates to this process. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ was blank for this provision. D1-8.13, page 22 states all terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation

	bodies and law enforcement. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided. Based on a review of the PAQ, D1-8.13, D2-9.1, Investigative Reports, and Employee Discipline/Termination, this standard appears to require corrective action. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided. Corrective Action The facility will need to provide the originally requested documentation. Additional corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Investigative Reports 2. Disciplinary Documents/Resignation Documents The facility provided the originally requested documentation. Two staff resigned prior to the conclusion of the investigation and one staff member was terminated. One of the allegations where the staff resigned was forwarded for prosecution. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.77	Corrective action for contractors and volunteers
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D2-13.1 Volunteers & Reentry Partners 4. D2-13.2 Student Interns 5. Investigative Reports Interviews: 1. Interview with the Warden Findings (By Provision): 115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with offenders. The PAQ indicated that there have not been contractors or volunteers who violated the sexual abuse or sexual harassment policies within the previous twelve months and none were reported to law enforcement or relevant licensing bodies. D1-8.13, page 22 states contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. D2-13.1 page 9 states volunteers or reentry partners may be subject to suspension of their access to a department facility or termination of their status if they fail to abide by the department's policies and procedures. D2-13.2, page 5 states interns shall be subject to disciplinary sanctions up to and including termination for violating department policies and procedures. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided. 115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or

volunteer. D1-8.13, page 23 states the CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations. D2-13.1 page 9 states volunteers or reentry partners may be subject to suspension of their access to a department facility or termination of their status if they fail to abide by the department's policies and procedures. D2-13.2, page 5 states interns shall be subject to disciplinary sanctions up to and including termination for violating department policies and procedures. The interview with the Warden indicated that any violation of the sexual abuse or sexual harassment policies by contractors or volunteers would result in the contractor or volunteer being denied entry until the investigation was completed.

Based on a review of the PAQ, D1-8.13, D2-13.1, D2-13.2, Investigative Reports, and information from the interview with the Warden, this standard appears to require corrective action. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports

The facility provided the originally requested documentation. None of the allegations involved a contractor or volunteer and as such actions under this standard were not required.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. IS19-1.6 Offender Accountability Program 4. Disciplinary Sanctions and Mental Health Protocol Directive 5. Standard of Proof Document 6. Offender Rulebook 7. Investigative Reports Interviews: 1. Interview with the Warden 2. Interviews with Medical and Mental Health Staff Findings (By Provision): 115.78 (a): The PAQ stated that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the offender engaged in offender-on-offender sexual abuse. The PAQ indicated there have been zero administrative findings of guilt for offender-on-offender sexual abuse and zero criminal findings of guilt for offender-on-offender sexual abuse within the previous twelve months. D1-8.13, page 22 states offenders shall be subject to corrective actions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program. The Offender Rulebook outlines conduct violations, including forcible sexual abuse and

sexual misconduct, and the corrective sanctions for violation, including disciplinary segregation, visiting restrictions, living area restrictions, activity restrictions, loss of property, program sanctions and extra duty. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.78 (b): D1-8.13, page 22 states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program. The Offender Rulebook outlines conduct violations, including forcible sexual abuse and sexual misconduct, and the corrective sanctions for violations based on the level of violation. The interview with the Warden indicated that the offender perpetrator would have their custody elevated, they would receive disciplinary segregation time, and it could be referred for prosecution. He further advised they would have phone restrictions, work restriction, no pay for work, etc. The Warden confirmed that sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

115.78 (c): D1-8.13, page 22 states the corrective action process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program. IS19-1.6, page 12 states any violation for forcible sexual abuse and or sexual violence referred to the adjustment board shall require information from a qualified mental health professional (QMHP). The report shall indicate whether mental illness or any mental disability could have contributed to the offender's behavior and whether any programming is available which would benefit the offender. The QMHP shall document this information on the mental health notification-sexual assault assessment form and provide it to the corrective hearing officer prior to the hearing. The Disciplinary Sanctions and Mental Health Protocol Directive note that prior to hearing a violation for forcible sexual abuse/violence, the Adjustment Hearing Board will request input from the mental health staff. The interview with the Warden confirmed that the offenders' mental illness or mental disability would be considered in the disciplinary process.

115.78 (d): The PAQ states that the facility does not offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility does not consider whether to require the offending offender to participate in these interventions as a condition of access to programming and other benefits. D1-8.13, page 22 states if found guilty of sexual abuse, the PREA site coordinator or designee shall submit a referral and screening note - health services

form to ensure the perpetrator shall be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. The offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program. Interviews with medical and mental health staff indicated they would offer mental health services to any perpetrator; however, services are voluntary.

115.78 (e): The PAQ stated that the agency disciplines offenders for sexual contact with staff only upon finding that the staff member did not consent to such contact. D1-8.13, page 22 states an offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. IS9-1.6, page 20 states for the purpose of corrective action, a report of sexual misconduct, made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. A review of the Standard of Proof Document notes that a false allegation can only be determine if the investigator, through thorough investigation, identifies evidence to factually prove the allegation did not occur nor was attempted and the victim knowingly falsified the allegation. The document provides examples of such evidence to determine falsification. The Offender Rulebook outlines making a false written or oral PREA statement to a staff member or official with evidence of bad faith as a level two violation and outlines possible sanctions including disciplinary segregation, visiting restrictions, living area restrictions, activity restrictions, loss of property, program sanctions and extra duty.

115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between offenders and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. D1-8.13, page 22 states the department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program. The Offender Rule book outlines engaging with another offender in any type of consensual sexual activity as a level two violation and outlines possible sanctions including disciplinary segregation, visiting restrictions, living area restrictions, activity restrictions, loss of property, program sanctions and extra duty.

	Based on a review of the PAQ, D1-8.13, Disciplinary Sanctions and Mental Health Protocol Directive, Standard of Proof Document, Offender Rulebook, Investigative Reports, Medical and Mental Health Training, and information from the interview with the Warden, this standard appears to require corrective action. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided. Corrective Action The facility will need to provide the originally requested documentation. Additional corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Investigative Reports 2. Disciplinary Documents The facility provided the originally requested documentation. There was one substantiated offender on offender sexual abuse investigation. The offender perpetrator was issued discipline. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. D1-8.13 Offender Sexual Abuse and Harassment
3. IS11-32 Receiving Screening Intake Center
4. Adult Internal Risk Assessment (ARIS)
5. Adult Internal Risk Assessment Manual
6. Adult Internal Risk Assessment Manual Supplement
7. Informed Consent Form
8. Medical/Mental Health Documents (Secondary Documents)

Interviews:

1. Interviews with Staff Responsible for Risk Screening
2. Interviews with Medical and Mental Health Staff
3. Interviews with Offenders who Disclosed Victimization During the Risk Screening

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all offenders at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners. The PAQ was blank but further communication with the PCM indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The PAQ indicated that 5% of those offenders who reported prior victimization were seen within fourteen days by medical or mental health practitioners. D1-8.13, page 10 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 calendar days of the intake screening. IS11-32, page 3 states if the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a

forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. A review of the Adult Internal Risk Assessment notes that questions two, four, six and eight have a section where staff note whether the offender accepted or declined a mental health referral. Question four asks specifically about prior sexual victimization. The interviews with staff responsible for the risk screening indicated that offender who disclose prior victimization during the risk screening would be offered a follow-up with mental health within fourteen days. Staff noted if they accept the follow-up they send a referral immediately. Interviews with offenders who disclosed prior victimization during the risk screening indicated three of the four were offered a follow-up with mental health. A review of documentation for seven offenders that disclosed prior sexual victimization during the risk screening indicated all seven were offered a follow-up but declined the services.

115.81 (b): The PAQ indicated all prison offenders who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners. The PAQ indicated that 100% of offenders who were identified with prior sexual abusiveness were seen within fourteen days by a medical or mental health practitioner. D1-8.13, page 10 states if the screening indicates that an offender has previously perpetrated sexual abuse, 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 mental health practitioner within 14 calendar days of the intake screening. IS11-32, page 3 states if the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening. A review of the Adult Internal Risk Assessment notes that questions sixteen has a section where staff note whether the offender accepted or declined a mental health referral. Question sixteen asks specifically about prior sexual offenses. The interviews with staff responsible for the risk screening indicated that offender who are identified with prior sexual abusiveness during the risk screening would be offered a follow-up with mental health within fourteen days. Staff stated if they accept the follow-up they send the referral immediately. A review of documentation for four offender identified with prior sexual abusiveness indicated all four were offered services but declined.

115.81 (c): This provision is not applicable as the facility is not a jail.

115.81 (d): The PAQ indicated that information related to sexual victimization and abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further communication with the PCM noted it is not strictly limited but that information shared with other staff is strictly limited to

informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. D1-8.13, page 12 states health services staff members shall only reveal information related to a sexual abuse report that is necessary to make treatment, investigation, and other security and management decisions. IS11-32, page 3 states health services staff members may obtain informed consent from offenders in accordance with institutional services before reporting information about prior sexual victimization. Medical and mental health records are paper and electronic. Paper files are maintained in medical records, which is staffed Monday through Friday during business hours. The records room is secure after hours with limited access. Electronic records are maintained in the Missouri Corrections Integrated System (MOSIC), which is only accessible to medical and mental health care staff. Offenders risk assessments are documented electronically via the MOSIC system. The auditor had a security staff member pull up the risk screening information in MOSIC. The auditor viewed that the staff did not have access and was given an error message that noted they were not authorized to view the information. Paper risk screening files are maintained in the master file records room, which is staffed Monday through Friday during business hours. After hour access to the master file records room is limited. Investigative files are electronic and are maintained in the Investigative Reporting Intelligence System (IRIS), which has limited access.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of eighteen. D1-8.13, page 10 states medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. IS11-32, page 3 states if the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children's Division, Department of Social Services under applicable mandatory reporting laws. Interviews with medical and mental health staff indicated they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Both staff indicated the facility does not house anyone under eighteen.

Based on a review of the PAQ, D1-8.13, IS11-32, Adult Internal Risk Assessment (ARIS), Adult Internal Risk Assessment Manual, Adult Internal Risk Assessment Manual Supplement, Informed Consent Form, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and offenders who disclosed victimization during the risk screening, this standard appears to be compliant.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Contract with Centurion 4. Medical/Mental Health Documents (Secondary Documents) Interviews: 1. Interviews with Medical and Mental Health Staff 2. Interviews with First Responders 3. Interviews with Offenders who Reported Sexual Abuse Site Review Observations: 1. Observations of Medical and Mental Health Areas Findings (By Provision): 115.82 (a): The PAQ was blank but further communication with the PCM indicated that offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of services are determined by medical and mental health practitioners according to their professional judgement. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. D1-8.13, page 16 states victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. The Contract with Centurion outlines that the contractor shall arrange for 24 hour emergency medical and dental services, to include medical and dental on-call services. During the tour the auditor viewed the health services area. The space included chairs at the entrance as a reception area, exam rooms, treatment rooms, and an ancillary area. Exam and treatment rooms had solid doors or no doors with barriers to provide privacy. Interviews with medical and mental health care staff confirm that offenders receive timely and unimpeded access to emergency

medical treatment and crisis intervention services. Both staff stated that offenders are provided services immediately. The staff confirmed services are based on their professional judgement. Interviews with offenders who reported sexual abuse indicated two of the three were provided medical and/or mental health services. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.82 (b): D1-8.13, page 16 states health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If no qualified medical or mental health practitioners are on duty at the time a report of a sexual abuse which involved penetration that occurred within 72 hours within a correctional facility, or 92 hours within a community, confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. The Contract with Centurion outlines that the contractor shall arrange for 24 hour emergency medical and dental services, to include medical and dental on-call services. The interview with the security first responder indicated he would separate the offenders, ensure they do not shower, eat, drink or use the bathroom, locate the supervisor, report the incident and cut off access to the area to secure the scene. The non-security first responder advised she would report to the Shift Supervisor, take the victim to. secure area and tell them not to destroy any evidence.

115.82 (c): The PAQ indicated that offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. D-8.13, page 17 states alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. Page 18 further states victims of sexual abuse shall be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Interviews with offenders who reported sexual abuse noted none reported an allegation that involved the need for information and access to sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirm that offenders receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. D-8.13, page 18 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on a review of the PAQ, D1-8.13, Contract with Centurion, a review of medical and mental health documents, and information from interviews with medical and mental health care staff, first responders and offenders who reported sexual abuse, this standard appears to require corrective action. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Medical and/or Mental Health Documents

The facility the originally requested documentation. All victims that were at the facility when the incident was reported was offered/provided medical and/or mental health services.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Contract with Centurion 4. Medical/Mental Health Documents (Secondary Documents) Interviews: 1. Interviews with Medical and Mental Health Staff 2. Interviews with Offenders who Reported Sexual Abuse Site Review Observations: 1. Observations of Medical Treatment Areas Findings (By Provision): 115.83 (a): The PAQ indicated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The Contract with Centurion outlines that the contractor shall arrange for 24 hour emergency medical and dental services, to include medical and dental on-call services. During the tour the auditor viewed the health services area. The space included chairs at the entrance as a reception area, exam rooms, treatment rooms, and an ancillary area. Exam and treatment rooms had solid doors or no doors with barriers to provide privacy. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided. A review of documentation for seven offenders that disclosed prior sexual victimization during the risk screening indicated all seven were offered a follow-up but declined the services. The auditor requested documentation for the offender who reported sexual abuse that occurred at another facility. At the issuance of the interim report the documentation had not been provided.

115.83 (b): D1-8.13 page 18 states each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody. Interviews with medical and mental health care staff confirmed they provide follow-up services, treatment plans and referrals for community services. Interviews with offenders indicated one of the three was provided follow-up services. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.83 (c): D1-8.13, page 18 states victims and abusers shall be provided with medical and mental health services consistent with the community level of care. All medical and mental health care staff are required to have the appropriate credentials and licensures. A review of secondary medical and mental health documentation indicated that offenders have immediate access to medical and mental health care when needed, including urgent and routine services. Interviews with medical and mental health care staff confirmed that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ noted that this provision does not apply as the facility does not house cisgender female offenders. D1-8.13, page 18 states victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.83 (e): The PAQ noted that this provision does not apply as the facility does not house cisgender female offenders. D1-8.13, page 18 states if pregnancy results, the victim shall receive timely, comprehensive information, and access to all lawful pregnancy-related medical services in accordance with the institutional services procedure regarding counseling and care of pregnant offenders.

115.83 (f): The PAQ indicated that offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. D-8.13, page 17 states alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. Page 18 further states victims of sexual abuse shall be offered timely information and access

to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Interviews with offenders who reported sexual abuse noted none reported an allegation that involved the need for information and access to testing for sexually transmitted infections. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. D-8.13, page 18 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with offenders who reported sexual abuse confirmed none were required to pay for medical and/or mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health. D1-8.13, page 18 states upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator shall submit a referral and screening note - health services form to ensure the perpetrator shall be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. Interviews with medical and mental health staff indicated mental health would attempt to conduct an evaluation once he was provided a referral. He stated he does not seek out perpetrators without a referral. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Based on a review of the PAQ, D1-8.13, Contract with Centurion, Medical and Mental Health Documents, Staff Training, and information from interviews with medical and mental health care staff, and offenders who reported sexual abuse, this standard appears to require corrective action. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided. The auditor requested documentation for the offender who reported sexual abuse that occurred at another facility. At the issuance of the interim report the documentation had not been provided.

Corrective Action

	The facility will need to provide the originally requested documentation. Additional corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Medical and/or Mental Health Documents The facility the originally requested documentation. All victims that were at the facility when the incident was reported was offered/provided medical and/or mental health services. The facility also provided documentation confirming the offender perpetrator of the substantiated sexual abuse incident had a mental health evaluation completed. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Sexual Abuse Incident Debriefing Form

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. D1-8.13 page 19 states each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation. A sexual abuse incident debriefing is not required following offender sexual harassment investigations or when a sexual abuse investigation is unfounded. The PAQ was blank for this provision. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. D1-8.13, page 19 states Incident debriefings shall be held within 30 days of the conclusion of a formal investigation. The PAQ was blank for this provision. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.86 (c): The PAQ was blank but further communication with the PCM indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. D1-8.13 page 19 states the review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners. The interview with the Warden confirmed that the facility has a sexual abuse incident review team and the team consists of upper level management, line supervisors, investigators medical staff and mental health care staff. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. D1-8.13 page 19, the PREA sexual abuse incident debriefing report shall be completed by the PREA site coordinator outlining in detail the findings of the incident debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse incident debriefing form. A review of the PREA Sexual Abuse Debriefing form notes that it includes sections for information related to the incident and those involved. It includes sections related to what occurred after the incident as well. The form includes all elements under this provision. The Warden stated they use information from the sexual abuse incident reviews for findings, including if they need additional cameras, if they need to move staff around, if they need to transfer an offender or if they need to classify an offender differently. The PCM stated that he is part of the sexual abuse incident review team, and he has not noticed any trends. The PCM stated that after the report is submitted they make any adjustments identified, including changes to staffing, cameras or policy. The sexual abuse incident review team member stated a report is put together based on the investigation. The committee meets and goes through the process. They make sure there isn't something that someone could do to fix the problem and they try to review to keep the incident from happening again. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. D1-8.13 page 19, the facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A review of the PREA Sexual Abuse Debriefing form notes that it includes a section for corrective action that have been or will be taken. A review of the completed sexual abuse incident reviews noted that none included any recommendations.

Based on a review of the PAQ, D1-8.13, Sexual Abuse Incident Debriefing Form, Investigative Reports, and information from interviews with the Warden, the PC and a member of the sexual abuse incident review team, this standard appears to require corrective action. The auditor requested documentation for eleven allegations. At the issuance of the interim report, documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional

	corrective action may be required. Verification of Corrective Action Since the Interim Audit Report The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard. Additional Documents: 1. Investigative Reports 2. Sexual Abuse Incident Reviews 3. List of Allegations Closed During the Corrective Action Period The facility provided six of the seven originally requested sexual abuse incident reviews. Three of six were past the 30 day timeframe. As such, additional corrective action was required. The facility provided a list of sexual abuse investigation completed during the corrective action period (two). Both included a completed sexual abuse incident review within 30 days. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment

3. PREA Data Collection Memorandum
4. PREA Annual Report Protocol
5. PREA Annual Reports
6. Survey of Sexual Victimization

Findings (By Provision):

115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. D1-8.13, page 23 state the PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The PREA Data Collection Memorandum outlines that the agency utilizes an electronic system, Investigative Report Intelligence System (IRIS) for data collection. The PREA Annual Report Protocol outlines the guidelines and direction for staff to complete their annual report to assess and improve the effectiveness of the processes to prevent, detect and respond to sexual abuse. The document notes the report should include a section on allegations, the facility overview, evaluation of camera and monitoring systems, the staffing plan evaluation and the comparison chart of the sexual abuse and sexual harassment data from the previous two years. A review of the PREA Annual Report confirmed that the current year aggregated data is broken down by allegation type and investigative outcome. The definition utilized are those outlined in under PREA Standard 115.6. Additionally, aggregated data is compared from 2015 to present and illustrates trends for the agency.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. D1-8.13, page 23 state the PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. A review of the PREA Annual Report confirmed that the current year aggregated data is broken down by allegation type and investigative outcome. The definition utilized are those outlined in under PREA Standard 115.6. Additionally, aggregated data is compared from 2015 to present and illustrates trends for the agency.

115.87 (c): The PAQ was blank for this provision. A review of the PREA Annual Report confirmed that the current year aggregated data is broken down by allegation type and investigative outcome. The definition utilized are those outlined in under PREA Standard 115.6. Additionally, aggregated data is compared from 2015 to present and illustrates trends for the agency.

	115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Data Collection Memorandum outlines that the agency utilizes an electronic system, Investigative Report Intelligence System (IRIS) for data collection. The PREA Annual Report Protocol outlines the guidelines and direction for staff to complete their annual report to assess and improve the effectiveness of the processes to prevent, detect and respond to sexual abuse. The document notes the report should include a section on allegations, the facility overview, evaluation of camera and monitoring systems, the staffing plan evaluation and the comparison chart of the sexual abuse and sexual harassment data from the previous two years. A review of the PREA Annual Report confirmed that the current year aggregated data is broken down by allegation type and investigative outcome. The definition utilized are those outlined in under PREA Standard 115.6. Additionally, aggregated data is compared from 2015 to present and illustrates trends for the agency. 115.87 (e): The PAQ indicated that this standard is not applicable as the agency does not contract with private facilities for the confinement of its offenders. 115.87 (f): The PAQ was blank for this provision. A review of documentation noted that the agency submitted the Survey of Sexual Victimization in 2024. Based on a review of the PAQ, D1-8.13, PREA Data Collection Memorandum, PREA Annual Report Protocol, PREA Annual Reports, and the Survey of Sexual Victimization, this standard appears to be compliant.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. PREA Annual Report Protocol 4. PREA Annual Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ was blank for this provision. D1-8.13, page 23 states The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website. The PREA Annual Report Protocol outlines the guidelines and direction for staff to complete their annual report to assess and improve the effectiveness of the processes to prevent, detect and respond to sexual abuse. The document notes the report should include a section on allegations, the facility overview, evaluation of camera and monitoring systems, the staffing plan evaluation and the comparison chart of the sexual abuse and sexual harassment data from the previous two years. The interview with the Agency Head Designee confirmed that the agency uses data to identify problem areas and take corrective action on an ongoing basis. He stated the data is used to assess the risk screening tool, the video monitoring technology, staffing levels, etc. He stated the data helps to identify and rectify issues. The PC confirmed that the agency aggregates sexual abuse data and that it is included in the annual report, which is posted on the agency website. He advised they utilize data to identify hot spots or commonalities amongst the events. This is then used in the annual report to evaluate the information. The PC stated they use data to ensure they are continually making an effort to improve the safety and security of the facilities. The interview with the PCM indicated that the facility data is used to identify where incidents are occurring and what needs to be changed. A review of the last two PREA Annual Reports indicates that the reports include background information, aggregated data for the current year, trend analysis from 2015 to current (to include graphs and tables) and ongoing corrective action taken during the year.

115.88 (b): The PAQ was blank for this provision. D1-8.13, page 23 states The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website. The PREA Annual Report Protocol outlines the guidelines and direction for staff to complete their annual report to assess and improve the effectiveness of the processes to prevent, detect and respond to sexual abuse. The document notes the report should include a section on allegations, the facility overview, evaluation of camera and monitoring systems, the staffing plan evaluation and the comparison chart of the sexual abuse and sexual harassment data from the previous two years. A review of the last two PREA Annual Reports indicates that the reports include background information, aggregated data for the current year, trend analysis from 2015 to current (to include graphs and tables) and ongoing corrective action taken during the year.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website. The PAQ indicated annual reports are approved by the Agency Head. D1-8.13, page 23 states The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website. The interview with the Agency Head Designee confirmed that the report is approved by the Agency Head and is posted on the agency website. A review of the website confirmed that the current PREA Annual Report as well as historical PREA Annual Reports dating back to 2010 are available on the agency website.

115.88 (d): The PAQ was blank for this provision. The PAQ stated that the agency indicates the nature of material redacted. The PAQ noted that the annual report is written in a way that the need to redact information is greatly minimized. D1-8.13, page 23 states The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a

	comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website. A review of the PREA Annual Report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC advised that the way the annual report is written, there is not a need to redact any information. He noted that the report provides the main data but does not have personal information or security information. Based on a review of the PAQ, D1-8.13, PREA Annual Report Protocol, PREA Annual Reports, the websites and information obtained from interviews with the Agency Head Designee and PC, this standard appears to be compliant.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. OPS Retention Schedule 4. PREA Annual Reports Interviews: 1. Interview with the PREA Coordinator Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. The PC stated that the sexual abuse and sexual harassment data is maintained in the IRIS system, which is only accessible to agency investigators and facility leadership. He further stated that there are different levels of access for each individual.

115.89 (b): The PAQ states that the agency will 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 through other means. D1-8.13, page 23 states The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website. A review of the website confirmed that the current PREA Annual Report, which includes aggregated data, is available to the public online.

115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. A review of the PREA Annual Report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): D1-8.13, page 24 states inquiries regarding offender sexual abuse and harassment and all supporting documents shall be retained as long as the alleged perpetrator is incarcerated or employed with the department, plus 5 years and in accordance with the department procedure regarding records retention. The OPS Retention Schedule notes that sexual abuse investigations and data are retained for 50 years. A review of historical PREA Annual Reports indicated that aggregated data is available from 2010 to present.

Based on a review of the PAQ, D1-8.13, OPS Retention Schedule, PREA Annual Reports, the websites and information obtained from the interview with the PC, this standard appears to be compliant.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): 115.401 (a): The facility is part of the Missouri Department of Correction. A review of the audit schedule and audit reports on the agency's website indicates that at least one third of the agency's facilities are audited each year. 115.401 (b): The facility is part of the Missouri Department of Correction. A review of the audit schedule and audit reports on the agency's website indicates that at least one third of the agency's facilities are audited each year. The facility is being audited in the first year of the three year cycle. 115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to retain physical and electronic copies of all documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from offenders. 115.401 (n): The facility provided photos of the audit announcement posted around the facility at least six weeks prior to the on-site portion of the audit. During the tour the auditor observed the audit announcement posted on letter size paper in English and Spanish. The audit announcements were observed in some of the housing units and in common areas. The audit announcement advised the offenders that correspondence with the auditor would remain confidential unless the offender reported information such as sexual abuse, harm to self or harm to others. The offenders were able to send correspondence via legal mail.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): 115.403 (f): The agency has audit reports published to their website for all audits

	completed during the previous three, three year audit cycles.
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Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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.)	na
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies 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
	Does the facility have procedures 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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

	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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	yes

	U.S.C. 1997)?	
	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
	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 two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	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

115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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,	yes

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	

	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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	yes

	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)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	yes

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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

	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
	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
	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
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	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
	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
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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
115.42 (a)	Use of screening information	
	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
	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
	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	yes

	being sexually abusive, to inform: Work Assignments?	
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

	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
	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
115.43 (b) Protective Custody		
	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
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c) Protective Custody		
	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

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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.	no
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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
	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	yes

	is exempt from this standard.)	
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	
	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

	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	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?	
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit 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?	
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
	Does the agency conduct such investigations for all allegations,	yes

	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).)	
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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

115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	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	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	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
	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

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	

	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	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.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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
115.82 (a)	Access to emergency medical and mental health services	

	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.86 (a)	Sexual abuse incident reviews	
	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	yes

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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 manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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.)	na
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	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
115.88 (b)	Data review for corrective action	

	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	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, there has never been a Final Audit Report issued.)	
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