

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



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

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

<b>Name of facility:</b>	Tipton Correctional Center		
<b>Physical address:</b>	619 North Osage Avenue Tipton, Missouri 65081		
<b>Date report submitted:</b>	September 21, 2015		
<b>Auditor Information</b>	<b>Joseph Z. Martin</b>		
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<b>Telephone number:</b>	270 388-1048		
<b>Date of facility visit:</b>	July 7 <sup>th</sup> – 9 <sup>th</sup> 2015		
<b>Facility Information</b>	<b>Tipton Correctional Center</b>		
<b>Facility mailing address: (if different from above)</b>	Same		
<b>Telephone number:</b>	660-433-2031		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>	Cybelle Webber DeputyWarden	<b>Title:</b>	
<b>Email address:</b>	cybelle.webber@doc.mo.gov	<b>Telephone number:</b>	660-433-2031
<b>Agency Information</b>			
<b>Name of agency:</b>	Missouri Department of Corrections		
<b>Governing authority or parent agency: (if applicable)</b>	Missouri Department of Corrections		
<b>Physical address:</b>	2729 Plaza Drive, P.O. Box 236 Jefferson City, MO 65102		
<b>Mailing address: (if different from above)</b>	Same		
<b>Telephone number:</b>	573 751-2389		
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>	George Lombardi	<b>Title:</b>	Director

<b>Email address:</b>	<b>Telephone number:</b>	573 526-6607
<b>Agency-Wide PREA Coordinator</b>		
<b>Name:</b> Vevia Sturm	<b>Title:</b>	PREA Coordinator
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## AUDIT FINDINGS

### NARRATIVE:

The site visit for the PREA Audit of the Tipton Correctional Center was conducted on July 7-9, 2015. The audit team consisted of the Audit Chair, Joe Martin KDOC/DOJ Certified PREA Auditor with two support staff consisting of Shannon Butrum KDOC/DOJ Certified PREA Auditor and David Meeks KDOC. During the Pre-Audit phase, the team reviewed the standards and documentation provided by TCC completing much of the file review prior to the site visit. Requested follow-up documentation was provided to the team on-site.

An entrance meeting was held at the beginning of the on-site visit with the following staff in attendance: MDOC PREA Coordinator Vevia Sturm, Warden Douglas Prudden, Deputy Warden Tim Burris, Deputy Warden Cybelle Webber, Assistant Warden Cheryl Scherer, Major John Shipman and AOSA Sheri Knipp. Introductions were given and discussion was held of the teams schedule including touring the facility, following the recommended tour guide from the PREA Resource Center, and interviewing the necessary staff and inmates.

During the three day on-site portion of the audit, the team completed file review follow-up, toured the facility and conducted formal staff and inmate interviews. The team interviewed 22 inmates consisting of 11 random inmates from all housing units, 4 disabled and limited English proficient, 4 who disclosed sexual victimization during risk screening, 2 who had reported sexual abuse and 1 LGBTI inmate. In addition, the team interviewed 34 staff which included the Warden, PREA Compliance Manager, 1 Incident Review Team member, 1 that is charged with monitoring retaliation, 1 Human Resources, 5 Medical and Mental Health staff, 11 random staff from each shift, 2 that perform screening for risk of victimization and abusiveness, 2 investigative staff, 3 who supervised inmates in segregation, 3 intermediate or high-level supervisory staff and 3 volunteers.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

The Tipton Correctional Center is a Minimum Security Adult Male facility. It has an operational capacity of 1,222 beds. TCC provides programs for offenders that include: Adult Basic Education, Vocational Education, Upholstery Chair Factory, Restorative Justice, Community Service projects and Puppies for Parole. In addition, TCC has over 100 work release positions with offenders assigned to crews that work along highways and at the State Fair grounds for surrounding cities.

### SUMMARY OF AUDIT FINDINGS:

The audit team found that staff and inmates were educated and had a good general knowledge of PREA. Staff knew their responsibilities and duties while inmates knew their rights and multiple reporting methods.

Standard 115.15 was found to be in non-compliance during the initial audit. After the on-site audit a Corrective Active Plan was developed that included training staff and implementation of partial privacy partitions in Housing Units 1, 2 and 3. The initial Corrective Action Plan was set at 180 days however, TCC has already trained staff and placed specific protocol in place of female staff entering bathrooms as outlined and placed partial privacy partitions in the above mentioned housing units. TCC provided documentation of these requirements and is now in full-compliance with all PREA standards. Each standard below will have justifications for compliance or comments/recommendations for each.

Number of standards exceeded: 1  
Number of standards met: 41  
Number of standards not met: 0  
Not Applicable: 1

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

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

Agency policy D1-8.13 directs this standard. The Missouri Department of Corrections has designated a state-wide PREA coordinator and each facility has a designated PREA Compliance Manager.

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

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

The agency contracts with private agencies incorporate that PREA standards must be followed. The agency also has a tool in place that is used when site visits are performed by agency staff. Documentation provided used direct wording.

### **§115.13 – Supervision and Monitoring**

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

Agency policy D1-8.13 uses direct language for unannounced rounds and prohibits staff from alerting others of these rounds. The agency has established a staffing plan for each facility. It was found during the audit that the components of section (a) were not being documented as at least being considered on an annual basis. The Division Director issued a directive stating that all components are considered and if any of the information changes it would be considered in reassessing appropriately. In addition, information specifically addressing section (a) will be added to the facilities annual report.

### **§115.14 – Youthful Inmates**

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

Not Applicable - Youthful offenders are not housed at TCC.

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

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

Policies IS20 1.3 and D1-8.13 Offender Sexual Abuse and Harassment direct that staff of the opposite gender will announce their presence when entering housing units and protocols for searching transgender and intersex inmates. All security staff have been trained on searching cross-gender, transgender and intersex inmates.

Tipton Correctional Center initially during the on-site audit was non-complaint with this standard specifically section (d). TCC has completed its Corrective Action Plan that included placing partial privacy partitions in housing units 1 ,2 and 3. In addition, staff have been trained on the agency's policy of female staff entering bathrooms and specific details have been placed in TCC's SOP's detailing such. Documentation has been received providing all components of the Corrective Action Plan has been completed.

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

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment directs this standard. TCC has available Interpreter Services if needed and has transcripts of PREA videos that are available in different languages. In addition, braille PREA education materials are available.

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

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

Agency policy D2-2.2 directs background checks for employees while state applications include the components in section (a). Agency policy also directs background checks for contractors. TCC provided documentation of this practice that showed it was institutionalized. The State Employee Handbook includes a continuing affirmative to disclose immediately this type of misconduct.

Staff Human Resources interviews showed good knowledge of this requirement.

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

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

Agency policy D4-4.8 incorporates language for installing or updating monitoring systems. TCC reported that barrier walls in zone 3 and 4 have been lowered in the open bay units to allow greater observation and reduce blind spots.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policies D1-8.8 and D1.8.13 direct this standard. The agencies medical contract with Corizon includes sexual abuse victims are provides exams at no cost. TCC's Chaplin serves as the facilities victim advocate. Training records show appropriate training for qualification. TCC's reports no sexual abuse victims have required forensic exams but these exams are available when and if needed and direct protocol is included in their Sexual Abuse Coordinated Response.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policies D1-8.13, D1-8.1 and D1-8.4 direct the components of this standard. The Inspector General's Office has assigned appropriately trained staff to investigate allegations of sexual abuse involving potentially criminal behavior.

### **§115.31 – Employee Training**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 directs PREA training for all staff. The Lesson plans for Basic Academy and bi-annual refresher training cover all the components of section (a). This training is tailored to the gender of the inmate population as lesson plans have been developed and is taught for both genders. TCC reports all staff to have received this training and the sampling of documentation and staff interview corroborated this requirement.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 directs this standard. Curriculum was provided and meets all the components of this standard. TCC provided documentation of Acknowledgement Forms signed from this training. In addition, training for volunteers and contractors is held annually as brochures and information is given to them.

### **§115.33 – Inmate Education**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 and directive from agency head directs this standard. TCC provides PREA education videos for all inmates in addition to brochures and information posted throughout the facility.

Inmate interviews helped determine that inmates were well educated on PREA to include their rights and services available.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 directs this standard. The Specialized Investigator training course curriculum exceeds components that are covered in this standard. Criminal investigations at TCC are conducted by the Inspector General's office and Administrative investigations are conducted by a Administrative Inquiry Officer, both of which have received PREA Specialized Investigator training.

Investigator interviews showed great knowledge and experience possessed.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

TCC's Medical and Mental Health staff have received the specialized training as required by this standard in addition to training required for all as referenced in standard 115.31. TCC provided documentation and lesson plans of this training.

Medical and Mental health staff interviews verified this training.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. The facility utilizes the Adult Internal Risk Assessment as an objective screening instrument. Interviews and documentation confirmed compliance.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has policies, D1-8.13 Offender Sexual Abuse & Harassment and IS5-3.1 Offender Housing Assignments, which cover this standard. The use of the screening instrument was confirmed through the interviews and documentation reviews.

The facility does not currently have any transgender or intersex offenders but does have a committee and policy that outlines the actions that will be taken to confirm compliance.

*TCC currently has no jobs with inmates at high risk of being sexually victimized (sigma) & inmates at high risk of being sexually abusive (alpha) assigned to work together. Staff interviews showed that all jobs at TCC have the potential to have both alphas and sigmas assigned however, few job Supervisors knew the difference and possessed knowledge of what their responsibilities would be if this occurred. Recommended that the inmate status be documented on classification documents and that all job supervisors be trained in proper procedure to ensure the safety of each inmate.*



### **§115.43 – Protective Custody**

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

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. Facility indicates that involuntary segregation for offenders at high risk has not been utilized. The policy outlines and confirms compliance that if utilized it would meet the requirements of the standard.

### **§115.51 – Inmate Reporting**

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

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. The agency and facility provide multiple ways for offenders to report. Interviews with offenders confirmed compliance as well as documentation.

Staff can privately report through calling Crime Hotline and writing the Department of Public Safety as well as reporting to the Administrative Staff. Interviews with staff confirmed compliance.

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

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

The agency has policy, D5-3.2 Offender Grievances, which covers this standard. The facility reported no grievances have been filed regarding sexual abuse.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. Orientation packets, posted flyers, brochures and interviews with offenders confirmed compliance. Offenders have knowledge of the resources available and an understanding of the monitoring and the duty of staff regarding the mandatory reporting laws.

*No information on the Chaplains acting as trained advocates was observed posted in the facility. Recommended that this information be posted in areas of the facility for inmate access.*

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency website has information regarding how to report third-party reports. Throughout the facility there are posted brochures on how to report. Interviews with Offenders confirmed knowledge of this.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. Policy requires all staff to immediately report any knowledge or information regarding an incident of sexual abuse or sexual harassment. The policy also requires staff to immediately report retaliation. Interviews confirmed staff are aware of the policy and aware of their duty to report and keep information confidential.

Policy IS11-32 Receiving Screening intake Unit covers the mandatory reporting laws.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has D1-8.13 Sexual Abuse & Harassment, which covers this standard. Interviews with staff confirmed that immediate action would be taken to protect the offender.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. Documentation reviewed confirmed compliance. The policy outlines the requirements of notification between facilities and documentation confirmed compliance with the time frame.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. TCC utilizes a Coordinated Response Protocol that outlines first responder duties. Staff interviews confirmed compliance and awareness of their responsibilities. Documentation also revealed first responders as both security and non-security staff.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Coordinated Response to Offender Sexual Abuse is the institutional plan. This plan outlines the duties of first responders, medical and mental health staff, investigators and facility leadership in response to an incident of sexual abuse.

*It is recommended that information on the victim advocate trained Chaplains be added to the coordinated response plan to include who is on call with their contact information.*

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

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

The facility provided an agreement between the Missouri DOC and the Missouri Corrections Officers Association, with an effective date of 10/01/2014 through 09/30/2018.

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

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

The agency has policy, D1-8.13, Offender Sexual Abuse & Harassment, which covers this standard. Documentation provided confirms monitoring for 90 days with periodic status checks every 30 days for inmates. Staff interviews confirmed monitoring would exceed 90 days if needed.

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

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

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. Facility indicates that segregated housing to protect an inmate that has alleged to have suffered sexual abuse has not been utilized and a review of housing assignments confirmed. The policy outlines and confirms compliance that if utilized it would meet the requirements of the standard.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Missouri Department of Corrections policy D1.-8.4 Administrative Inquires outlines this standard clearly. Documentation provided included investigations that were thorough and complete. Interviews with investigative staff proved good knowledge possessed of their duties and responsibilities of this standard and line staff interviews showed that knowledge was possessed of this standard.

Criminal Investigations are conducted by the Inspector General's Office who in turn reports to the Department Director. The Inspector General's Office is a part of the Missouri Department of Corrections. Administrative Investigations are conducted by facility staff. Both have received training in the requirements of standard 115.34

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Missouri Department of Corrections agency policy D1-8.4 Administrative Inquiries outlines that no standard higher than a preponderance of the evidence is used when determining the outcome of allegations of sexual abuse or sexual harassment.

Review of documentation and Investigative staff interviews showed good practice and knowledge of this standard.

### **§115.73 – Reporting to Inmate**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 Offender Sexual Abuse and Harassment outlines the reporting requirements of this standard. Documentation provided showed examples of demonstrated practice. Interviews with staff and inmates corroborated that notifying inmates who report sexual abuse is a common practice at the facility.

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

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment outlines this standard to include termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The facility reported that no staff had been terminated for violating sexual abuse or sexual harassment policies.

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

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

Agency policies D2-13.1 Volunteers and D1-8.13 Offender Sexual Abuse and Harassment both outline this standard. The facility reported no incidents of where a contractor or volunteer had engaged in sexual abuse of an inmate.

The Warden's interview indicated there would be remedial measures in place to prohibit contact if an allegation of sexual abuse and/or sexual harassment was made to prohibit contact for an investigation to be completed.

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

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment was provided outlining the sections of the standard. TCC provided documentation of an occurrence where a perpetrator was adjudicated for inmate on inmate sexual abuse and input had been received from Mental Health staff prior to the finding.

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

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

Policy IS11-32 Receiving Screening-Intake Center outlines this standard. The facility indicated that 100% of its inmates had at least been offered follow-up services for prior sexual victimization or perpetration. The facility provided screening logs to indicate this practice. A memo was also provided stating that the facility had not any incidents requiring Medical or Mental Health to obtain consent from an offender.

Medical and Mental Health staff interviews showed good knowledge possessed of this standard along with their responsibilities and duties.

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

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

Agency policy D1-8.13 directs this standard. The facility provided documentation to show it provides timely, unimpeded emergency medical treatment to victims of sexual abuse. This includes any necessary treatment determined by medical staff's professional judgment to include education and timely access to sexually transmitted infections prophylaxis free of cost to the inmate.

Medical and Mental Health staff interviews corroborated that emergency medical and mental health services are readily available.

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

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

Agency policy D1-8.13 directs this standard. TCC provided documentation of Mental Health and/or Medical follow ups as well as referrals for inmates who have been sexually victimized

and have perpetrated sexual abuse. The facility does not house female inmates making sections (d) and (e) inapplicable.

Medical and Mental Health staff interviews showed good general knowledge of duties and responsibilities.

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

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

Agency policy D1-8.13 Sexual Abuse and Harassment outlines the standard. The facility provided copies of the departmental Incident Review forms which incorporate all the components of this standard for assessing and considering.. The facility showed that is in compliance by the practice of having medical or mental health staff sit in on the debriefing along with other appropriate staff.

### **§115.87 – Data Collection**

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

The agency meets the requirements of this standard. All aggregated data is stored and used appropriately. The Survey of Sexual Violence was submitted to the DOJ for 2014.

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

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment outlines this standard. The agency meets the requirements of this standard as it completes an annual report and the report is published on its website. This report also includes any necessary redactions.



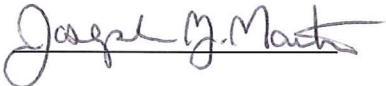
## §115.89 – Data Storage, Publication, and Destruction

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment directs this standard. A copy of the retention schedule directs storage for 50 years. Upon review of the annual report, no personal identifiers are shown.

### AUDITOR CERTIFICATION:

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



Auditor Signature

September 21, 2015

Date