

PREA Facility Audit Report: Final

Name of Facility: Missouri Eastern Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/11/2026

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: 05/26/2026

End Date of On-Site Audit: 05/28/2026

FACILITY INFORMATION

Facility name: Missouri Eastern Correctional Center

Facility physical address: 18701 Historic Route 66, Pacific, Missouri - 63069

Facility mailing address:

Primary Contact

Name:	DWOM Jesse May
Email Address:	jesse.may@doc.mo.gov
Telephone Number:	6362573322

Warden/Jail Administrator/Sheriff/Director

Name:	Patrica Wickey
Email Address:	patrica,wickey@doc.mo.gov
Telephone Number:	6362573322

Facility PREA Compliance Manager

Name:	Jesse May
Email Address:	jesse.may@doc.mo.gov
Telephone Number:	(636) 257-3322
Name:	Kayla Caloni
Email Address:	kayla.caloni@doc.mo.gov
Telephone Number:	(636) 257-3322
Name:	Kayla Dowell
Email Address:	kayla.dowell@doc.mo.gov
Telephone Number:	(636) 257-3322

Facility Health Service Administrator On-site

Name:	Sarah Seaman
Email Address:	sarah.seaman@doc.mo.gov
Telephone Number:	6362573322

Facility Characteristics

Designed facility capacity:	1100
Current population of facility:	1076
Average daily population for the past 12 months:	1076
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:	18 years old plus, no one under 18
Facility security levels/inmate custody levels:	C-2 /C-1 , 12 years or less
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	329
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	30
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	88

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

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:	2026-05-26
2. End date of the onsite portion of the audit:	2026-05-28

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:	YWCA and JDI

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1100
15. Average daily population for the past 12 months:	1076
16. Number of inmate/resident/detainee housing units:	20
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:	1098
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:	53
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:	2
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:	11
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:	13
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:	26

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:	9
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:	7
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:	33
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):	No text provided.
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:	329
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:	88

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:	30
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:	20
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 ensured a geographically diverse sample among interviewees (random and targeted). The following offenders were selected from the housing units: two from 1A, three from 1B, four from 1C, six from 1D, two from 2A, two from 2B, two from 2C, one from 2D, one from 3A, one from 3B, two from 3C, three from 3D, three from 4B, one from 4C, one from 4D, three from 5B, one from 5C and one from 5D.
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):	36 of the offenders interviewed (random and targeted) were male and four were transgender female. Thirteen of the offenders interviewed were black, 23 were white, three were Hispanic and one was another race/ethnicity. Regarding age, five were between eighteen and 25, nine were 26-35, fourteen were 36-45, five were 46-55 and seven were 56 or older. 28 of the offenders interviewed were at the facility less than a year, ten were there between a year and five years, and two were there six to ten years.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
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:	2
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:	4
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:	5
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 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:	12
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 auditor was able to interview the minimum number of random staff required. Five staff were from the 9am-4pm shift, four staff were from the 4pm-12am shift and three were from the 12am-8am shift. Regarding the demographics of the random staff interviewed, eight were male and four were female. Five staff were black, six were white and one was Hispanic. Four staff were Correctional Officers, three were Sergeants, two were Lieutenants 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):

25

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
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:	3
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.	The auditor attempted to contact volunteers but was unable to reach them.

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 May 26-28, 2026. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected offenders and staff for interview. The auditor conducted a tour of the facility on May 27, 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, canteen, clothing, 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 Local Advocacy Services Poster. The PREA Posters were observed in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was observed in English and Spanish on letter size paper. The Local Advocacy Services Poster was observed in English on letter size paper. The posters were in most units and in common areas. The PREA hotline number was also painted/stenciled near the phones in each housing unit. PREA information was also observed on the offender tablet system. The PREA Brochure, Department of Public Safety (DPS) Poster, TIPS Poster, PREA Advocacy Poster and PREA Posters were observed on the tablet system. All information on the tablet was in English. After the on-site portion of the audit the facility uploaded the DPS Poster, PREA Brochure, Local Advocacy Services Poster and PREA Advocacy Poster to the tablet in Spanish. Photos were provided as confirmation.

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 third party reporting information at the front entrance. After the on-site portion of the audit the facility displayed the PREA Third Party Reporting Poster in the front entrance/lobby. Photos were provided confirming it was posted on letter size paper in English.

During the tour the auditor confirmed the facility follows a staffing plan. There were at least three security staff members assigned to each housing building. 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 the facility had adequate lines of sight within the housing units. Staff were observed conducting rounds and performing official duties. The auditor observed a blind spot in canteen as well as a few created blind spots through fully covered windows. After the on-site portion of the audit the facility implemented corrective action. Photos were provided confirming a mirror was installed in canteen to alleviate the blind spot and the windows in food service and maintenance were uncovered.

During the tour the auditor observed cameras in housing units as well as in work and common areas. The auditor verified that cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplement staffing. Cameras are actively monitored by control room staff. Staff in each housing, work and common area with cameras can monitor the cameras in their specific area. Cameras can also be remotely viewed by administrative level staff.

Regarding cross gender viewing, the auditor confirmed that housing units provided privacy through half walls or a saloon style door. The auditor observed that the half wall provided adequate privacy for staff, except for when they walk into the area for official duties. The auditor observed the strip search areas and confirmed there were no cross gender viewing issues. A review of video monitoring technology noted no cross gender viewing issues. All cells with cameras included a box over the toilet area. Additionally, the one strip search area on cameras included a pixilated area for privacy. During the tour the auditor did not hear the opposite gender announcement upon entry into the housing units. Additionally, the auditor observed posted signs advising the offenders that female staff were working in the unit, however the signs appeared to always be displayed, even when females were not working, thus being an ineffective supplement to the required verbal announcement. After the on-site portion of the audit the facility sent out electronic training related to the opposite gender announcement. The training materials included the PREA Resource Center's Frequently Asked Question (FAQ) related to the opposite gender announcement as well as agency policy/procedure. The facility provided confirmation that over 83% of the staff had completed the electronic training.

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. Offender risk assessments are documented electronically via the MOSIC system. During the tour 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. 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 through the JPay system. Staff review all incoming electronic regular mail prior to it being released to the offender tablet. Incoming regular physical mail is reviewed and copied. The copy is provided to the resident. Incoming legal mail is received by the facility. Staff call and verify the mail and then provide it to staff who have the offender open the legal mail in front of them. The legal mail is copied, and the copy is provided to the offender. Outgoing electronic regular mail goes through the JPay system. Staff review outgoing mail prior to it being released to the recipient. Outgoing regular physical mail is provided to the mailroom unsealed. 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 that mail to DPS and the rape crisis centers is treated as regular mail. After the on-site portion of the audit the facility conducted training with mailroom staff. Signed training memos were provided confirming staff were advised that mail to DPS and the local rape crisis center is considered legal mail and should not be opened.

The auditor observed the initial risk screening process. The initial risk assessment is completed in a classroom or office, one-on-one. The staff print off the Adult Internal Risk

Assessment and ask questions number one through thirteen on the form, including, age, physical build, disabilities, prior incarcerations, criminal history, prior sexual abusiveness/offenses, sexual orientation, gender identity, prior sexual victimization, perception of vulnerability, and if they ever requested protective custody. The staff review information after the verbal interview to confirm criminal history and disciplinary history. Staff enter all information obtained from the verbal responses and the file review in the electronic risk 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 auditor tested the internal reporting mechanisms during the tour. The auditor called the PREA hotline with assistance from an offender on May 27, 2026 from a phone in an offender housing unit. The offender dialed "1" for a collect call, then 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 on May 27, 2026 that the call was received and processed by the PC. The auditor also tested the written reporting mechanism. The auditor had an offender submit a test email to the PREA email on the tablet on May 27, 2026. The auditor received confirmation on May 27, 2026 that the email was received and was provided to the PC.

The auditor also tested the external reporting mechanism via a letter to DPS. The test was conducted at a prior MO DOC audit. Since the process is the same, the auditor did not send another letter. The auditor obtained an envelope and sent a letter to DPS. The auditor observed the mailing address on the numerous PREA Posters. 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 received directly by him 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, RAINN and the YWCA. The phone numbers and mailing addresses to JDI and RAINN are provided via the PREA Advocacy Poster. The phone number and mailing address to the YWCA is provided via the Local Advocacy Services 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. This is completed during intake. Offenders are provided the PREA Brochure upon arrival and view the PREA video. The video is shown on a computer screen. Staff are available after the video to answer any questions. It was observed that there were not any accommodations for LEP and disabled offenders, except for documents in Spanish and written information. After the on-site portion of the audit the facility provided a photo confirming they updated the television showing the PREA video to a 36inch screen tv.

During offender interviews the auditor utilized a staff translator to assist with LEP resident interviews. Additionally, the agency has a list of staff across all facilities that can serve as translators and interpreters in person or via phone. The auditor also confirmed that the facility has access to translators and interpreters through the agency contracts. Staff call the organizations and schedule the services. The auditor attempted to obtain an American Sign Language (ASL) interpreter for an interview, but when the state contract was contacted, they advised they could not provide services for two weeks.

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 38 personnel and/or training records that included five staff hired in the previous twelve months, two contractors hired within the previous twelve months, four staff employed over five years, three contractors employed over five years, and three staff promoted in the previous twelve months. The review included six volunteers, ten contractors and six medical and mental health care staff.

Offender Files. A total of 50 offender files were reviewed. 33 offender files were of those that arrived within the previous twelve months, six were disabled offenders, three were LEP offenders, four were transgender offender and sixteen 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 (twelve were initially requested) and sixteen 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.

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

Investigation Files. The auditor requested twelve investigations, however only two were provided at the issuance of the interim report. The remaining investigations were provided during the corrective action period. Ten were sexual abuse and three were sexual harassment. All included an administrative investigation.

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	13	0	13	0
Staff-on-inmate sexual abuse	3	0	3	0
Total	16	0	16	0

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	6	0	6	0
Staff-on-inmate sexual harassment	10	0	10	0
Total	16	0	16	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	0	0	0	0
Total	0	0	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	5	0	8	0
Staff-on-inmate sexual abuse	0	1	1	1
Total	5	1	9	1

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	5	0	1	0
Staff-on-inmate sexual harassment	10	0	0	0
Total	15	0	1	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:

10

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:	7
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:	2
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:

0

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 stated he coordinates compliance through follow-up, notifications, debriefings and making sure they hit deadlines. The PCM noted that if he identified an issue, he would research it and 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
8. Photos of Modifications

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview 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 1076 offenders, and the average daily population at the facility was 1076. The facility

employs 329 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. required security checks, which were observed by the auditor. During the tour the auditor confirmed the facility follows a staffing plan. There were at least three security staff members assigned to each housing building. 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 the facility had adequate lines of sight within the housing units. Staff were observed conducting rounds and performing official duties. The auditor observes a blind spot in canteen as well as a few crated blind spots through fully covered windows. After the on-site portion of the audit the facility implemented corrective action. Photos were provided confirming a mirror was installed in canteen to alleviate the blind spot and the windows in food service and maintenance were uncovered. During the tour the auditor observed cameras in housing units as well as in work and common areas. The auditor verified that cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplement staffing. Cameras are actively monitored by control room staff. Staff in each housing, work and common area with cameras can monitor the cameras in their specific area. Cameras can also be remotely viewed by 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. The Warden advised there is a minimum number of staff and when there are extra activities going on they have officers in the areas. The Warden confirmed video monitoring is part of the staffing plan, and the staffing plan is documented. The Warden noted all elements under this provision are considered in the staffing plan. She stated during movement there are additional officers to assist, supervisors are present during all movements, and they have increased staff based on specific demographics. The Warden advised they check for compliance with the staffing plan through the shift summary. The interview with the PCM indicated that they look at staffing overall. He advised when programs/areas are open they are staffed. He also stated they have to adjust staffing based on adequate shift coverage and adequate supervision.

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 deviation from the staffing plan is documented. She advised that deviations are documented on the shift summary. She further stated they have not had to deviate from the minimum as they adjusted and close posts or move staff around to ensure they do not fall below the minimum. 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 April 21, 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 September 11, 2025. 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 monthly report and chrono. Staff stated they ensure staff don't notify one another they are making rounds by conducting them randomly and mixing up time and location. A review of documentation for six weeks selected by the auditor during the previous twelve months indicated rounds were not completed at least once a week on all shifts. This was identified prior to the on-site portion of the audit. The facility implemented immediate corrective action.

	The facility provided documentation for six consecutive weeks from April through June. The documentation confirmed that unannounced rounds were completed in each area across all shifts at least weekly. Based on a review of the PAQ, D1-8.13, Staffing Plan, Annual Staffing Plan Reviews, Shift Rosters, Unannounced Rounds, Photos of Modifications, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level facility staff, this standard appears to be complaint. Recommendation The auditor highly recommends mirrors be installed in laundry and the warehouse. The auditor also highly recommends cameras and/or additional cameras be installed in the warehouse.
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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 Reports 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 did not house anyone under eighteen. 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 reports, 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
9. Opposite Gender Announcement Training

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Offenders
3. Interviews with Transgender/Intersex Offenders

Site Review Observations:

1. Observations of Privacy Barriers
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 provision of the 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 any documentation of cross gender pat down searches of female offenders would 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 or a saloon style door. The auditor observed that the half wall provided adequate

privacy for staff, except for when they walk into the area for official duties. The auditor observed the strip search areas and confirmed there were no cross gender viewing issues. A review of video monitoring technology noted no cross gender viewing issues. All cells with cameras included a box over the toilet area. Additionally, the one strip search area on cameras included a pixelated area for privacy. During the tour the auditor did not hear the opposite gender announcement upon entry into the housing units. Additionally, the auditor observed posted signs advising the offenders that female staff were working in the unit, however the signs appeared to always be displayed, even when females were not working, thus being an ineffective supplement to the required verbal announcement. Interviews with twelve random staff confirmed that offenders have privacy from opposite gender staff when showering, using the restroom and changing their clothes. Additionally, eleven random staff stated that staff of the opposite gender announce when entering housing units. Interviews with 40 offenders indicated 38 have privacy when showering, using the restroom and changing their clothes. Additionally, eleven of the 40 offenders stated that opposite gender staff announce when entering housing units. After the on-site portion of the audit the facility sent out electronic training related to the opposite gender announcement. The training materials included the PREA Resource Center's Frequently Asked Question (FAQ) related to the opposite gender announcement as well as agency policy/procedure. The facility provided confirmation that over 83% of the staff had completed the electronic training.

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 twelve staff indicated ten were aware of a policy prohibiting searching a transgender or intersex offender for the sole purpose of determining the offender's genital status. Interviews with four transgender offenders confirmed none were

	searched for the sole purpose of determining their genital status. 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 twelve random staff indicated eleven had received training on cross gender searches and searches of transgender offenders. A review fifteen staff training records indicated twelve had completed 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 be compliant. Recommendation While cross gender viewing was not observed with the physical plant of the showers, the auditor highly recommends that facility install barriers or curtains to provide for additional privacy.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	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. Local Advocacy Services Poster
8. Department of Public Service (DPS) Poster
9. Offender Rulebook
10. PREA Adult Comprehensive Education Video
11. Sign Language Interpretation Service Information
12. Verbal Language Interpretation Service Information
13. 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 PREA Posters

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 Local Advocacy Services Poster. The PREA Posters were observed in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was observed in English and Spanish on letter size paper. The Local Advocacy Services Poster was observed in English on letter size paper. The posters were in most units and in common areas. The PREA hotline number was also painted/stenciled near the phones in each housing unit. PREA information was also observed on the offender tablet system. The PREA Brochure, DPS Poster, TIPS Poster, PREA Advocacy Poster and PREA Posters were observed on the tablet system. The auditor confirmed that the facility has access to translators and interpreters through the agency contracts. Staff call the organizations and schedule the services. The auditor attempted to obtain an American Sign Language (ASL) interpreter for an interview, but when the state contract was contacted, they advised they could not provide services for two weeks. 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 two were provided PREA information in a format that they could understand. It should be noted 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 Local Advocacy Services Poster. The PREA Posters were observed in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was observed in English and Spanish on letter size paper. The Local Advocacy Services Poster was observed in English on letter size paper. The posters were in most units and in common areas. The PREA hotline number was also painted/stenciled near the phones in each housing unit. PREA information was also observed on the offender tablet system. The PREA Brochure, DPS Poster, TIPS Poster, PREA Advocacy Poster and PREA Posters were observed on the tablet system. All information on the tablet was in English. After the on-site portion of the audit the facility uploaded the DPS Poster, PREA Brochure, Local Advocacy Services Poster and PREA Advocacy Poster to the tablet in Spanish. Photos were provided as confirmation. During offender interviews the auditor utilized a staff translator to assist with LEP resident interviews. Additionally, the agency has a list of staff across all facilities that can serve as translators and interpreters in person or via phone. Interviews with two LEP offenders indicated zero were provided PREA information in a format that they could understand. It should be noted 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 twelve random staff indicated eleven were aware of a policy prohibiting the use of offender interpreters, readers and assistants for sexual abuse allegations. Interviews with five disabled offenders and two LEP offenders indicated two were provided PREA information in a format they could understand. None 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, Local Advocacy Services 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. The auditor confirmed that the facility has access to translators and interpreters through the agency contracts. Staff call the organizations and schedule the services. The auditor attempted to obtain an American Sign

	Language (ASL) interpreter for an interview, but when the state contract was contacted, they advised they could not provide services for two weeks. Corrective Action The facility will need to establish a method to provide disabled offenders, specifically deaf/hearing impaired with equal access that does not involve a two week wait. The facility will need to provide documentation of the identified resource/process. The auditor will test availability and functionality of the resource/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. Staff Training 2. Propio Language Service Information 3. Information on Digital Translation Device The PREA Coordinator distributed an email to facility PREA Compliance Managers related to resources for LEP and disabled offenders. The email included the agency translator list and advised that this list would be updated and sent out quarterly. Additionally, the agency entered into a contact with Propio Language Services to provide over the phone and virtual translation when needed. Further, the facility purchased a digital interpreter device that can be utilized without Wi-Fi to translate between staff and offenders. 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. 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
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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. A review of documentation for five staff hired in the previous twelve months confirmed all five had a criminal background records check completed prior to hire. The auditor requested documentation for two contractors hired in the previous twelve months. Documentation had not been provided at the issuance of the interim report.

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 130 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. A review of documentation for five staff hired in the previous twelve months confirmed all five had a criminal background records check completed prior to hire. None of the five had prior institutional employment, other than the MO DOC, which they reviewed records. The auditor confirmed through prior MO DOC audits that the agency has a process for contacting prior institutional employers.

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. Further communication with the PCM noted there have been two contracts. 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. Documentation had not been provided at the issuance of the interim report.

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. A review of four staff employed longer than five years indicated two had a criminal background records check completed at least every five years. Three of the four had a current criminal background records check. The auditor requested documentation for two contractors employed longer than five years. Documentation had not been provided at the issuance of the interim report.

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, of 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. A review of documents for five staff hired in the previous twelve months indicated four completed the Employment Application, which includes the questions under this provision. Additionally, a review of three staff promoted during the previous twelve months noted two completed an application, however documentation provided could not confirm this was an application completed prior to promotion.

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 and resignation during investigation 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 two contractors hired in the previous twelve months. Documentation had not been provided at the issuance of the interim report. A review of four staff employed longer than five years indicated two had a criminal background records check completed at least every five years. Three of the four had a current criminal background records check. The auditor requested documentation for two contractors employed longer than five years. Documentation had not been provided at the issuance of the interim report. A review of documents for five staff hired in the previous twelve months indicated four completed the Employment Application, which includes the questions under this provision. Additionally, a review of three staff promoted during the previous twelve months noted two completed an application, however documentation provided could not confirm this was an application completed prior to promotion.

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. 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 contractors. The documentation confirmed a criminal background records check was completed prior to enlisting services. Additionally, the originally requested documentation was provided that confirmed all staff had complete the PREA questions prior to hire and promotion.

	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. All current staff and contractors were documented with a current criminal background records check. 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 2. List of Added Cameras 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 acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. During the tour the auditor observed renovations in food service, which did not change physical plant. The auditor also observed the property area was opened and was more visible. 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 the only modifications were the move of the property room and areas that are blocked off in food service for the sewer line replacement. She noted they discussed visibility when making modifications.

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 as well as in work and common areas. The auditor verified that cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplement staffing. Cameras are actively monitored by control room staff. Staff in each housing, work and common area with cameras can monitor the cameras in their specific area. Cameras can also be remotely viewed by 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 are able to 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 install or update video monitoring technology, they consider how the technology will enhance their ability to protect offenders from sexual abuse. She noted that the quality of the camera is considered, and they have added cameras the administrative area. She also stated that they use cameras to cover blind spots and areas they suspect to have issues. A review of documentation noted the facility installed approximately 20 cameras in numerous locations to assist with supervision and monitoring.

Based on a review of the PAQ, D1-8.13, camera list, observations from the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.21	Evidence protocol and forensic medical examinations
	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. Letter of Agreement with YWCA of St. Louis 11. Advocacy with Survivors of Sexual Victimization for DOC Training 12. Victim Advocate Training Certificate 13. Investigative Reports Interviews: 1. Interviews with Random Staff 2. Interviews 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 twelve random staff indicated all twelve know and understand 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 not 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. Further communication with the PCM noted these were incorrectly marked and the protocol is developed based on both of these elements. 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 a qualified medical practitioners complete the examinations. The PAQ noted that the facility documents efforts to provide SAFEs or SANEs. The PAQ stated there were two forensic exams conducted in the previous twelve months by SAFE/SANE. 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 SSM Health St. Clare Hospital is the SAFE/SANE hospital 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 SSM Health St. Clare Hospital confirmed that they provide forensic medical examinations at the hospital. The staff confirmed that examinations are provided by SANE. A review of documentation confirmed there were three forensic examinations conducted in the previous twelve months by SAFE/SANE at the facility.

115.21 (d): The PAQ indicated that the facility attempts 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. The agreement with YWCA of St. Louis notes both parties agree that upon an offender at MECC requesting the services of an advocate during a sexual assault

exam YWCA agrees to have personnel available 24/7 to be an advocate for the offender during the exam and offer services of advocacy thereafter. The agreement was executed in May 2026. It further outlines that advocacy required services include 24-hour hotline services, providing crisis services and referral, accompaniment and advocacy through medical, criminal justice and social support systems, including medical facilities, police and court proceedings, crisis intervention short-term individual and group support services, and comprehensive services coordination and supervision to assist sexual assault victim and family or household members, information and referral to assist the sexual assault victim and family or household member. 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 would reach out to YWCA for their assistance. if they were unable to provide assistance they would utilize the facility staff as backup. Interviews with five offenders who reported sexual abuse indicated two were afforded access to a victim advocate after a report of sexual abuse. The auditor requested documentation for ten victims of sexual abuse. At the issuance of the interim report only one document was provided outlining one offender was afforded access to a victim advocate.

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. The agreement with YWCA of St. Louis notes both parties agree that upon an offender at MECC requesting the services of an advocate during a sexual assault exam YWCA agrees to have personnel available 24/7 to be an advocate for the offender during the exam and offer services of advocacy thereafter. The agreement was executed in May 2026. 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 would reach out to YWCA for their assistance. if they were unable to provide assistance they would utilize the facility staff as backup. Interviews with five offenders who reported

sexual abuse indicated two were afforded access to a victim advocate after a report of sexual abuse. The auditor requested documentation for ten victims of sexual abuse. At the issuance of the interim report only one document was provided outlining one offender was afforded access to a victim advocate.

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, Agreement with YWCA of St. Louis, 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. Interviews with five offenders who reported sexual abuse indicated two were afforded access to a victim advocate after a report of sexual abuse. The auditor requested documentation for ten victims of sexual abuse. At the issuance of the interim report only one document was provided outlining one offender was afforded access to a victim advocate.

Corrective Action

The facility will need to provide the originally requested documentation. If not available, the facility will need to conduct training with applicable staff on the victim advocacy process. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated victim advocacy documents.

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. List of Allegations During Corrective Action Period
3. Victim Advocacy Documents

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

The facility provided a list of sexual abuse allegations reported during the corrective action period (five) and associated investigative documents, including the consent for victim advocacy. One victim accepted victim advocacy services and was provided the services.

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

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 Log 6. 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 not all investigations have been completed. The PAQ indicated that there were 33 allegations of sexual abuse and/or sexual harassment reported within the previous twelve months. All 33 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. A review of the investigative log noted allegations were referred for investigation. The auditor requested documentation for twelve investigations. Two reports were provided. Documentation was provided confirming all investigation had an investigation initiated, however full reports were not provided. Based on documentation provided the auditor confirmed all allegations were referred for investigation and included an administrative investigation.

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. A review of the investigative log noted allegations were referred for investigation. The auditor requested documentation for twelve investigations. Two reports were provided. Documentation was provided confirming all investigation had an investigation initiated, however full reports were not provided. Based on documentation provided the auditor confirmed all allegations were referred for investigation and included an administrative investigation. All investigations were initiated at the facility level.

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 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 twelve random staff confirmed all twelve had received PREA training and the training included the required elements under this provision. A review of fifteen staff training records indicated all fifteen had completed PREA training.

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 fifteen staff noted five had completed training at least every two years.

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 an 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 documentation for fifteen staff noted five had completed training at least every two years.

Corrective Action

The facility will need to provide the originally requested documentation. If not available, further corrective action will 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

	2. Process Memorandum The facility provided the originally requested training documentation. Ten staff had completed training at least every two years. Two staff were new hired and did not require the second training yet. Due to three staff having training beyond the two year timeframe, the facility provided a process memo that outlined initial training is provided within five days of hire and a refresher is conducted every two years. The training staff will assign the PREA training to everyone in GPS (electronic system). Training staff will run a monthly report to ensure all training is completed as scheduled. 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 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. 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. The PAQ indicated that 88 volunteers and contractors received PREA 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 confirmed they received training on their responsibilities under the agency's sexual abuse and sexual harassment policies. The auditor requested information for volunteers to conduct interviews. At the issuance of the interim report the information had not yet been provided. The auditor requested documentation for ten contractors and six volunteers. At the issuance of the interim report documentation had not been provided.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is not 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 indicated they complete training online. All three confirmed the training went over the zero-tolerance policy and reporting procedures. The auditor requested information for volunteers to conduct interviews. At the issuance of the interim report the information had not yet been provided. The auditor requested documentation for ten contractors and six volunteers. At the issuance of

the interim report 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. The auditor requested documentation for ten contractors and six volunteers. At the issuance of the interim report documentation had not been provided.

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. The auditor requested information for volunteers to conduct interviews. At the issuance of the interim report the information had not yet been provided. The auditor requested documentation for ten contractors and six volunteers. At the issuance of the interim report documentation had not been provided.

Corrective Action

The facility will need to assist with coordinating two volunteer interviews via phone. The facility will need to provide the originally requested documentation. If not available, further corrective action will 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 and Contractor 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. The facility provided the originally requested contractor training documents, except for two records. One contractor never showed up to the facility and did not complete training. The second never completed the training and was no longer providing services. The auditor attempted to contact two volunteers; however, the attempts were unsuccessful. 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. Local Advocacy Services Poster 9. PREA Posters 10. Department of Public Safety (DPS) Poster 11. Offender Rulebook 12. Sign Language Interpretation Service Information 13. Verbal Language Interpretation Service Information 14. Staff Translator List

15. 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 918 offenders received information at intake on the zero-tolerance policy and how to report incident of sexual abuse/sexual harassment. This is equivalent to 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 had the facility conduct a mock demonstration of the comprehensive PREA education process. This is completed during intake. Offenders are provided the PREA Brochure upon arrival and view the PREA video. The video is shown on a computer screen. Staff are available after the video to answer any questions. It was observed that there were no accommodations for LEP and disabled offenders, except for documents in Spanish and written information. After the on-site portion of the audit

the facility provided a photo confirming they updated the television showing the PREA video to a 36inch screen tv. The interview with the intake staff confirmed that offenders are provided information on the zero-tolerance policy and reporting methods. She stated they are provided the PREA Brochure and view the PREA video. 38 of the 40 offenders that were interviewed indicated they received information on the zero-tolerance policy and reporting mechanisms. A review of 33 offender files of those received in the previous twelve months indicated that all 33 received PREA information at intake.

115.33 (b): The PAQ indicated that 852 offenders received comprehensive PREA education within 30 days of intake, which is equivalent to 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. This is completed during intake. Offenders are provided the PREA Brochure upon arrival and view the PREA video. The video is shown on a computer screen. Staff are available after the video to answer any questions. It was observed that there were no accommodations

for LEP and disabled offenders, except for documents in Spanish and written information. After the on-site portion of the audit the facility provided a photo confirming they updated the television showing the PREA video to a 36inch screen tv. 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. The intake staff advised offenders receive education the same day they arrive through the PREA video and PREA Brochure. Interviews with 40 offenders indicated 29 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 33 offender files of those received in the previous twelve months indicated all 33 had received comprehensive PREA education.

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 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. The intake staff advised offenders receive education the same day they arrive through the PREA video and PREA Brochure. A review of 50 total offender files indicated all 50 had comprehensive PREA education completed after 2013.

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. It was observed that there were no accommodations for LEP and disabled offenders, except for documents in Spanish and written information. A review of six disabled offender records and three LEP offender records confirmed all nine received PREA education. All three LEP offenders signed English acknowledgment forms. Interviews with five disabled offenders indicated two were provided PREA information in a format that they could understand. Interviews with two LEP offenders indicated zero were provided PREA information in a format that they could understand.

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 Local Advocacy Services Poster. The PREA Posters were observed in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was observed in English and Spanish on letter size paper. The Local Advocacy Services Poster was observed in English on letter size paper. The posters were in most units and in common areas. The PREA hotline number was also painted/stenciled near the phones in each housing unit. PREA information was also observed on the offender tablet system. The PREA Brochure, DPS Poster, TIPS Poster, PREA Advocacy Poster and PREA Posters were observed on the tablet system. All information on the tablet was in English. After the on-site portion of the audit the facility uploaded the DPS Poster, PREA Brochure, Local Advocacy Services Poster and PREA Advocacy Poster to the tablet in Spanish. Photos were provided as confirmation.

Based on a review of the PAQ, D1-8.13, IS5-1.1, IS5-1.2, PREA Adult Comprehensive Education Video, Offender Rulebook, PREA Brochure, PREA Advocacy Poster, Local Advocacy Services 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. It was observed that there were no accommodations for LEP and disabled offenders, except for documents in Spanish and written information. A review of six disabled offender records and three LEP offender records confirmed all nine received PREA education. All three LEP offenders signed English acknowledgment forms. Interviews with five disabled offenders indicated two were provided PREA information in a format that they could understand. Interviews with two LEP offenders indicated zero were provided PREA information in a format that they could understand.

Corrective Action

The facility will need to develop a process for LEP and disabled offender education. A process memo will need to be provided. All applicable staff will need to be trained on the process. The auditor will need to conduct a phone interview with intake staff to confirm the process. Current LEP and disabled offenders will need to be reeducated in an accessible format. Confirmation 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. Training Memorandum
2. PREA Education Script
3. Propio Language Service Information
4. Information on Digital Translation Device
5. LEP and Disabled Offender Re-Education

Additional Interviews:

1. Interview with Intake Staff

	The facility provided a process/training memorandum that outlining the proper procedure for LEP and disabled offenders. The training memo outlined that Case Manager will provide PREA education to offenders via interpretive services, and they will provide the PREA Brochure in the offender's native language. It further stated the PREA Education video or PREA Education Script is required to be provided in a language/format the offender understands. The memo noted that staff should utilized staff translators, the translation device and/or the language translation service. Staff signatures were provided confirming completion and understanding of the training. The PREA Education Script was provided, which is a transcript of the PREA Education video, with the addition of agency specific information (reporting and advocacy information). 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. The facility provided documentation that the re-educated all LEP and disabled offenders. Acknowledgment forms were provided that outlined accommodations that were made for the offender. The interview with the intake staff noted that they went back and completed re-education with all LEP offenders via the video and documents. The staff advised all new intakes receive the video in English, Spanish or American Sign Language. The staff noted documents are provided in an accessible format/language. The staff confirmed they have an AI translator (device) and access to Propio language service. 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 twelve 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 twelve investigators had completed the required training. A review of documentation confirmed twelve 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 23 (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. A review of six medical and mental health care staff training records indicated three had completed the specialized medical and mental health training.

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. A review of six medical and mental health care staff training records indicated three had completed the specialized medical and mental health training. Staff had a certificate documenting completion and/or electronic verification through the Relias program.

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 six medical and mental health care staff training records indicated none 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. A review of six medical and mental health care staff training records

	indicated three had completed the specialized medical and mental health training. A review of six medical and mental health care staff training records indicated none had completed training as required under 115.31 or 115.32. Corrective Action The facility will need to provide the originally requested documentation. If not available, additional corrective action will 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 had completed the specialized training and training as required under 115.32, except for two. One contractor never showed up to work and as such did not complete the training. The second was no longer providing services. 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 a classroom or office, one-on-one. The staff print off the Adult Internal Risk Assessment and ask them

questions number one through thirteen on the form, including, age, physical build, disabilities, prior incarcerations, criminal history, prior sexual abusiveness/offenses, sexual orientation, gender identity, prior sexual victimization, perception of vulnerability, and if they ever requested protective custody. The staff review information after the verbal interview to confirm criminal history and disciplinary history. Staff enter all information obtained from the verbal responses and the file review in the electronic risk screening. Interviews with 28 offenders that arrived within the previous twelve months indicated all 28 were asked the risk screening questions on the same day they arrived. The interview 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 918 offenders, or 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 28 offenders that arrived within the previous twelve months indicated all 28 were asked the risk screening questions on the same day they arrived. The interview with the staff responsible for the risk screening confirmed that offenders are screened for their risk of victimization and abusiveness within 72 hours. A review of 33 offender files of those that arrived within the previous twelve months indicated all 33 had an initial risk screening completed within 72 hours.

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 interview with the staff responsible for the risk screening indicated she asks the questions on the Adult internal Risk Manual and confirms 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 she asks the questions on the Adult internal Risk Manual and confirms 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 indicated 0% of offenders entering the facility who stayed longer than 30 days, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility. 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 interview with staff responsible for the risk screening indicated that offenders are reassessed within 30 days. Interviews with 28 offenders that arrived in the previous twelve months indicated eleven were asked the risk screening questions on more than one occasion. Offenders stated they were asked a few weeks to 30 days after arrival. A review of 33 offender files that arrived in the previous twelve months indicated 29 offenders had a reassessment completed within 30 days. Three offenders had not been at the facility longer than 30 days and as such a reassessment was not yet due.

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 interview 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 28 offenders that arrived in the previous twelve months indicated eleven were asked the risk screening questions on more than one occasion. A review of 33 offender files that arrived in the previous twelve months indicated 29 offenders had a reassessment completed. The auditor requested documentation for ten sexual abuse investigations, however at the issuance of the interim report the documentation had not been provided.

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 interview 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): Offender risk assessments are documented electronically via the MOSIC system. During the tour 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. 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 just have access to review the label produced as a result of the risk assessment. The interview with the PCM confirmed that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. He stated information is accessible to Case Managers. The staff responsible for the risk screening stated that the information from the risk screening is only accessible to case managers and supervisors.

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 ten sexual abuse investigations, however at the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide originally requested documentation. If not available, the facility will need to provide a list of sexual abuse allegations during the corrective action period and associated risk reassessments due to incident of sexual abuse.

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. List of Sexual Abuse Allegations Closed During the Corrective Action Period
2. Risk Assessments

	The facility was unable to provide the originally requested documentation. The facility provided a list of sexual abuse investigations during the corrective action period (five). Two of the five were closed and three were ongoing. The facility provided nine 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. Location of Offender Records.
2. Housing Assignments of LGBTI Offenders
3. 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 for designations and designations are used for housing. He noted that Sigmas are not housed with Alphas. He also stated they review all Sigmas to ensure they are housed appropriately. The interview with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to house them in appropriate units. A review of documentation indicated that most Sigma offenders were housed in one unit, and most Alphas were

housed in another. The auditor confirmed that the facility was using information from the risk screening to make placement decisions.

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 interview with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to house them in appropriate units.

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 placement and programming is based first on the Alpha, Sigma and Kappa designation. He stated they meet with offenders every six months for follow-up to ensure they are safe. 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. Interviews with transgender offenders indicated all four were asked how

they felt about their safety regarding housing and programming. A review of the Transgender Committee Review for 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 advised transgender and intersex offenders are not always reassessed at least biannually. The auditor requested documentation for four transgender offenders, at the issuance of the interim report the documentation had not been provided.

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. Interviews with transgender offenders indicated all four were asked how they felt about their safety regarding housing and programming.

115.42 (f): During the tour the auditor confirmed that showers had half walls between them and one shower had a door. 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 most shower in the shower with a door, but they do have a separate time when the bathrooms are closed that they can shower. Interviews with four transgender offenders noted all four are afforded the opportunity to shower separately.

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 indicated four of the six felt that they were not 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 housed across different units within the facility.

	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 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 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 included four wings of two man cells. Segregated housing had a separate recreation area. Offenders in segregated housing have out of cell time via recreation (every other day) and showers (every other day). Phone access is requested through the Case Manager after 30 days in segregation. Offenders have access to their tablets. Grievances and mail are provided to staff during their daily rounds. The interview with the staff who supervise offenders in segregated housing confirmed that offenders placed in involuntary segregated housing due to risk of victimization would have equal access to program, privileges, education and work opportunities to the extent possible. She stated they would document any restrictions on the chrono and file. 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. She stated if alternative was at the facility they would be able to find that in a few hours and if it was at another facility, it may take a couple of days. She further stated that they would more than likely house them in medical, not segregation. 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 they would remain in segregated housing until no longer needed or until transfer, which would usually be

	the same day. 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 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)
13. Photos of Displayed/Uploaded Information
14. Training with Mailroom Staff

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 Local Advocacy Services Poster. The PREA Posters were observed in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was observed in English and Spanish on letter size paper. The Local Advocacy Services Poster was observed in English on letter size paper. The posters were in most units and in common areas. The PREA hotline number was also painted/stenciled near the phones in each housing unit. PREA information was also observed on the offender tablet system. The PREA Brochure, DPS Poster, TIPS Poster, PREA Advocacy Poster and PREA Posters were observed on the tablet system. All information on the tablet was in English. After the on-site portion of the audit the facility uploaded the DPS Poster, PREA Brochure, Local Advocacy Services Poster and PREA Advocacy Poster to the tablet in Spanish. Photos were provided as confirmation. The auditor tested the internal reporting mechanisms during the tour. The auditor called the PREA hotline with assistance from an offender on May 27, 2026 from a phone in an offender housing unit. The offender dialed "1" for a collect call, then 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 on May 27, 2026 that the call was received and processed by the PC. The auditor also tested the written reporting mechanism. The auditor had an offender submit a test email to the PREA email on the tablet on May 27, 2026. The auditor received confirmation on May 27, 2026 that the email was received and was provided to the PC. Interviews with 40 offenders confirmed that all 40 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 twelve staff confirmed that offenders can report to staff, through the tablet and 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 Local Advocacy Services Poster. The PREA Posters were observed in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was observed in English and Spanish on letter size paper. The Local Advocacy Services Poster was observed in English on letter size paper. The posters were in most units and in common areas. The PREA hotline number was also painted/stenciled near the phones in each housing unit. PREA information was also observed on the offender tablet system. The PREA Brochure, DPS Poster, TIPS Poster, PREA Advocacy Poster and PREA Posters were observed on the tablet system. All information on the tablet was in English. After the on-site portion of the audit the facility uploaded the DPS Poster, PREA Brochure, Local Advocacy Services Poster and PREA Advocacy Poster to the tablet in Spanish. Photos were provided as confirmation. 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 through the JPay system. Staff review all incoming electronic regular mail prior to it being released to the offender tablet. Incoming regular physical mail is reviewed and copied. The copy is provided to the resident. Incoming legal mail is received by the facility. Staff call and verify the mail and then provide it to staff who

have the offender open the legal mail in front of them. The legal mail is copied, and the copy is provided to the offender. Outgoing electronic regular mail goes through the JPay system. Staff review outgoing mail prior to it being released to the recipient. Outgoing regular physical mail is provided to the mailroom unsealed. 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 that mail to DPS and the rape crisis centers is treated as regular mail. After the on-site portion of the audit the facility conducted training with mailroom staff. Signed training memos were provided confirming staff were advised that mail to DPS and the local rape crisis center is considered legal mail and should not be opened. The auditor also tested the external reporting mechanism via a letter to DPS. The test was conducted at a prior MO DOC audit. Since the process is the same, the auditor did not send another letter. The auditor obtained an envelope and sent a letter to DPS. The auditor observed the mailing address on the numerous PREA Posters. 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 victim advocacy center (YWCA). He stated the victim advocacy center would reach out related to the offender's safety and security and report the information back to the facility. Interviews with 40 offenders indicated ten were aware that they could report to DPS as an outside reporting mechanism and nineteen stated they knew they could report anonymously.

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 and submitted to the Shift Commander. Interviews with 40 offenders confirmed all 40 knew they could report allegations of sexual abuse verbally or in writing to staff and fifteen knew they could

report via a third party. Interviews with twelve random staff confirmed that offenders can report verbally, in writing, anonymously and through a third party. The staff stated that they would document verbal reports in an IOC. A review of documentation for twelve investigations noted six were reported verbally, two were reported in writing, one was reported via a third party, one was reported anonymously, one was discovered through intel, and one was unknown as the investigative report was not reported. Three of the six reported verbally were documented in an IOC.

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 twelve staff indicated all twelve 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. A review of documentation for twelve investigations noted six were reported verbally, two were reported in writing, one was reported via a third party, one was reported anonymously, one was discovered through intel, and one was unknown as the investigative report was not reported. Three of the six reported verbally were documented in an IOC.

Recommendation

The auditor highly recommends the facility conduct training with staff, including the PCM, on the external reporting entity and process.

Corrective Action

The facility will need to provide the originally requested documentation (three written documents of verbal reports).

	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. List of Allegations During the Corrective Action Period 3. Interoffice Communication The facility was unable to provide the originally requested documentation. 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 was also discussed during briefings and department meetings. The facility provided a list of allegations reported during the corrective action period (five). Four were reported in writing and all four included an IOC from the staff receiving the verbal report. 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
8. Sample Grievances

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 does not require 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. Offenders are advised of the grievance process at orientation and have access to the grievance policy through the library.

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. Offenders are advised of the grievance process at orientation and have access to the grievance policy through the library.

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. A review of the grievance log and a sample of grievances noted four were sexual harassment (three were not repeated) and one was originally deemed "PREA" but was related to a urine analysis. The one sexual harassment grievance has a response within 90 days and was forwarded for investigation.

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. A review of the grievance log and sample grievances noted that there were zero third party grievances of sexual abuse. 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. A review of the grievance log and a sample of grievances noted that there were zero grievances of imminent risk of sexual abuse. 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, Sample Grievances, and information from interviews with offenders who reported sexual abuse, this standard appears to be compliant.
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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. Local Advocacy Services Poster
6. Consent for Facility Advocacy Services Form
7. Letter of Agreement with YWCA of St. Louis
8. Photos of Displayed/Uploaded Information

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 Local Advocacy Poster included the mailing address and phone number to the YWCA. 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 Local Advocacy Services Poster. The PREA Posters were observed in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was observed in English and Spanish on letter size paper. The Local Advocacy Services Poster was observed in English on letter size paper. The posters were in most units and in common areas. PREA information was also observed on the offender tablet system. The PREA Brochure, DPS Poster, TIPS Poster, PREA Advocacy Poster and PREA Posters were observed on the tablet system. All information on the tablet was in English. After the on-site portion of the audit the facility uploaded the DPS Poster, PREA Brochure, Local Advocacy Services Poster and PREA Advocacy Poster to the tablet in Spanish. Photos were provided as confirmation. The facility provides access to emotional support services through JDI, RAINN and the YWCA. The phone numbers and mailing addresses to JDI and RAINN are provided via the PREA Advocacy Poster. The phone number and mailing address to the YWCA is provided via the Local Advocacy Services 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 40 offenders, including those who reported sexual abuse, indicated fifteen were familiar with outside emotional support services and 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 Local Advocacy Poster included the mailing address and phone number to the YWCA. It did not include any information on how to contact and level of confidentiality. 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 Local Advocacy Services Poster. The PREA Posters were observed in English on letter size paper. The TIPS Poster was observed in English on letter size paper. The PREA Advocacy Poster was observed in English and Spanish on letter size paper. The Local Advocacy Services Poster was observed in English on letter size paper. The posters were in most units and in common areas. PREA information was also observed on the offender tablet system. The PREA Brochure, DPS Poster, TIPS Poster, PREA Advocacy Poster and PREA Posters were observed on the tablet system. All information on the tablet was in English. After the on-site portion of the audit the facility uploaded the DPS Poster, PREA Brochure, Local Advocacy Services Poster and PREA Advocacy Poster to the tablet in Spanish. Photos were provided as confirmation. During the tour the auditor observed the mail process. A locked box is located 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 through the JPay system. Staff review all incoming electronic regular mail prior to it being released to the offender tablet. Incoming regular physical mail is reviewed and copied. The copy is provided to the resident. Incoming legal mail is received by the facility. Staff call and verify the mail and then provide it to staff who have the offender open the legal main in front of them. The legal mail is copied, and the copy is provided to the offender. Outgoing electronic regular mail goes through the JPay system. Staff review outgoing mail prior to it being released to the recipient. Outgoing regular physical mail is provided to the mailroom unsealed. 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 that mail to DPS and the rape crisis centers is treated as regular mail. After the on-site portion of the audit the facility conducted training with mailroom staff. Signed training memos were provided confirming staff were advised that mail to DPS and the local rape crisis center is considered legal mail and should not be opened. Interviews with 40 offenders, including those who reported sexual abuse, indicated fifteen were familiar with outside emotional support services and fifteen were provided a mailing address and telephone number to the organization.

115.53 (c): The PAQ indicated that the agency or facility maintains 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. The agency has an agreement with YWCA of St. Louis that was signed on May 26, 2026. The agreement with YWCA of St. Louis notes that they provide advocacy required services include 24-hour hotline services; providing crisis services and referral; accompaniment and advocacy through medical, criminal justice and social support systems, including medical facilities, police and court proceedings; crisis intervention short-term individual and group support services; and comprehensive services coordination and supervision to assist sexual assault victim and family or household members, information and referral to assist the sexual assault victim and family or household member. The agency maintains copies of the MOU and letter.

Based on a review of the PAQ, D1-8.13, PREA Advocacy Poster, DPS Poster, Local Advocacy Services Poster, Letter of Agreement with YWCA of St. Louis, Consent for Facility Advocacy Services Form, Photos of Displayed/Uploaded Information, observations from the facility and interviews with random offenders and offenders who reported sexual abuse, this standard appears to require corrective action. The Local Advocacy Poster included the mailing address and phone number to the YWCA. It did not include any information on how to contact and level of confidentiality.

Corrective Action

The facility will need to provide information on how to contact the local rape crisis center and level of confidentiality. Updated documents will need to be provided. Further, the facility will need to provide confirmation that updated information was posted/uploaded to the tablet.

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. Updated Local Advocacy Services Poster

	The facility updated the Local Advocacy Services Poster to include 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 the YWCA. Photos were provided of the updated Local Advocacy Service Poster displayed around the facility in English and Spanish. Photos were also provided confirming the updated Local Advocacy Poster was added to the tablet. 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 third party reporting information at the front entrance. After the on-site portion of the audit the facility displayed the PREA Third Party Reporting Poster in the front entrance/lobby. Photos were provided confirming it was posted on letter size paper in English. 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 received directly by him 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 be compliant.
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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 Documents 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 twelve 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 twelve 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. Neither staff indicated that they had become aware of such information. A review of documentation for twelve allegations indicated none were reported to medical or mental health care staff.

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 they do not house anyone under eighteen. She stated any reports by a vulnerable adult would include notifying mental health and mental health would go through their reporting. It should be noted all mandatory reporting is completed through the agency investigators.

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. A review of documentation for twelve investigations noted six were reported verbally, two were reported in writing, one was reported via a third party, one was reported anonymously, one was discovered through intel, and one was unknown as the investigative report was not reported. All allegations were forwarded to the PREA Unit for investigation. 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 Documents and information from interviews with random staff, the PREA Coordinator and the Warden, this standard appears to be compliant. Recommendation The auditor highly recommends all administrative level staff be educated on mandatory reporting laws.
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115.62	Agency protection duties
	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. 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 deemed at imminent risk of sexual abuse, they would separate the offender and start the checklist. She stated they would determine if the resident wanted protective custody, and if they don't, they would evaluate their current housing for safety. Interviews with twelve random staff confirmed that they would take immediate action if an offender was deemed at imminent risk of sexual abuse. Staff advised they would remove the offender from the risk. A review of documentation indicated that there were zero offenders deemed at imminent risk of sexual abuse. All sexual harassment incidents involved the facility taking immediate action. 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 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 Documents

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 two offenders 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. A review of documentation noted there was one allegation reported to have occurred at another facility. At the issuance of the interim report 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. A review of documentation noted there was one allegation reported to have occurred at another facility. At the issuance of the interim report documentation had not been provided.

115.63 (c): The PAQ indicated that the agency or facility documents that it 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. A review of documentation noted there was one allegation reported to have occurred at another facility. At the issuance of the interim report 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 six 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 knew they have received these allegations in the past and they were investigated. The interview with the Warden noted that if they received an allegation from another facility, they would start the process just as if the victim was at the facility. She advised they would investigate and coordinate with the other facility where the offender is housed. The Warden stated they have received an allegation recently from another agency/facility and it was investigated. A review of documentation and the investigative log confirmed the allegations received via Warden to Warden notification were forwarded to the PREA Unit for investigation.

	Based on a review of the PAQ, D1-8.13, Warden to Warden Notifications, Investigative Documents and interviews with the Agency Head Designee and Warden, this standard appears to require corrective action. A review of documentation noted there was one allegation reported to have occurred at another facility. At the issuance of the interim report 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. Clarification Documentation The facility provided the originally requested documentation. The allegation was reported at another MO DOC facility and included a Warden to Warden notification to MECC. It was determined that this was related to provision (d) and there were zero allegations reported at MECC that occurred at another facility. 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 fourteen allegations of sexual abuse and eight involved the immediate separation of victim and abuser. The PAQ noted that two were reported in a timeframe that allowed for evidence collection, two involved requesting the victim not take action to destroy evidence and two involved ensuring the perpetrator not take action to destroy evidence. 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 ensure they do not take action to destroy evidence (shower), secure the scene, preserve

evidence, take the victim to medical as soon as possible and notify the Shift Commander. The non-security first responder advised she would keep the offender with her and notify the supervisor. Interviews with offenders who reported sexual abuse indicated one involved immediate first responder duties. One offender stated he was removed from the area and taken to medical for a forensic medical examination. Another advised he was taken to medical. The auditor requested documentation for twelve allegations, at the issuance of the interim report documentation had not been provided, as such the auditor was unable to review any documents to determine if first responder duties were completed.

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 ensure they do not take action to destroy evidence (shower), secure the scene, preserve evidence, take the victim to medical as soon as possible and notify the Shift Commander. The non-security first responder advised she would keep the offender with her and notify the supervisor. Interviews with twelve random staff confirmed that they were aware of first responder duties. The auditor requested documentation for twelve allegations, at the issuance of the interim report documentation had not been provided, as such the auditor was unable to review any documents to determine if non security first responders were completed.

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 twelve 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. 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: Investigative Reports The facility provided the originally requested investigative reports. Three of the allegations involved first responder duties. None involved the immediate separation but did include re-housing of the victim or perpetrator. Two involved securing the crime scene and three included instruction to the victim not to take action to destroy evidence as a forensic medical examination was completed. None involved non-security first responders. 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: - Pre-Audit Questionnaire - D1-8.13 Offender Sexual Abuse and Harassment - Coordinated Response Missouri Eastern 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 Missouri Eastern 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 not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. Further communication with the PC noted the agency has collective bargaining agreements, but the facility does not. 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.

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 do the 30, 60, 90 day process. She advised offenders know they can report information through crime tips and they can report retaliation. The Warden confirmed that they can take protective measures including housing changes, facility transfers, removal of alleged staff abusers and emotional support services. The staff responsible for monitoring noted that they review housing, violation history, and changes in programming/classes. He stated he asks if they want to speak to mental health or the Chaplain. The monitoring staff advised protective measures can include temporary staff removal and housing changes. He confirmed they can transfer facilities, if needed. Interviews with offenders who reported sexual abuse indicated four felt safe at the facility and all five felt protected against retaliation. The auditor requested documentation for ten sexual abuse allegations. Limited documentation was provided. From the documentation there were no reports of retaliation.

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 and investigate. The staff responsible for monitoring indicated he monitors for 90 days and if they suspected retaliation they would monitor until no longer needed. He advised he reviews housing changes, program changes, job changes, discipline, staff post

changes, time off requests, etc. The auditor requested documentation for ten sexual abuse allegations. Documentation was provided for five allegations. The documents noted that monitoring was not completed for the full 90 days and did not include a review of the elements under this provision.

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 initially after the report, at 30 days, at 60 days and at 90 days. The auditor requested documentation for ten sexual abuse allegations. Documentation was provided for five allegations. The documents noted that the staff conducted in person status checks. It should be noted that the documentation provided was limited and illustrated in person for initial and 30 days only.

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 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 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 ten sexual abuse allegations. Documentation was provided for five allegations. The documents noted that monitoring was not completed for the full 90 days and did not include a review of the elements under this provision.

Corrective Action

The facility will need to provide the originally requested documentation. If not available, the facility will need to ensure monitoring is completed as outlined in policy, procedure and on the form. The facility will need to provide the list of sexual abuse allegations and associated monitoring for the full 90 days with all necessary elements.

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

The facility did not provide the originally requested documentation. As such the facility conducted training with applicable monitoring for retaliation staff on the process, timelines and properly documenting the information. Staff signatures were provided confirming receipt and understanding of the training.

The facility provided a list of allegations reported during the corrective action period (five). All five included monitoring for retaliation. All five had period in-person status checks and the required checks under provision (d). All monitoring was completed for 90 days, unless unfounded or timeframe was not due yet.

	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 included four wings of two man cells. Segregated housing had a separate recreation area. Offenders in segregated housing have out of cell time via recreation (every other day) and showers (every other day). Phone access is requested through the Case Manager after 30 days in segregation. Offenders have access to their tablets. Grievances and mail are provided to staff during their daily rounds. interview with the Warden confirmed that the agency has a policy that prohibits placing offenders who report sexual abuse in segregated housing unless there are no other available alternative means of separation of likely abusers. She stated they would place the alleged abuser in segregation. 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. She stated if alternative was at the facility they would be able to find that in a few hours and if it was at another facility, it may take a couple of days. She further stated that they would more than likely

house them in medical, not segregation. 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 confirmed that offenders placed in involuntary segregated housing after a report of sexual abuse would have equal access to program, privileges, education and work opportunities to the extent possible. He stated they would document any restrictions on the chrono and file. 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 they would remain in segregated housing until no longer needed or until transfer, which would usually be the same day. He further confirmed that offenders in segregated housing would be reviewed at least every 30 days. The auditor requested housing documentation for the victims of sexual abuse. At the issuance of the interim report applicable 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 auditor requested housing documentation for the victims of sexual abuse. At the issuance of the interim report applicable 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. Victim Housing Documentation

	The facility provided the originally requested victim housing documentation. None of the victims were placed in involuntary segregated housing. Two victims request protection and were placed in segregated housing pending protective custody (voluntary). A third victim was placed in segregated housing due to discipline as they were involved in a physical assault. 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 twelve allegations. At the issuance of the interim report only two investigations were provided. Both were prompt, thorough and objective.

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 twelve allegations. At the issuance of the interim report only two investigations were provided. Both were completed by an investigator with specialized training.

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 twelve allegations. At the issuance of the interim report only two investigations were provided. Both included interviews and evidence collection/review. One involved a review of prior complaints of the alleged suspect.

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 twelve allegations. At the issuance of the interim report only two investigations were provided. Neither involved compelled interviews.

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 in order 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 twelve allegations. At the issuance of the interim report only two investigations were provided. Both were documented in a written report and included a summary of the incident, description of interviews, description of evidence, facts and findings.

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 and includes everything done during the investigation, including interviews, background information, evidence, etc. The auditor requested documentation for twelve allegations. At the issuance of the interim report only two investigations were provided. Neither were zero criminal investigations.

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 twelve allegations. At the issuance of the interim report only two investigations were provided. Neither were referred for prosecution.

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 twelve allegations. At the issuance of the interim report only two investigations were provided. As such the auditor was unable to determine compliance with provisions.

	Corrective Action The facility will need to provide the originally requested investigations. 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: Investigative Reports The facility provided the originally requested documentation, except one investigation that was still ongoing. All nine provided investigations were documented in a written report. All nine were initiated promptly, six were completed promptly, all nine were thorough, all nine were objective and eight had a review or prior complaints of the alleged perpetrator. None involved any compelled interviews, and none were 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 twelve allegations. At the issuance of the interim report only two investigations were provided. Both appeared to utilize a standard no higher than a preponderance of the evidence.

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 requires corrective action. The auditor requested documentation for twelve allegations. At the issuance of the interim report only two investigations were provided. As such the auditor was unable to determine compliance.

Corrective Action

	The facility will need to provide the originally requested investigations. 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: 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 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: - Pre-Audit Questionnaire - D1-8.13 Offender Sexual Abuse and Harassment - PREA Alleged Sexual Abuse by Offender Notification Form - PREA Alleged Sexual Abuse by Staff Member Notification Form - PREA Allegations Subject Notification Form - 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 twelve investigations completed within the previous twelve months and nineteen 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 one of the five were aware they were to be informed of the outcome of the investigation into their allegation. One advised he was advised in writing of the outcome. The auditor requested documentation for twelve allegations. At the issuance of the interim report only two investigations were provided. Documentation was provided that illustrated eight of the ten victims of sexual abuse were provided a written notification of the outcome of

the investigation.

115.73 (b): The PAQ indicated that this provision is not applicable as the agency/facility is responsible for conducting administrative and criminal investigations. 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. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency.

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 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 five offenders who reported sexual abuse indicated one was against a staff member but did not include any notifications under this provision. The auditor requested documentation for twelve allegations. At the issuance of the interim report only two investigations were provided. Additionally, documentation was not provided related to any notification for the staff that were terminated.

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 five offenders who reported sexual abuse indicated four were against another offender, but none were provided any notifications under this provision. The auditor requested documentation for twelve allegations. At the issuance of the interim report only two investigations were provided. Documentation noted there were zero substantiated offender-on-offender sexual abuse incident and as such no notification under this provision was required.

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 33 notifications to offenders under this standard and all 30 were documented. The auditor requested documentation for twelve allegations. At the issuance of the interim report only two investigations were provided. Documentation was provided that illustrated eight of the ten victims of sexual abuse were provided a written notification of the outcome of the investigation.

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 one of the five were aware they were to be informed of the outcome of the investigation into their allegation. One advised he was advised in writing of the outcome. The auditor requested documentation for twelve allegations. At the issuance of the interim report only two investigations were provided. Documentation was provided that illustrated eight of the ten victims of sexual abuse were provided a written notification of the outcome of the investigation. Additionally, documentation was not provided related to any notification for the staff that were terminated.

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. 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. One victim was 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 Documents

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 were three staff members who violated the sexual abuse and sexual harassment policies and three staff members were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. 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 twelve allegations. Documents were not provided, however a review of the investigative log noted there was one substantiated staff sexual abuse investigation and two other investigations that were unsubstantiated for sexual abuse but were substantiated for avoidable contact or a similar offense. In all three instances the staff member was terminated.

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 twelve allegations. Documents were not provided, however a review of the investigative log noted there was one substantiated staff sexual abuse investigation and two other investigations that were unsubstantiated for sexual abuse but were substantiated for avoidable contact or a similar offense. In all three instances the staff member was terminated.

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 indicated that there were zero staff members who was reported to

	law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies. 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 twelve allegations. Documents were not provided, however a review of the investigative log noted there was one substantiated staff sexual abuse investigation and two other investigations that were unsubstantiated for sexual abuse but were substantiated for avoidable contact or a similar offense. In all three instances the staff member was terminated. None of the three were reported to law enforcement. Based on a review of the PAQ, D1-8.13, D2-9.1, Investigative Documents, and Employee Discipline/Termination, this standard appears to be compliant.
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115.77	Corrective action for contractors and volunteers
	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 Documents 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 twelve allegations reported during the previous twelve months. Documents were not provided, however a review of the investigative log confirmed there were zero substantiated sexual abuse allegations against a contractor or volunteer. 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 a contractor or volunteer would result in the contractor or volunteer being removed from the facility. She stated they would contact local law enforcement who would take it from there. Based on a review of the PAQ, D1-8.13, D2-13.1, D2-13.2, Investigative Documents, and information from the interview with the Warden, this standard 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 Documents

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 twelve 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 twelve allegations reported during the previous twelve months. Documents were not provided, however a review of the investigative log confirmed there were zero substantiated offender-on-offender sexual abuse or sexual harassment allegations.

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 an offender perpetrator would most likely not remain at the facility. She stated their status would be raised, they would be reclassified and they would most likely receive segregated housing time. She further stated the incident would be referred for prosecution. 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 offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers 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 if they offer these services, they consider whether to offer them to the perpetrator. The staff noted that they usually do not see the perpetrator. The staff further advised that they do not require participation in services to gain access to any other benefits.

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 Documents, and information from the interview with the Warden, 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. 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) 9. Informed Consent Training 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 also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The PAQ indicated that 100% 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 interview 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 48 hours. Interviews with the offender who disclosed prior victimization during the risk screening indicated none were offered a follow-up with mental health. A review of documentation for twelve offenders that disclosed prior sexual victimization during the risk screening indicated eleven were offered a follow-up with mental health. Ten declined services and one accepted services. At the issuance of the interim report documentation had not been provided related to the mental health follow-up.

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 interview 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 48 hours. A review of documentation for four offender identified with prior sexual abusiveness during the risk screening indicated all four were offered a follow-up with mental health and all four declined the services.

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 not strictly limited to medical and mental health practitioners. Further the PAQ noted 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. Offender risk assessments are documented electronically via the MOSIC system. During the tour 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. 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 medical obtains informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Mental health staff stated she is a mandated reporter and would report the information. Both staff indicated the facility does not house anyone under eighteen. After the on-site portion of the audit the facility conducted training with medical and mental health staff on informed consent. Confirmation of the training was provided.

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,

Informed Consent Training, 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 require corrective action. Interviews with the offender who disclosed prior victimization during the risk screening indicated none were offered a follow-up with mental health. A review of documentation for twelve offenders that disclosed prior sexual victimization during the risk screening indicated eleven were offered a follow-up with mental health. Ten declined services and one accepted services. At the issuance of the interim report documentation had not been provided related to the mental health follow-up.

Corrective Action

The facility will need to ensure all offenders who disclose prior sexual victimization or are identified with prior sexual abusiveness are offered a follow-up with mental health, and if accepted are seen within fourteen days. Staff will need to have refresher training on this process, including offering, documenting on the risk assessment and completing necessary referrals. Confirmation of the training will need to be provided. The facility will need to provide examples during the risk screening illustrating corrective action.

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. Process/Training Memorandum
2. Staff Training
3. List of Arrivals During Corrective Action Period
4. Risk Assessments
5. Mental Health Document

The facility was unable to provide the originally requested documentation. As such a process/training memo was provided that outlined the process, to include policy, for

	mental health follow-ups under this provision. The facility provided a list of offender that arrived during the corrective action period and associated risk screenings. Of those with prior sexual victimization or abusiveness, three accepted mental health follow-up services. One of the three had a follow-up with mental health within the fourteen day timeframe. As such additional corrective action was required. The facility completed follow-up training with staff who complete the risk screenings. The training outlined that staff are to verbally ask the questions, check appropriate boxes, complete the mental health referral when accepted and ensure the offender is seen within fourteen days. Staff signatures were provided confirming receipt and understanding of the training. The facility provided the list of offender that arrived after the completed training. Four of the offender had prior sexual victimization or prior sexual abusiveness and accepted the mental health follow-up. All four were seen by mental health within fourteen days. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.82	Access to emergency medical and mental health services
	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 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 a reception area, exam rooms, treatment rooms, an infirmary, observation cells and an ancillary area. Exam and treatment rooms provided privacy through solid doors. 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 four were provided medical and/or mental health services. The auditor requested documentation for ten sexual abuse allegations. At the issuance of the interim report documentation had only been provided for four victims. Documentation noted three had a forensic medical examination completed and two were provided mental health services.

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 ensure they do not take action to destroy evidence (shower), secure the scene, preserve evidence, take the victim to medical as soon as possible and notify the Shift Commander. The non-security first responder advised she would keep the offender with her and notify the supervisor.

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 four reported an allegation that involved penetration. Two of the four advised they were provided 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 ten sexual abuse allegations. At the issuance of the interim report documentation had only been provided for four victims. Documentation noted three had a forensic medical examination. There was not documentation provided confirming sexually transmitted infection prophylaxis.

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 ten sexual abuse allegations. At the issuance of the interim report documentation had only been provided for four victims. Documentation noted three had a forensic medical examination completed and two were provided mental health services. There was not documentation provided confirming sexually transmitted infection prophylaxis. 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 at the facility when the incident was reported were offered/provided medical and/or mental health services. The three offenders that had an incident that involved penetration were provided information and access to testing and prophylaxis. Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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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)
5. Medical and Mental Health Care Staff Training

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 a reception area, exam rooms, treatment rooms, an infirmary, observation cells and an ancillary area. Exam and treatment rooms provided privacy through solid doors. The auditor requested documentation for ten sexual abuse allegations. At the issuance of the interim report documentation had only been provided for four victims. Documentation noted three had a forensic medical examination completed and two were provided mental health services. A review of documentation for twelve offenders that disclosed prior sexual victimization during the risk screening indicated eleven were offered a follow-up with mental health. Ten declined services and one accepted services. At the issuance of the interim report documentation had not been provided related to the mental health follow-up. There was one offender how reported sexual abuse that occurred at another facility. Documentation was not provided illustrating medical and/or mental health services.

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 who reported sexual abuse indicated three of the five were provided follow-up services.

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 four reported an allegation that involved penetration. Two of the four stated they was provided information and access to testing for sexually transmitted infections. The auditor requested documentation for ten sexual abuse allegations. At the issuance of the interim report documentation had only been provided for four victims. Documentation noted three had a forensic medical examination completed and two were provided mental health services. There was not documentation provided confirming testing for sexually transmitted infections.

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 that they do not provide services for perpetrators. There were zero offender-on-offender substantiated allegations of sexual abuse reported and as such there were no known offender-on-offender abusers. After the on-site portion of the audit, the facility conducted training with medical and mental health staff on the requirement to provide services, to include a mental health evaluation, to offender perpetrators. Confirmation of the training was 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 ten sexual abuse allegations. At the issuance of the interim report documentation had only been provided for four victims. Documentation noted three had a forensic medical examination completed and two were provided mental health services. There was not documentation provided confirming testing for sexually transmitted infections. A review of documentation for twelve offenders that disclosed prior sexual

victimization during the risk screening indicated eleven were offered a follow-up with mental health. Ten declined services and one accepted services. At the issuance of the interim report documentation had not been provided related to the mental health follow-up. There was one offender how reported sexual abuse that occurred at another facility. Documentation was not provided illustrating medical and/or mental health services.

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
2. Clarification Documentation

The facility the originally requested documentation for the victims of sexual abuse. All victims at the facility when the incident was reported were offered/provided medical and/or mental health services. The three offenders that had an incident that involved penetration were provided information and access to testing and prophylaxis.

The facility was unable to provide the originally requested documentation related to those who disclosed prior sexual victimization during the risk screening. As such a process/training memo was provided that outlined the process, to include policy, for mental health follow-ups under.

The facility provided a list of offender that arrived during the corrective action period and associated risk screenings. Of those with prior sexual victimization or

	abusiveness, three accepted mental health follow-up services. All three had a follow-up with mental health. Documentation was provided that outlined there were zero offenders who reported sexual abuse under standard 115.63 and as such no medical and/or mental health services were required. 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 indicated there were fourteen criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents. The auditor requested documentation for ten sexual abuse investigations. At the issuance of the interim report only one sexual abuse incident review was 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 indicated there were fourteen sexual abuse incident reviews completed by the facility within 30 days of the conclusion of the investigation. The auditor requested documentation for ten sexual abuse investigations. At the issuance of the interim report only one sexual abuse incident review was provided.

115.86 (c): The PAQ 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 ten sexual abuse investigations. At the issuance of the interim report only one sexual abuse incident review was 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 an 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 to determine if there is something they need to change or if there was something that could have prevented it or identified the issue sooner. 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 they discuss the incident as a team, and they would make any necessary changes after the report was

submitted. The sexual abuse incident review team member stated they meet and discuss the incident as a team. He stated they review blind spots and camera access. He further advised they would review to determine what they can better and what changes are necessary. The auditor requested documentation for ten sexual abuse investigations. At the issuance of the interim report only one sexual abuse incident review was 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.

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 ten sexual abuse investigations. At the issuance of the interim report only one sexual abuse incident review was provided.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective may be required. If the documents are not available, the facility will need to provide the list of completed sexual abuse investigations during the corrective action period and associated sexual abuse incident reviews.

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/Process Memorandum

	2. List of Allegations Closed During the Corrective Action Period 3. Sexual Abuse Incident Reviews The facility provided part of the originally requested sexual abuse incident reviews. One did not have signatures and was not complete and a second was past the 30 day timeframe. As such additional corrective action was required. The facility provided a process/training memo that outlined policy and procedure for sexual abuse incident reviews. The facility provided a list of sexual abuse investigation completed during the corrective action period (six). Two investigations were unfounded and did not require a sexual abuse incident review. The remaining four included a completed sexual abuse incident review, three of which were completed within 30 days of the conclusion of the investigation. All were completed via the PREA Sexual Abuse Debriefing form. 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 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. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 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 indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 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 indicated that the agency reviews 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 and training. The review includes identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 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 data is entered into IRIS and they use the data for decision making. 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 indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 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 indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility. 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.

115.401	Frequency and scope of audits
	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 bright colored 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
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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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
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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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
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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
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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
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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
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	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.)	yes
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
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
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 formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
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 U.S.C. 1997)?	yes
	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	yes

	consent or refuse?	
	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	yes

	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?	
	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.)	yes
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, whichever is later.)	yes
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	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
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 inmates on how to avoid inappropriate relationships with inmates?	yes
	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	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
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 to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
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 prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
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	yes

	health care practitioners who work regularly in its facilities.)	
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	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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 being sexually abusive, to inform: Work 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: Education 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: 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
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
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	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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	yes

	can be arranged?	
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 and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
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 is exempt from this standard.)	yes
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,	yes

	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.)	
	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?	yes

	(N/A if agency is exempt from this standard.)	
	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 inmates and these organizations and agencies, in as confidential a manner as possible?	yes
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	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	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 sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
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	yes

	confidentiality, at the initiation of services?	
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	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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 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?	yes
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	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	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 of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	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 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, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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 order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
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	yes

	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?	
	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	yes

	have engaged in sexual abuse?	
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 the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
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 §	na

	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.)	
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 has been determined to be unfounded?	yes
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,	yes

	investigation files, and sexual abuse incident reviews?	
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	yes

	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?	
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 (b)	Frequency and scope of audits	
	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	na

	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.)	
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 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.)	yes