PREA AUDIT REPORT ☐ Interim ☒ Final

ADULT PRISONS & JAILS

Date of report: December 28, 2015

Auditor Information			
Auditor name: Elisabeth Copeland			
Address: 714 SW Jackson, Suite 300, Topeka, KS 66603			
Email: Elisabeth.Copeland@doc.ks.gov			
Telephone number: 785-291-3074			
Date of facility visit: December 8 – 10, 2015			
Facility Information			
Facility name: Western Missouri Reception Diagnostic and Correctional Center			
Facility physical address: 3401 Faraon Street, St. Joseph, MO 64506			
Facility mailing address: *(if different from above)* Click here to enter text.			
Facility telephone number: 817-387-2158			
The facility is:	☐ Federal	☒ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	☒ Prison	☐ Jail	
Name of facility's Chief Executive Officer: Ryan Crews			
Number of staff assigned to the facility in the last 12 months: 547			
Designed facility capacity: 1968			
Current population of facility: 2051			
Facility security levels/inmate custody levels: Minimum - Maximum			
Age range of the population: 18 - 74			
Name of PREA Compliance Manager: Sherie Korneman		**Title:** Deputy Warden	
Email address: Sherie.Korneman@doc.mo.gov		**Telephone number:** 816-387-2158, ext. 2202	
Agency Information			
Name of agency: Western Missouri Reception Diagnostic and Correctional Center			
Governing authority or parent agency: *(if applicable)* Missouri Department of Corrections			
Physical address: 2729 Plaza Drive, Jefferson City, MO 65102			
Mailing address: *(if different from above)* P. O. Box 236, Jefferson City, MO 65102			
Telephone number: 573-751-2389			
Agency Chief Executive Officer			
Name: George Lombardi		**Title:** Director	
Email address: George.Lombardi@doc.mo.gov		**Telephone number:** 573-751-2389	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		**Title:** PREA Coordinator	
Email address: Vevia.Sturm@doc.mo.gov		**Telephone number:** 573-751-2389	

AUDIT FINDINGS

NARRATIVE

PRE-AUDIT

A Notice of PREA Audit was sent to the Western Missouri Reception Diagnostic and Correctional Center (WRDCC) on October 28, 2016 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on December 8 – 10, 2015. It should be noted that this audit is being conducted as part of five state consortium consisting of Nebraska, Kansas, Missouri, Kentucky and Louisiana. Ms. Sturm forwarded the Notice of PREA Auditor to the Site Coordinator of WRDCC. On October 29, 2016 the Site Coordinator, Sherie Korneman and this auditor made contact and established date the Pre-Audit Questionnaire would be sent.

On November 20, 2016, a flash drive containing WRDCC's Pre-Audit Questionnaire was received. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On December 4, 2015, a tentative agenda for the PREA audit was sent the Site Coordinator. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The auditor was accompanied on the site visit by another certified PREA auditor, Mark Mora and two additional members of the Kansas PREA team, Karen Williams and Joni Foster-Webster. The auditors were greeted and given an orientation to the facility by the Warden Ryan Crews and Deputy Warden I(Site Coordinator) Sherie Korneman as well as other Executive Team members. The agency PREA Coordinator Vevia Sturm was also in attendance throughout the audit process. After the initial meeting, a detailed tour was provided to the auditing team.

Warden Ryan Crews and Site Coordinator Sherie Korneman lead the onsite tour. The tour began with the Diagnostic Unit. The team viewed the intake room and was viewed orientation packets. These packets included information on PREA. The intake officer was also able to show the orientation packets were available in various languages and in large print. The auditor also viewed the strip out room and viewed appropriate barriers to prevent cross-gender viewing. Administrative staff advised this post was manned only by male staff. During this portion of the tour, the auditor was able to observe the video educating new intakes on PREA being played.

This tour also included the four housing units. (One housing unit contained the Substance Abuse Treatment program.) The auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information and outside emotional support information was clearly marked on bulletin boards in each living unit. The auditor spoke with several offenders about the tour and it clear they were aware a PREA audit was being conducted. Several comments from the offenders included, "yeah, we knew you were coming" and "Is this that PREA audit we were told about?" In the open dorm units, PREA barriers (wooden structures that can be moved in front of showers and toilet areas) were present. It was also determined that cross-gender viewing into the shower and toilet areas could not be done from the second tier.

In the segregation units, the auditor found that cross-gender viewing was occurring as the showers were clearly open and visible to anyone walking by. Since female staff work in these units, this situation was discussed with the administrative staff. The Warden contacted maintenance and requested that metal barriers be installed to prevent the viewing of genitalia while the offender was showering. Work on these barriers began immediately.

In addition to the living units the medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information and emotional support services were found on every bulletin board and were clearly marked. Camera placements were also viewed and views were checked in the control center. WRDCC has made sure that no shower stalls or toilet areas could be viewed by anyone watching the cameras as those areas are blurred out.

After the tour, interviews were conducted with staff and inmates.

Immediately after the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff The auditor then randomly selected three staff from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing units' rosters and staff rosters for all three shifts. In reviewing the housing rosters the auditor randomly selected ten inmates for a total of 40 inmates to be interviewed. The auditor then assigned two housing units to Mark Mora for interview.

This auditor interviewed inmates in Housing Units #6 and #11. While 20 random inmates were selected, a significant portion refused to participate in the interview process. In order to increase the number of random inmate interviews, this auditor selected and additional seven inmates only to have more refusals. In the end only nine inmates were interviewed out of housing units #6 and #11.

Twenty random inmates were selected to be interviewed in Housing Units #1 and #10. There were no inmate refusals in these two housing units; however, some were not available due to work release.

WRDCC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at WRDCC was extremely helpful and polite throughout the entire process.

Auditors interviewed a total of 25 inmates that had various lengths of stay. The auditors interviewed a total of 20 staff to include the Warden, Site Coordinator, Investigator, Mental Health Staff, Human Resources staff, Intake Staff, as well as random staff from all three shifts.

Prior to the exit interview, the auditor reviewed onsite documentation and discussed results of interviews conducted by certified auditor Mark Mora. We compared notes and reviewed standards. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On December 24, 2015, the auditor received pictures of completed shower barriers in the segregation units. The pictures are now a part of the auditor's permanent file.

On December 31, 2015 the PREA audit report was submitted to the PREA Resource Center for feedback as a requirement of certification for this auditor.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Western Reception Diagnostic and Correctional Center is located in St. Joseph, Missouri and officially opened in September of 1999. The reception and diagnostic facility serves an area comprised of 30 counties in the western region of the state of Missouri receiving newly sentenced offenders, probation/parole returns and treatment offenders.

The current population at WRDCC is 2,051 offenders. During the past 12 months 7,738 offenders have been admitted to the facility. Of this number 6,660 admitted had a length of stay longer than 30 days. The age range of the current offender population is 18 – 74 with custody levels being from minimum custody to maximum custody.

WRDCC has 547 employees who have contact with offenders. This staff is responsible for the security of 19 buildings, which include four housing units, and 72 segregation cells. WRDCC also has two investigators onsite to investigate allegations of sexual abuse.

In addition to the 546 employees, WRDCC also has 774 volunteers and individual contractors who are currently authorized to enter the facility.

WRDCC also has an onsite medical facility that provides most medical services with a 24 hour infirmary care. The onsite medical facility does not conduct sexual assault medical exams. All sexual assault medical exams are done at MOSIAC Life Care.

The total acreage of WRDCC is 168 acres, 71 of which are located within a secure perimeter. The current complex has an official capacity of 1,968 beds and comprised of three major components: the reception and diagnostic center, a treatment center, and general population housing units.

The center piece of the facility is the reception and diagnostic center. The three-story 220,000 square foot building houses the facility's administrative offices, control center, medical facilities, food services operations, visiting room, receiving area and diagnostic offices. A five story structure connected to the main reception and diagnostic building provides secure housing for 529 offenders, with additional saturation beds if needed, who are undergoing diagnostic screening prior to their initial institutional assignment. Staff assigned to work in this maximum security area utilizes electronic security systems to monitor and control offender movement throughout the complex. All diagnostic unit processing, which takes approximately 40 days (on average), is conducted within the diagnostic unit. The diagnostic unit processes approximately 425 offenders per month. Offenders are screened for medical needs, mental health needs, substance abuse treatment needs, education levels, vocational skills, and custody levels. Since opening in September 1999 WRDCC has processed over 50,000 offenders.

The Western Region Treatment Center, which is part of the greater facility, houses 595 offenders participating in 120 or 180 day treatment for alcohol and substance abuse. The facility utilizes a modified therapeutic community model along with small group programming to deliver treatment services.

WRDCC's two general population housing units house 700 general population offenders along with additional 50 offenders participating in substance abuse treatment in the Partial Day Treatment Program Offenders assigned to the general population are minimum security offenders who are assigned to institutional jobs and may be assigned to the work release program if they meet the established criteria. There are also 56 diagnostic overflow beds in one of the general population units.

Included in one of the general population units is the alternate Department of Corrections male juvenile offender unit. Coming on line in June 2010, this housing unit can accommodate up to twelve juvenile offenders. This unit is located in the lower level of Housing Unit #11 and includes an education classroom, clothing issue room, and a multi-purpose room for medical appointments and meetings/counseling with staff. It should be noted that this site is currently not used full time as the primary site is located at Farmington Correctional Center.

The facility offers a variety of programs. The following is a quick overview of these programs:

1. Work Release: Offenders have the opportunity to learn good work habits and earn $7.50 per day as opposed to $7.50/$8.50 per month for most institutional job assignments. Agencies utilizing work release offenders from WRDCC include the Missouri Department of Transportation, Missouri Air National Guard, Northwest Missouri Psychiatric Rehabilitation Center, City of St. Joseph, and the Second Harvest Food Bank.

2. Puppies for Parole: This program began on July 7, 2010. Since the start of this program over 200 dogs have been trained. This is a cooperative venture with the animal shelter and other community organizations to provide a safe, clean, and humane environment for the care and training of rescued dogs with the hope of making them more adoptable. This program is in Housing Unit #6.

3. Transitional Housing Unit: When offenders are six months from their release date they are assigned to this unit. With their case manager, they review what they have accomplished during their incarceration, what they still need to work on, and what assistance they will require to successfully return to society. This unit is located on the 2nd and 3rd floors of Housing Unit #6. It currently

has 256 offenders benefiting from the services provided.

- If offenders have not attended programming prior to assignment to the Transitional Housing Unit, offenders will be assigned to the CORE programs. These programs included:

    a. Pathway to Change
    b. Inside Out Dads
    c. Anger Management
    d. Impact of Crime on Victims

WRDCC continues to provide excellent public safety through secure and safe confinement, holding offenders accountable for their behavior, and preparing the offenders to be law abiding and productive citizens. The work they do supports the Missouri Department of Corrections vision, "A Safer Missouri and the Standard of Excellence in Corrections."

SUMMARY OF AUDIT FINDINGS

It's clear that WRDCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of WRDCC leadership as well as the knowledge the staff demonstrated of PREA. WRDCC leadership was quick to respond to the cross-gender viewing of the showers in the segregation units. They were very open with the auditing team and asked numerous questions. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment and also expressed their appreciation of the leadership's buy-in into PREA implementation. Several staff shared that the warden spoke at PREA trainings and stressed the importance of supporting a zero-tolerance culture.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video, they did state that their case managers discussed PREA reporting with them. They reported that retaliation when making an allegation was not tolerated. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift and felt they had privacy when using the restroom, changing clothes and using the shower. They also reported that there were times when cross-gender announcements were made throughout the day if program staff came into the housing units.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at WRDCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the auditors had when concerns were found on the tour. One example was improving the privacy of showers located in segregated housing to prevent cross-gender viewing. Administration was quick to fix the situation and wanted the auditors input.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. WRDCC was found to be in compliance with each PREA standard.

Number of standards exceeded: 0

Number of standards met: 44

Number of standards not met: 0

Number of standards not applicable: 0

Standard 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)

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.

DOCUMENTATION REVIEW:

WRDCC has written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See D1-8.13 Offender Sexual Abuse and Harassment, Section III (A)(2), page 6: "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This outline can be found starting on page 6 and ends on page 27.

WRDCC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A)(3), page 3: "The department has zero tolerance for all forms of offender abuse and retaliation." In III (B)(1) page 3 it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. The position of the PREA Coordinator is listed in the MDOC's organizational chart and is under the department's General Counsel. In addition, WRDCC has also designated a PREA compliance manager. This position is also listed in the facility's organizational chart and reports directly to the Warden of WRDCC. Both positions are required per policy D1-1.13, Offender Sexual Abuse and Harassment, Section III (A)(4) and (5), page 6.

INTERVIEWS:

The PREA compliance manager, also known as the Site Coordinator, reports that she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. It should be noted that in policy D1-8.13 Offender Sexual Abuse and Harassment, page 3, PREA Site Coordinator is defined as follows, "A facility employee at the level of deputy warden or associate superintendent or higher; who is responsible for ensuring compliance of the PREA standards at his assigned facility."

RECOMMENDATION:

None

Standard 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)

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.

DOCUMENTATION REVIEW:

MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (9), page 7, states, "All residential contractors shall adopt and comply with PREA standards as outlined in their contract with the department..." The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

It should be noted that while the parent agency, MDOC, contracts for confinement of inmates, WRDCC does not.

INTERVIEWS:

N/A

RECOMMENDATION:

None

Standard 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)

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.

DOCUMENTATION REVIEW:

MDOC 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 for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10)(11), 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 populations, the prevalence of substantiated and unsubstantiated offender sexual allegations. 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." WRDCC SOP D1-8.13, page 7 states the same.

Each time the staffing plan is not complied with, WRDCC documents and justifies all deviations from the staffing plan. WRDCC SOP D1-8.13, page 7, states, "The shift supervisor is to submit written documentation to the PREA site coordinator any time there is a deviation from the staffing plan. A copy of the documentation goes to the chief of custody."

WRDCC provided a copy of meeting minutes dated March 27, 2015. This meeting was the PREA Annual Facility Assessment. Meeting minutes reflected that administrative staff discussed staffing levels, video monitoring, no findings of inadequacy from Federal investigative agencies, physical plan layouts, including blind spots, and PREA investigations conducted in 2014.

INTERVIEWS:

During the interviews with WRDCC's Warden and PREA Site Coordinator, both were able articulate the eleven elements of the staffing plan. It was learned that the parent agency, MDOC, develops the statewide staffing plan and that each facility is then allowed to change staffing numbers to meet their own needs. It was also shared that this facility "...does not have to offer mandatory overtime very often."

While interviewing an intermediate supervisor, it was learned that the practice of WRDCC is to have unannounced rounds for every shift. They shared that these types of round occur daily and they are documented in housing unit chronos. They stated that staff is aware that unannounced rounds will happen on every shift; however, they do not know when it will happen.

*****Auditor reviewed six days of housing unit chronos that supports unannounced PREA rounds being conducted on every shift.

RECOMMENDATION:

None

Standard 115.14 Youthful inmates

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

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.

In the past 12 months, only two youthful offenders have been housed at WRDCC. On the day of the audit no youthful offenders were housed at this facility.

DOCUMENTATON REVIEW:

WRDCC policy IS & SOP 5-1.1 Diagnostic Center Reception and Orientation, Section III (7), page 8 outlines the steps that must be taken when a records officer determines an offender is a youthful offender.

If a youthful offender is placed at WRDCC, the facility has policies in place that prohibit placing youthful offenders in a housing unit in which they will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common, space, shower area, or sleeping quarters.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III, (C)(4), page 11 states, "A youthful offender shall not be placed in a housing unit which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters…'

This is also required by Missouri law: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013

WRDCC policy IS & SOP 5-3.1 Offender Housing Assignments, Section III (2)(f), page 3 states, "Housing Unit 11-1EB has been designated for the housing of youthful offenders."

WRDCC also issued a memo dated October 26, 2015 that outlines housing assignments if multiple offenders are housed in the juvenile area. This memo outlines bunk assignments placed on their internal classification of risk for sexual abuse and victimization.

This facility has separate operational memos for the juvenile housing unit that outlines movement, programs, and recreation.

ONSITE:

Auditor toured Housing Unit 11-1EB on the day of the audit. This housing unit is located out of sight and sound of adult inmates, which includes a separate entrance to unit and a separate recreation area. This unit also has its own classroom.

INTERVIEWS:

This auditor interviewed the staff member that oversees youthful offenders when housed at WRDCC. This staff member stated if movement was to occur, the adult yard is closed and movement is done under direct supervision of staff. She also indicated that movement is also done through entrances separate from the adult offenders. It was reported that supervision of youthful offenders is direct supervision 24 hours a day and that isolation is not used.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC is a male only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates.

DOCUMENTATION REVIEW:

The facility does not permit cross-gender viewing or searching.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), page 12 – 13 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 procedure…Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such vieiwing is incidental to routine cell checks…Staff of the opposite gender shall announce their presence prior to entering an offender housing unit…Announcements shall be recorded…If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff…"

In the past 12 months there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the log that would be used if this would occur.

Policy D4-4.8 Security Camera Operations, Section III (B), page 4 states "As authorized by the CAO, stationary security cameras should be positioned where placement will enhance security operations as to view live monitoring of visual images in areas where offenders may be located…Security cameras may be placed in restroom/shower areas when barriers or camera positioning prevents the capture of images of genitals, buttocks, or female breasts." On page 5 of this same policy it states, "The CAO will designate authorized staff to review visual images at the original source as it relates to their assigned job duties as outlined in standard operating procedures. Access to visual images and recordings should be limited in order to maintain integrity and security. Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cells, etc., occur shall be designated as same gender posts with the approval from the appropriate deputy division director."

WRDCC has also implemented additional policies that allow inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their genitals. IS & SOP version of 6-1.3 Offender Personal Appearance and Grooming, Section III (A)(1) Offenders must be dressed at all times as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions. (4) Offenders should use privacy barriers provided when using the restroom and when changing clothes.

Auditor reviewed Warden meeting minutes dated April 4, 2014. In regards to cross-gender announcements, the minutes read, "Mr. Dormire instructed Wardens to revise their announcing presence of cross-gendered staff protocol. Institutions were required to announce in the housing units at the beginning of every shift, except midnight shift, that male and female staff would be working the shift. The protocol has been revised to only require an announcement when a staff member of the opposite gender enters the housing unit; once this announcement is made another announcement is not required for the remainder of that shift in that unit. Wardens were reminded that the announcement must be logged on the chronological log by the person make the announcement with the date and time."

The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III, (C) (7c) states, "Staff members shall not perform strip – or pat-down searches or conduct physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center."

This is also prohibited in policy IS & SOP 11-34.1 Health Assessment and/or Physical Examination at Reception, page 5 and in IS & SOP 20-1.3 Searches, page 16.

Also in policy IS & SOP 20-1.3 Searches, page 17, it reads, "Gender Unknown Through Pat Search: At the diagnostic center, if the gender of the offender is unknown, a female staff will be assigned to perform the pat search." On page 17 it also reads, "Transgender or Intersex Thorough Pat Search: When thorough pat searching a transgender or intersex male offender's upper torso, male staff member will utilize the female offender search technique."

Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in SOP D1-8.13 Offender Sexual Abuse and Harassment, page 13. Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated May 2014. Instructions from cross-gender searches can be found on pages 13-14; Transcript for the Thorough Male on Female Pat Searches can be found on pages 16-17; Transcript for the Thorough Female on Male Pat Search can be found on pages 14 -16 and the Transcript for Transgender, Intersex or Gender Unknown Searches can be found on pages 20 -21 of the curriculum. WRDCC provided training records showing that 756 participants were trained in this curriculum from October 2014 – October 2015.

ONSITE:

During the tour of the facility, auditor observed the PREA barriers in the living units. These are wooden barriers that inmates can pull in front the toilet and shower that would prevent staff from viewing their genitals. Staff can observe inmate feet and shoulder areas.

WRDCC currently does not have gender specific posts. Although they do have duties that are gender specific. The Warden advised the facility rarely has females bid for these posts as they involve strip searches (which cross gender strip searches are forbidden). We toured the work release trailer and were advised that male staff worked this post.

Auditor also observed several control centers where video monitoring occurred. Any camera that was positioned to a single cell had the toilet areas blocked from viewing.

In the segregation units, it was discovered that shower stalls had open viewing. The facility began correcting this concern while onsite. This auditor is now in possession of photographs showing the work is completed and cross-gender viewing is now prevented in these housing units.

INTERVIEWS:

Staff interviewed all stated that cross-gender pat searches were forbidden at WRDCC unless there was an emergency situation. They also shared that they received refresher training on pat searches within the past year. Staff also stated that if a female was going to be working in the living units that an announcement was made at the beginning of each shift. Many staff also shared that if a female was going to enter the shower areas for any reason, they always announced their presence. They stated the only time this would not occur if female staff felt there was something "going on" in the shower areas.

Inmates stated that although they did not hear the announcements of female staff working in their housing units they know the announcements are made at the beginning of each shift.

RECOMMENDATION:

None

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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.

WRDCC has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6, page 12, 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....Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language...If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided."

WRDCC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish.

WRDCC also has policies that address working with Deaf and Hard of Hearing Offenders (D5-5.1), Disabled Offenders (D5-5.2) and Blind and Visually Impaired Offenders (D5-5.3)

Auditor reviewed the following contracts: Sign Language Interpretive Services (3/31/2015), Language Interpreter – Verbal (6/30/2015), Written Language Translation Services (4/30/2017), and Telephone Based Interpretive Services (6/30/2015).

WRDCC provided an invoice dated 6/22/15 for the translation of a PREA assessment by Global Village Language Center.

Auditor also reviewed lesson plan "Accommodating Special Needs and ADA Guidelines" dated July 2015. WRDCC provided training logs showing that 409 participants were trained in this curriculum from January 2015 – October 2015.

ONSITE:

Auditor viewed various intake packets in the Reception Diagnostic Center in different languages. PREA posters were located throughout the facility in English and Spanish.

INTERVIEWS:

During staff interviews, most stated they would only use an inmate interpreter in emergency situations only – and only if it involved the safety of the inmate. All staff indicated that interpreters, either bilingual staff or interpreters outside the facility, were available other than using inmates to translate.

Auditor was advised that on the day of the audit there were no limited English proficient or disabled inmates housed at WRDCC.

RECOMMENDATIONS:

Upon reviewing the contracts for interpretive services, it was discovered that these contracts automatically renewed for only three years with potential expiration dates in 2015. It is recommended that these contracts be reviewed to determine if they can be extended another three years.

Standard 115.17 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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.

WRDCC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 – 8 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he has engaged in sexual abuse with an offender…" The policy further states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor…" In addition, "Before hiring new employees the human resources staff members or designee shall perform a criminal background records check and contact all prior institutional employers when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse…"

The following hiring policies also have a PREA component: D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4.

State HR Director sent an email dated 12/1/2014 to all facility Human Resources divisions outlining ineligibility of applicants with substantiated allegations or resigned during an investigation.

Another email from MDOC administration dated 5/16/2015 was to all contractors advising them that if a potential applicant has a substantiated case or resigned during an investigation for such, they are ineligible to be inside MDOC facilities.

A memo dated 4/24/2015 to the HSH of Corizon Health advised them to run a background check on all applicants before setting up an interview.

INTERVIEW:

HR staff stated that background checks are done annually on current staff during their birth month. They advised these checks are also done annually on all contract staff and volunteers. (Examples of background checks were provided and viewed.) They also advised that asking potential employees about previous misconduct is a part of the application process. (Examples of the application were provided to the auditor.) The also stated that any requests for information involving former employees are faxed to Central Office for them to respond. The staff interviewed during the audit process was very knowledgeable.

RECOMMENDATION:

None

Standard 115.18 Upgrades to facilities and technologies

☐ 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)

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.

WRDCC has installed or updated video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.

DOCUMENTATION REVIEW:

PREA Annual Report Protocol "At least once a year, the facility must evaluate their need for additional cameras and monitoring systems." The last meeting occurred March 27, 2015

INTERVIEW:

The Warden advised that camera placement is reviewed every year to determine if more cameras are needed. This is also discussed when the Incident Review Team meets on substantiated PREA cases.

RECOMMENDATION:

None

Standard 115.21 Evidence protocol and forensic medical examinations

☐ 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)

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.

WRDCC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at WRDCC follow a uniform evidence protocol. This protocol is also developmentally appropriate for youth.

Forensic medical exams are offered without financial cost to victims. All exams, where possible, are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If they are not available qualified medical professionals conduct the exams.

Victim advocates are made available to all victims.

DOCUMENTATION REVIEW:

Auditor reviewed WRDCC's "Evidence Procedure Manual."

The following policies were also reviewed: D1-8.1 Investigation Unit Responsibilities and Actions, pages 1 – 12, 14- 16; D1-8.4 Administrative Inquiries; D1-8.8 Evidence Collection, Accountability and Disposal.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, pages 17 – 20, covers the services for the

victim. Section III (K) of the same policy, page 20, addresses Advocacy.

WRDCC has a contract with Heartland Regional Medical Center – West to conduct all SANE/SAFE's In the past 12 months, no exams have been performed.

WRDCC has a contract with YWCA to provide advocacy services. If an advocate is not available, Chaplains at the facility have been trained by the Missouri Coalition Against Domestic and Sexual Violence to be qualified staff advocates. (Auditor reviewed curriculum used to train Chaplains.) Facility also has established a PREA Advocate Availability Rotation Schedule.

INTERVIEW:

Staff interviewed was able to explain the facilities "Coordinated Response" to a sexual assault. Each staff stated they would secure the scene and wait for investigators to arrive.

RECOMMENDATION:

None

Standard 115.22 Policies to ensure referrals of allegations for 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)

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.

The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Inspector General for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, page 20-21, states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website…"

See also policy D1-8.5 Administrative Inquiries and D1-8.1 Investigation Unit Responsibilities and Actions.

WRDCC provided examples of their coordinated response as well as several investigations, one of which was referred for prosecution. An example of the tracking form used by the facility was also provided.

Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at http://doc.mo.gov/OD/PREA/php

RECOMMENDATION:

None

Standard 115.31 Employee training

☐ 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)

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.

WRDCC trains all employees who have contact with inmates on the 10 elements identified in this standard.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. "All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures."

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA 2014 Refresher Training. Training logs were also reviewed. From November 2012 – October 2015, 525 participants were trained in PREA 101 and 528 participants received the 2014 refresher training.

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities.

Auditor reviewed acknowledgement forms from staff, volunteers and contractors.

Auditor was also advised, "The department utilizes several avenues to ensure staff are kept informed about sexual abuse policies and practices between trainings. The department's policy and procedure unit is responsible for forwarding all new and revised policies to all staff. MDOC ensures the PREA intranet page is kept up to date. This page is readily available to all staff and contains all things PREA." (Auditor was provided an example of what this page looks like.)

INTERVIEW:

Staff interviewed remembered their PREA training and discussed the refresher training they received in the past year. Upon further questioning, staff was able to explain the facilities zero tolerance policy, their responsibility in preventing, detecting, reporting and responding to sexual abuse and harassment, the dynamics of sexual abuse in a confinement setting, etc. Staff also reported the Warden was involved in their PREA training and reiterated the importance of a zero-tolerance culture.

RECOMMENDATION:

None

Standard 115.32 Volunteer and contractor training

☐ 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)

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.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

DOCUMENTATION REVIEW:

Auditor reviewed the following curriculums: "Offender Work Release Procedure Training", dated March 2013, PREA components can be found on pages 11 -20; "Volunteers in Corrections," dated December 2011, PREA components can be found on pages 11 – 14.

Training logs and sample of acknowledgements were also viewed by this auditor.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC provides information to inmates at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment Section III (C) 6, page 12, discusses Offender Education must be provided in the native language of the inmate and in formats that deaf, visually impaired or otherwise, can understand.

Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that "Speaking Up" video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure "Offenders Sexual Abuse: What you need to know." (It should be noted this brochure was updated in August 2013. WRDCC provided documentation that all inmates received this updated brochure on 8/9/2013. Inmates were required to sign an acknowledgement.)

Auditor was provided examples of the R & D Orientation Packet, WRDCC General Population Orientation Packet, and Juvenile Unit Orientation Packet.

ONSITE:

Auditor toured the R & D Unit of WRDCC and was taken through the intake process. Inmates view the video "Speaking Up" before leaving R & D. Orientation packets in various languages were also shown to the auditor.

INTERVIEW:

Intake staff stated that PREA information is provided to inmates the day they arrive at WRDCC.

When talking with inmates at WRDCC, most stated they watched the PREA video and received PREA information upon arrival. Some inmates stated that it was 1 -2 days after arrival.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (5), page 8, states, "All new investigators and administrative inquiry officers (AIOIs) or designee assigned to investigate sexual abuse allegations shall receive specialized PREA Training."

Auditor reviewed the curriculum "Investigating Offender Sexual Abuse in Confinement Settings," 36 hour course designed for Inspector General staff and Investigators. This curriculum was last revised September 24, 2012 and covered the following topics:

- Techniques for interviewing sexual abuse victims (Module 4 "Investigating Allegations of Sexual Abuse," pages 12 – 16)
- Proper use of Miranda and Garrity (Module 2 "State Laws and Policies" pages 22 – 26)
- Criteria and evidence required to substantiate a case for administrative or prosecution referral (Module 4 "Investigating Allegations of Sexual Abuse" page 8 -11 and pages 18 -30)

This training curriculum also included a module titles "Mock Crime Scene Investigations" wherein participants took what they learned in previous modules and applied it a practice setting.

The auditor reviewed training logs and found that 56 investigators have been trained. The Investigators also signed acknowledgments stating they received and understood this training. While onsite, the auditor reviewed samples of these signed acknowledgments.

INTERVIEW:

Investigator was able to articulate what they received in this training and the basis PREA training that all staff received.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC has a policy related to training of medical and mental health practioners who work regularly on its grounds. They **do not** provide forensic examinations.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) page 9, states, "Medical and mental health staff members shall receive annual specialized PREA training."

Auditor reviewed curriculum "PREA Specialized Medical/Mental Health Professionals" dated September 2012. This course is worth four hours and covers the following topics:

- How to detect and assess signs of sexual abuse and sexual harassment (pages 17 – 19)
- How to preserve and physical evidence of sexual abuse (pages 20 -22)
- How to respond effectively and professionally to victims of sexual abuse (page 23)
- How to and whom to report allegations and suspicions (page 15 – also addresses mandated reporting)

During this training, participants also viewed an eleven minute film titled "Maintaining Professional Relationships with Offender." After viewing this film, participants were required to sign an acknowledgement form stating they viewed and understood the film.

Auditor reviewed training rosters indicating that 31 mental health employees were trained in November 2014 along 65 medical personal. The auditor viewed a random sample of eight participants and found the corresponding signed acknowledgements.

INTERVIEW:

Medical/Mental Health Staff states that training is provided to staff every November on PREA and is well received. Staff interviewed articulated what was provided in training and were able to discuss their responsibility as mandated reporters.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC has policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), pages 10 -11, 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 in accordance with the institutional services procedure...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival."

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C)(1), pages 10, states "The offenders risk level shall be reassessed when warranted due to referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offenders risk of sexual victimization or abusiveness."

The time frame for administering the Internal Risk Assessment is also found in IS & SOP version of 5-2.3, Offender Internal Classification. On page 3, Section C (1), states, "Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy on page 4 in Section D (2) states, "CCM's will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score."

Also on page 4 of this same policy in Section D (3) it states, "A second internal classification will be completed within thirty calendar days of the offender's arrival at the reception and diagnostic center, if they have not been transferred. If there is a change in the offender's internal classification score a case manager will review the offender's housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the internal classification is completed. Any time an offender is returned to a diagnostic center this process will be repeated."

On pages 4 and 5 of this same policy, the facility outlines how the internal classification scores will be documented. In Section (F) it states, "(1) Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. (2) CCMs will enter the offender's internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual."

Auditor reviewed WRDCC's risk screening tool and found all 10 elements in this standard were covered. Auditor also reviewed examples of assessments that were completed within 72 hours of intake and examples of reassessments at 30 days and those that were even driven.

Auditor also reviewed the "The Adult Internal Risk Assessment Manual" which contained relevant information on how to complete the internal risk assessment. For example this manual contained information found in agency policy for example information on reassessment requirements can be found on page 8 and on page 9 a user can find information on how to interview an offender to obtain the information necessary to accurately completing the assessment. The manual was well laid out, provided explicit instructions on how to score the assessment and included screen prints on how to enter the assessment into the facility's database.

ONSITE

While onsite the auditor reviewed a report of all assessments completed at WRDCC between October 1, 2014 and September 30, 2015. Five random initial assessments were selected and all met the 72 hour timeframe for completion. Five random 30 day assessments were also reviewed and all found to be completed within the required time frame. The auditor also reviewed five event driven reassessments. All assessments that were reviewed were completed according to PREA standards as wells as agency policy.

INTERVIEWS:

Intake staff advised that the risk assessment tool is given to all arrivals within 72 hours, unless they sign the refuse to participate form. Intake staff also report that these inmates are also reassessed at the 30 day mark to see if any changes have occurred. (Auditor did reviewed an example of "Refusal to Participate" form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told that no sanctions will be given for refusal to participate.)

The Site Coordinator reported that all staff has access to the raw scores of the assessment which is then used to determining housing, programs and jobs. Staff is not given access to the direct responses to the questions. (There is limited access to the answers.)

Inmates that were interviewed could not remember exactly when this assessment was done but every one stated that it had been done and they "think" it was done at intake. Many referred to it as a "survey."

RECOMMENDATION:

None

Standard 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)

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.

WRDCC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. WRDCC has three classifications: Sigma, Alpha and Kappa.

Housing and program assignments for transgender or intersex inmates in the facility are made on a case by case basis.

WRDCC also has a transgender committee that meets regularly. This meeting consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual.

DOCUMENTATION REVIEW:

Policy IS5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 3, addresses housing based internal classification. It states, "Upon completion of the internal classification, the offender will be housed according to his score in accordance to the internal classification manual. Whenever possible, sigmas should be celled with sigmas and alphas with alphas. If an offender does not have an internal classification score he should be housed with a kappa with similar demographics until the offender internal classification instrument is completed."

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, "Housing unit staff members will 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. Housing unit staff members will review internal classification information and forward it to the required activities' supervisor prior to the offender's start date at the required activity."

On page 6 of this same policy, states, "The Required Activities Coordinator will notify the work supervisor of the offender's internal classification information. The work supervisor is responsible for knowing the internal classification of their workers and assign tasks in such a manner to ensure the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working. Internal classification information shall not be used by any staff member to preclude placement of an offender in a required activity."

SOP D1-8.13 Offender Sexual Abuse and Harassment, page 12, "All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments."

An example of housing bed assignments was provided via a memo dated October 9, 2015, "PREA Bed Assignments for all Housing Units."

This memo outlined which beds were to be used for housing Alpha or Sigma in compliance with PREA regulations. It also outlined that Kappa offenders may be housed with Alpha, Kappa or Sigma. It went on to outline which programs rooms were designated as Sigma Room or Alpha Room.

IS & SOP 5-1.1 Diagnostic Center Reception and Orientation, page 11 states, "If the gender of an offender is unknown, the following steps should occur: Speak with the offender privately to determine sex, review medical records, within 72 hours of receiving the offender into the department, a referral should be made to the transgender committee to assist in gender identity and housing determinations, offenders awaiting review by the transgender committee shall be placed in a single cell to ensure safety until the review has been completed."

On page 12 of this same policy, it states "Transgender offenders will be showered separately from other offenders until the recommendation of the transgendered committee is approved."

SOP D1-8.13, Offender Sexual Abuse and Harassment, page 11, states "Housing assignment for transgender and intersex offenders shall be made on a case-by-case basis by the institutional transgender/intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments and the probation and parole procedure regarding risk assessment and housing assignments."

IS & SOP 5-3.1 Offender Housing Assignments, pages 4 -5 addresses Transgender Housing Assignments. It also states, "The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender."

WRDCC provided meeting minutes for six meetings of the Transgender Committee.

INTERVIEW:

Site Coordinator stated that information from the assessment tool is used to determine housing, education and programs. They also stated that the transgender committee meets regularly on each case and take the inmate's perception of safety into consideration. Meetings are always documented. They also stated that it is required that anyone identified at LGBTI needs to be assessed every 6 months.

When interviewing transgender inmates, they were complimentary of staff. They advised that staff inquires as to their safety and that they have not been housed separately from general population solely on their identification/status. They also report being included when the Transgender Committee meets to discuss their situation.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC has policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, there has been no inmate placed in involuntary segregation.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment, (F) Segregated Housing in Institutional Setting, pages 17 -18 states "Following an

allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander 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. Least restrictive options to ensure safety of the offender and the security of the institution include:

(1) Return to assigned housing.
(2) Temporary reassignment of staff members.
(3) Assignment to another housing unit.
(4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander 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 segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. 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."

Auditor reviewed memo dated October 19, 2015 addressing Involuntary Segregated Housing Assignments. It states, "Alleged victims of offender abuse or offenders viewed as being at risk of victimization should not typically be assigned to Administrative Segregation for Protective Custody for longer than a 30 day period. When an offender is assigned to administrative segregation for protective custody, the committee will: Review the offenders 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 in that they are now unable to attend due to Administrative Segregation assignment."

Auditor reviewed MDOC's Segregated Housing for Protective Custody which outlines the an assessment of all alternative housing choices (least restrictive housing) must be conducted prior to placing a victim in segregated housing for protection and that victims of sexual abuse ordinarily not be held in segregated housing for longer than 30 days.

ONSITE:

On the day of the audit there were no inmates being held in segregation based on high risk for victimization. The auditor did review five PREA allegation notifications that have been completed in the past 12 months. In looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

WRDCC did provide an example of what a classification hearing and documentation would like if a victim would be placed in protective custody and an example of the "PREA Ad-Seg Checklist."

INTERVIEW:

Staff reported that the typical response is not to segregate the victim. They stated if involuntary segregation would be used to protect a victim, they would follow agency policy. They reported it is not to be longer than 48 hours and they do their best to make sure programming would continue. Staff reported that everything is documented and becomes a part of the classification hearing that is held.

Staff that works in the segregation unit stated they could not remember the last time an inmate was housed in protective custody due to a PREA incident.

An inmate that reported sexual abuse was selected to be interviewed. However, he declined to participate in the audit process.

RECOMMENDATION:

None

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)

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.

WRDCC has established multiple procedures for allowing inmates internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Inmates may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by WRDCC.

As of the date of this audit, WRDCC does not have any offenders who are detained solely for civil immigration purposes.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment, "Reporting Sexual Abuse or Harassment," pages 14 states, "Each facility CAO's or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse , to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit."

Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety's responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

SOPD1-8.13, Offender Sexual Abuse and Harassment, page 14, 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."

Auditor reviewed the "Western Reception Diagnostic and Correctional Center Receiving & Diagnostic Unit Orientation Packet, revised 10/09/2015. PREA is covered on pages 19 – 21. On page 20, inmates can find several ways to report sexual abuse and harassment. It outlines ways an inmate can make a report anonymously, using the PREA Hotline or Crime Tips Hotline, as well as writing to the Department of Public Safety, Just Detention International and Rape, Abuse, and Incest National Network.

Policy D1-8.9 Crime Tips and PREA Hotlines, page 5, Section III (C) states, "For staff, the department has established a separate crime tips hotline to anonymously report criminal activity, offender sexual abuse, or offender sexual harassment and is received in the office of inspector general. These calls may be answered by a staff member in the office of inspector general or in cases of afterhours calls, the caller may leave a message and a return phone number should they wish to be contacted. Information regarding hotline use for staff will be posted conspicuously in areas routinely accessible to all staff members."

ONSITE:

Information was posted on bulletin boards throughout the facility and in the housing units advising images on how to make reports of sexual

abuse. The PREA hotline number was clearly posted above all phones.

Staff Tips Hotline posters are throughout the facility and are located in staff break rooms and on the MDOC intranet home.

Auditor also reviewed the following orientation packets:

- Housing Unit 1
- Receiving & Diagnostic Unit
- General Population

Each of these orientation packets includes information on reporting sexual abuse. It outlines the many ways inmates can report abuse and harassment. This includes:

- telling or write any staff member, volunteer or contract staff
- calling the PREA or Crime Tips Hotline
- anonymous procedure
- reporting while in administrative segregation
- reporting while in general population and treatment
- addresses for Department of Public Safety and Just Detention International, and Rape, Abuse, and Incest National Network (RAINN)

INTERVIEW:

Staff was able to articulate the various was inmates can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report.

Inmates interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. Although they were aware of the PREA hotline, many felt that it was not anonymous.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC has an administrative procedure for dealing with inmates grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member they are not required to submit their grievance through that staff member. WRDCC also outlines, through policy, where grievance cannot be filed.

WRDCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, only 2 such grievances have been filed.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, 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...nor impose a time limit"

Policy D1-8.9 Crime Tips and PREA Hotlines, page 4, Section III (A)(1a) states "The hotlines will not be utilized for complaints, grievances or other unrelated purposes."

Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal. The following are portions of this policy that supports this standard:

Time limit

- "The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offenders' sexual abuse."

Informal Process

- "The department will not require an offender to use the informal grievances process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse."
- "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt."

Against a Staff Member

- "A staff member who is subject of the complaint should not be the respondent."

Grievance Process

- "Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee."
- "Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee, and, an extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.
- "At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process"

Third Party Reporting:

- "Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution."
- "When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing."
- "Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry."
- "When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry."
- "The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf."

- "If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes."
- "If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure."

Emergency Informal Resolution Requests

- "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry."
- "If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form."
- "Emergency informal resolution requests will be processed as follows:
  - The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.
  - When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.
  - Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.
  - The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.
  - A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.
  - The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.
  - If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure."

SOPDI-8.13 Offender Sexual Abuse and Harassment, page 14, addresses exhausting administrative remedies. It 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 on when an offender may submit 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, administrative inquiries, and investigation unit responsibilities and actions. 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 compliant 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, administrative inquiries, and investigation unit responsibilities and actions."

Memo dated January 29, 2014, "PREA Grievance Protocol," states, "Effective immediately, offender sexual abuse allegations received via the IRR/Grievance system will be processed as outlined in the attached flow chart; however, there will be no change in the process used for IRRs/Grievances alleging offender sexual harassment. The changes mandated by PREA are not significant and will not cause an undue workload issue. In addition, it is imperative that you track the IRR/Grievance responses as will be outlined in your meeting today." Two flow charts were also reviewed: Offender Grievance and Offender PREA Grievance for Sexual Abuse. A copy of the presentation made at this meeting titled "PREA & the Grievance Process" was also reviewed.

Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b)(1) states, "Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal." Also on page 6, Section III (E)(4a)(1) it states, "When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status."

ONSITE:

WRDCC reports they have had no third party grievances filed within the past year.

WRDCC provided a Grievance Tracking Log which tracks the month the grievance was filed, the type of grievance, the name of the offender, date received, 70 day extension, date completed, calendar days, declined 3rd party assistance, alleged substantial risk of imminent sexual abuse, move forward with PREA Emergency IRR, Emergency Initial Response within 48 hours, Emergency Final Response within 5

days, and disciplinary action taken against offender for filing grievance in bad faith. This log had four grievances listed: one dated in 2014 and three in 2015. Examples of these grievances were pulled from WRDCC database and corresponded with the Grievance Tracking Log. All grievances listed on this log were under the 70 day timeframe.

WRDCC reports they have had no emergency grievances filed pursuant to this standard.

INTERVIEW:

The inmate at the facility that reported sexual abuse refused to participate in this interview.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse. They also inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. WRDCC maintains a MOU with the YWCA to provide advocates.

DOCUMENTATION REVIEW:

SOP version D1-8.13 Offender Sexual Abuse and Harassment, pages 20 -21 covers the procedure during the initial assessment with mental health when there is an allegation of sexual abuse and harassment. It states, "During the initial assessment, mental health treatment interventions will be discussed with the victim by QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal or treatment/no show form. A copy of the refusal of treatment form will be forwarded to the PREA site coordinator to be placed in the PREA event file. If the offender requests an advocate, the QMHP will notify the site advocacy liaison. QMHP will notify the PREA site coordinator in writing or email when victim requests an advocate. PREA site coordinator will subsequently notify the investigative staff of victim's request for advocate. When the victim is out counted to MOSAIC Life Care for a SANE exam the hospital will contact the YWCA for advocacy services. When advocacy hours provided by the YWCA have been exhausted, the PREA site coordinator will notify the chaplain of the victim's request for an advocate. Institutional chaplain will meet with the victim and document the meeting, forwarding this documentation to the PREA site coordinator to be placed in the PREA event file."

Auditor reviewed the MOU with YWCA. This MOU is ongoing and outlines the confidentiality exceptions.

Auditor reviewed the "Consent for Facility Advocacy Services" if an advocate from the YWCA is not available. This consent form also outlines the confidentiality exceptions.

ONSITE:

Advocacy information is listed on bulletin boards in the each housing units. They are clearly marked "Advocates." A brochure on "YWCA PREA Advocacy Services" is also available to inmates at WRDCC and was viewed by the auditor.

Auditor also reviewed the following orientation packets:

- Housing Unit 1
- Receiving & Diagnostic Unit
- General Population

Each orientation packet contained a section titled "Guide to Advocacy Services." This section lets inmates know that advocacy services are available for offenders who allege sexual abuse or sexual harassment and how to request those services. It goes on to explain what an advocate does and their (the offender victim) right to confidentiality.

INTERVIEW:

Interviews with inmates resulted in mixed responses in when it came to the discussing availability of advocates. Most stated they knew they were available but was unsure how to access them if needed.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

DOCUMENTATION REVIEW:

Policy SOPD1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), page 14 states, "All allegation 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 outlines in this procedure."

Auditor verified that reporting information is on the MDOC website. The URL is http://doc.mo.doc/OD/PREA.php. This site has an email address and a phone number available to the public.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment, page 7, "The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors 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. Medical and mental health staff members shall inform offenders of the practitioner's duty to report at the initiation of services. 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."

Policy IS11-32 Receiving Screening Intake Unit, page 5 addresses procedure if the alleged victim is under the age 18 or considered to be a vulnerable adult. The policy states, "Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. 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."

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, "When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as "any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as "Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department."

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) 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 inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department.

SOPD1-8.13, Offender Sexual Abuse and Harassment," pages 16 and 17 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 coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until and outside interpreter can be arranged." WRDCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

INTERVIEW:

Staff interviewed stated they were mandated reporters. They also reported that it is a crime if they don't report knowledge of sexual abuse or sexual harassment of inmates. They also stated that they are not allowed to discuss their knowledge of such incidents with anyone that is not a part of this investigation.

Staff also stated that all allegations are sent to the Inspector General and they determine whether to investigate the case or not.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. In the past twelve months there have been no inmates that have been reported to be subject to substantial risk of imminent sexual abuse.

DOCUMENTATION REVIEW:

SOPD1-8.13, Offender Sexual Abuse and Harassment, page 18, under Segregated Housing in Institutional Setting states, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units."

INTERVIEW:

Administrative staff stated that the expectation for all staff is to act immediately if they become aware of an offender being in imminent danger of sexual abuse. This involves beginning the facility's coordinate response and separate the victim from the alleged perpetrator.

Random staff reported that if such an incident would occur they would immediately secure the alleged victim for safety purposes and contact their supervisor.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head off the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

They also have a policy that states that allegations received from other facilities are investigated in accordance with PREA standards.

DOCUMENTATION REVIEW:

SOPD1-8.13 Offender Sexual Abuse and Harassment, page 17 states, "Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours. A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

ONSITE:

Auditor reviewed four records of notifications made to other state operated facilities in Missouri and three notifications made to county jails in Missouri. All notifications reviewed were made within the required 72 hour time frame after receiving the allegation.

WRDCC had one example of a notification from another facility. A PREA protocol was initiated.

Staff report that allegations received from another facility is immediately sent to the Site Coordinator who then sends it the Inspector General who determines if an investigation will be open.

INTERVIEW:

Interview with facility administration revealed that any notification WRDCC receives is sent to the site coordinator when then sends information to the Inspector General. Administration advises that the Inspector General will make the determination if an investigation will be opened.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard. WRDCC reported they had 13 allegations reported where security staff members responded to reported allegations where they victim and perpetrator had to be separated and evidence was collected. They also advised they had 18 allegations reported where a non-security staff was the first responder and secured potential evidence on the victim. They reported that in all of these allegations, security staff was notified in all eighteen instances.

DOCUMENTATION REVIEW:

Auditor reviewed WRDCC's Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, "Staff member first responder shall:

- 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.
- Make immediate notification to the shift commander or shift supervisor.
    - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
    - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff."

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include: allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

ONSITE:

Auditor review documented examples of a coordinated response. This included reviewing notifications made by security staff and non-security staff. Each notification included date and time of incident, location of incident, name and custody information of victim as well as the alleged perpetrator. Notifications also included a description of the event, date and time of persons to be notified and recommendation for housing placement. If a forensic exam was required, location of the examination as well as date and time victim was sent out and then returned to the facility.

INTERVIEW:

Staff all stated that as a first responder they responsibility is to separate the victim form the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control. When asked if they would let the Warden enter the scene, all but one staff said they would not. The one staff member who said they would let the warden enter the scene stated they would document that the warden entered the area.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC has developed a coordinated response to all sexual abuse incidents.

DOCUMENTATION REVIEW:

The coordinated response to offender sexual abuse covers the following topics:

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol

SOPD1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response on pages 16 and 17. It states, "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 divisions' coordinated response to offender sexual abuse protocol. 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 coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until an outside interpreter can be arranged. If the allegation is reported directly to a facility administrator the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist.

Staff member first responder shall:

- 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.
- Make immediate notification to the shift commander or shift supervisor.
    - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
    - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
    - Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.
- Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours.
- A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

PREA Coordinated Response Training was held on April 13, 2015. This training covered the PREA Coordinated Response Completion Guide. The included PREA definitions and step-by-step guide on how to complete the notification form. This guide specifically states that a staff first responder must separate the alleged victim and perpetrator and how to preserve evidence. The Coordinate Response is also reviewed.

INTERVIEW

Administrative staff articulated all of the components of the facility's coordinated response. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed.

RECOMMENDATION:

None

Standard 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)

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.

MDOC has a labor agreement with Missouri Corrections Officers Association that ends 9/30/2018.

DOCUMENTATION REVIEW:

Policy D2-11.6, Labor Organization, 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 resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOA) states, "The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime."

RECOMMENDATION:

None

Standard 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)

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.

WRDCC has policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

DOCUMENTATION REVIEW:

SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 15 -16 outlines the protection from retaliation for inmates and staff in the following manner:

- Inmates:

- The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.
- Immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:
  - The alleged victim and reporter of offender sexual abuse or harassment shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
    - For offender victims and offender reporters, monitoring shall include face-to-face status checks by staff members a minimum of every 30 days.
    - The assessment/retaliation status check form shall be used during each of the assessment interviews.
    - If the victim or reporter 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 or inquiry is unfounded.

- Staff

  - The PREA site coordinator or designee shall monitor all staff reporters of offender sexual abuse or harassment for a minimum of 90 days. Monitoring shall include but is not limited to monitoring for changes that may indicate retaliation, negative performance reviews, or reassignments.
    - The assessment/retaliation status check form shall be used during each of the assessment interviews.
  - The PREA site coordinator or designee shall ensure all witnesses receive an initial assessment utilizing the assessment/retaliation status check form.
    - Witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring.
    - The witness shall sign the assessment/retaliation status check form showing they have no concerns regarding potential retaliation.

This policy also states, "The PREA site coordinator shall report all evidence of retaliation to the CAO to ensure an inquiry or investigation is initiated in accordance with department procedures. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual. The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation and/or possible victims of retaliation be offered emotional support services. Emotional services for offender victim, reporters, or witnesses include but are not limited to, case management or referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff reporters or witnesses included but are not limited to, employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered victim or suspected victim shall be noted on the assessment/retaliation status check form. In the event that a victim, offender reporter, or a witness is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment/retaliation status check form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment/retaliation status check form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring will continue. If released to a field probation and parole office, monitoring will stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring."

ONSITE:

WRDCC provided an example of "Assessment/Retaliation Status Checklist" form; also provided example of monitoring for retaliation. These four monitoring examples show check-ins averaging once every 30 days.

INTERVIEW:

Administration stated that the facility monitors for retaliation and that it is not tolerated. They reported that inmates who report allegations or cooperate with allegations are contacted to see if any types of retaliation form other inmates or staff is occurring. They want to let them know they take allegations seriously. Administration stated that contact should be made every 30 days for at least three months. If needed, monitoring can be extended beyond that time. Administration advised that this type of protection is also given to their employees, contractors and volunteers. It was stressed again that retaliation from anyone will not be tolerated.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC has policy that prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no inmates placed in involuntary segregated housing.

DOCUMENTATION REVIEW:

SOPD1-8.13, Offender Sexual Abuse and Harassment, pages 17 and18, under Segregated Housing in Institutional Setting states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander 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. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander 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 segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. 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."

ONISTE:

WRDCC provided four examples of classification hearing involving segregated housing based on the risk of victimization. Thes examples of classification hearings are from 2014 with the last one being dated November 2014.

INTERVIEW:

Staff stated that anyone placed in segregated housing will still have access to programming as much as possible. If they are placed in segregated housing they have their first classification hearing within 5 days of placement.

RECOMMENDATION:

None

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)

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.

The Inspector General conducts all criminal case at WRDCC. Administrative agency investigations are also conducted at WRDCC.

DOCUMENTATION REVIEW:

Policy D1-8.1 Investigation Unit Responsibilities/Actions, page 5, Section III (A) (2) (3) states, "The department maintains a zero tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law."

Page 7 of this same policy states, "The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment."

Page 10 of this same policy, Section H, outlines the investigators responsibilities. The policy states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee. Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible. Administrative investigations shall include an effort to determine whether staff member actions or failures to act, contributed to the behaviors being alleged. The departure of the alleged abuser or victim from employment or control of the department shall not provide a basis for terminating the investigation. When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

Policy D1-8.4 Administrative Inquiries, page 5, Section III, (A) states, "Any staff member having direct or indirect knowledge of a potential category I or IV behavior shall immediately notify the CAO by submitting a report of incident, or memorandum, through the chain of command. A copy of all reports of harassment, sexual misconduct, discrimination, or retaliation should be sent to the employee relations supervisor. Staff members must fully cooperate with all administrative inquiries and must fully and truthfully relate their knowledge of all

facts pertaining to the alleged behavior under review. Staff members who are the subject of a criminal investigation are not required to provide incriminating information about their own misconduct. However, in all other cases, staff members must fully cooperate with any investigation or administrative inquiry and truthfully relate their knowledge of all facts."

Pages 5 and 6 of this same policy discuss when an administrative inquiry may be conducted. This policy states, "An administrative inquiry may be conducted when a staff member may have been engaged in category I behaviors, or an offender may have been engaged in category IV behaviors. When the CAO receives information that a staff member may have been engaged in category I behavior, the CAO shall review the information and determine the appropriate course of action... The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department's procedure regarding offender sexual abuse and harassment. Based on the circumstances of the allegation, the CAO may immediately remove or reassign the staff member from having contact with the offender pending the outcome of an investigation, or the determination of whether and to what extent discipline is warranted, or if there is reason to believe the offender is being retaliated against by the staff member."

Auditor reviewed the Agency Records Disposition Schedule and found that records are retained for 50 years.

ONSITE:

WRDCC provided several examples of investigations that included those that resulted in findings of unfounded, unsubstantiated and also provided examples of "Requests of Investigations"

Auditor reviewed an investigation of Staff on Inmate Sexual Abuse which ended in June of 2015. Investigators interviewed the victim and alleged perpetrator as well as multiple witnesses. The case was closed with the following determination. "Evidence does not support a violation of statute; however, based on the evidence CKII XXXXXXXX violated the following policies: D2-11.10, Staff Member Conduct-Section Ii1 1 and 3 f, g; D2-111-10, Staff Member Conduct – Section II A 3a; and DOC Policy D2-11, Employee Standards – Section 1."

Auditor reviewed two cases of administrative inquiries: one case of substantiated inmate on inmate sexual harassment and one case of unsubstantiated staff on inmate sexual harassment. Both investigations were well written and thorough. They included interviews with the victim and alleged perpetrator as well as witnesses. In both cases, the investigations were concluded within 45 days of the date the report was received.

An example of an administrative inquiry of inmate on inmate sexual misconduct that resulted in an unfounded disposition was also reviewed. Again, the report was thorough and well written. The case was opened July 24, 2015 and was closed on August 7, 2015.

Another example of an administrative inquiry of employee on inmate sexual harassment that resulted in unfounded disposition was also reviewed as well as an unsubstantiated case of inmate on inmate sexual harassment.

Auditor reviewed three examples of requests for investigations of inmate on inmate sexual abuse. One case ended with the disposition of unfounded when it was determined that the inmate was trying to circumvent the system by making a false allegation. In this case, the inspector general made the determination not to investigate the case.

Auditor also reviewed three examples of an anonymous report received through kites and the PREA hotline. PREA protocol was initiated the day the reports were received.

Auditor reviewed the training roster from "PREA Specialized Investigator Training" dated January 1, 2013 through September 20, 2014. The roster showed that 56 investigators received this training during that time frame.

WRDCC provided four examples of case that were referred for prosecution; however, charges were not filed.

INTERVIEWS:

Administrative staff report all administrative cases are assigned by the Warden. Administration advised that requests for investigations are referred to the inspector general's office and they in turn make the determination if an investigation is going to be opened.

Investigative staff state they have received specialized PREA training and were able to explain what they covered in training including the discussion of DNA collection, Miranda, Garrity and interviewing victims. Investigative staff stated that all investigations are written in report form. They interview victims, alleged perpetrators, witnesses as well as review any video surveillance that is available. Staff also stated that they look at the totality of the investigation before making a determination. They do not look solely on the credibility of the victim. Investigations are not terminated until all facts and evidence is gathered. Staff stated they do not terminate an investigation when

the alleged perpetrator leaves the facility. (This includes staff.)

RECOMMENDATION:

None

Standard 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)

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.

WRDCC imposes no higher 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.

DOCUMENTATION REVIEW:

Policy D1-8.4 Administrative Inquiries, page 8, Section III (C) (9) states, "No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated."

ONSITE:

WRDCC also provided examples for this auditor to review. Auditor reviewed two cases of substantiated allegations of inmate on inmate sexual harassment. Both reports were well written and thorough. They included interviews with the victim, alleged perpetrator and witnesses. In one report, the investigator interviewed an inmate that was no longer at WRDCC. Both cases were closed within 35 days of being opened.

INTERVIEW:

Investigative staff stated they do not impose a higher standard of a preponderance of the evidence. They reported they take their investigations seriously and that sexual abuse and harassment is not tolerated.

RECOMMENDATIONS:

None

Standard 115.73 Reporting to 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)

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.

WRDCC has a policy requiring that any inmate who makes an allegation that he suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Inspector General's office conducts all criminal investigations and WRDCC conducts administrative investigations.

DOCUMENTATION REVIEW:

Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, pages 23 and 24 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded. In the event that the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs unless the inquiry or investigation is unfounded:

(1) Staff perpetrator is no longer assigned to the housing unit.
(2) Staff perpetrator is no longer employed at the institution or department.
(3) The staff perpetrator has been indicted on a charge related to sexual abuse within the institution.
(4) A disposition of charges exists related to sexual abuse within the institution.

Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs.

(1) The offender has been indicted on a charge related to sexual abuse within the institution.
(2) A disposition of charges exists related to sexual abuse within the institution.

The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

ONSITE:

WRDCC provided auditor with examples of notifications for review. Auditor reviewed four examples of inmate notifications.

INTERVIEWS:

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases. Investigative staff reported that notifications are made and also reported that this is part of policy.

The inmate who reported sexual abuse who was selected to be interviewed declined to participate in the audit process. However, when talking with other inmates, it was a mixed response on whether they "remembered" being notified on the outcome of their allegations.

RECOMMENDATION:

None

Standard 115.76 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

WRDCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. In the past 12 months, there has been no staff disciplined under this policy.

DOCUMENTATION REVIEW:

Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, "In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), page 27 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. 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."

ONSITE:

While WRDCC reports that no staff has been disciplined in 2015; however, they did provide a log from the Division of Offender Rehabilitation Services that recorded staff discipline in 2013 and 2014. This log had five employees listed.

INTERVIEWS:

None

RECOMMENDATIONS:

None

Standard 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)

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.

WRDCC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of inmates.

DOCUMENTATION REVIEW:

Policy D1-8.13 Offender Sexual Abuse and Harassment (Page 27 of SOP version) states, "Corrective action for contractors and volunteers: 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. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations."

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, "All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.
The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services…"

ONSITE:

None

INTERVIEW:

Administrative staff stated that all contractors and volunteers are subject to the same polices as regular employees when it comes PREA. Staff stated volunteer and contractors are expected to abide by the zero-tolerance culture of the facility.

RECOMMENDATION:

None

Standard 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)

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.

At WRDCC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action.

DOCUMENTATION REVIEW:

SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), pages 26 and 27 state, "Offenders shall be subject to disciplinary sanctions 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 conduct violations and disciplinary sanctions. 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 conduct violations and disciplinary sanctions. The disciplinary 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 conduct violations and disciplinary sanctions. The mental health notification memo (SOP Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Policy IS&SOP 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 2 and 3 state, "If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction." This policy also defines sexual activity as "Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature."

This policy also defines forcible sexual misconduct as "Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity." It defines sexual misconduct as "Engaging with another in any type of sexual activity; Engaging in the self-touching of one's sexual parts in view of others and inappropriately exposing one's sexual parts to others."

WRDCC provided a copy of a memo dated August 1, 2013 that was addressed to all Wardens and the subject was "PREA Protocols." The memo stated, "The date for full compliance with PREA standards is rapidly approaching. When fully implemented, our facilities will be better equipped to detect, prevent, and respond to incidents of offender sexual abuse and harassment. During our DAI Staff meeting yesterday, we discussed the PREA protocols that will move the department towards compliance with the PREA standards. While the procedure revisions are pending, we are implementing the PREA protocols, which were provided to you yesterday, as outlined below: To be implemented for PREA incidents that occur from this day forward: Segregated Housing for Protective Custody, Disciplinary Sanctions and Mental Health..."

ONSITE:

Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, "PREA mandates that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse 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 or the allegation is unfounded."

WRDCC reported that they did not have any incidents where an offender was issued a conduct violation for sexual contact with staff after finding that the staff member did not consent to such contact.

WRDCC provided an example of QMHP involvement in a substantiated case of sexual abuse. This example included documentation that an advocated was not requested for the purposes of the mental health evaluation. A summary of the evaluation was also provided.

WRDCC also provided two examples of violation reports of sexual misconduct when it was determined that sexual activity was not PREA related.

INTERVIEWS:

Administrative staff report that inmates are not punished for making a PREA allegation especially if it is made in good faith. Staff reported that this is in policy. After visiting with mental health staff, it was reported they are very active in hearings that involved

inmates. Mental health staff stated that their recommendations are taken under advisement by facility staff. Mental health staff was complimentary of how administration responds to all allegations.

RECOMMENDATIONS:

None

Standard 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)

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.

Inmates housed at WRDCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to inmates who have previously perpetrated sexual abuse. Informed consent is obtained from inmates unless they are under the age of 18.

DOCUMENTATION REVIEW:

SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, "If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in 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 days of the intake screening. 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 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, "If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18."

Auditor also reviewed the PREA Risk Assessment Manual --- many questions remind users that if marked "yes" they need to contact mental health. For example Question 1 of the Risk Assessment:

> 1. Have you ever been approached for sex/threatened with sexual abuse while incarcerated? (If the offender offers any information with regards to incident place information in the comments box, it is not necessary to get specific details. Determine if the incident was reported. Has the assailant been added t the victim's enemy listing? Determine if the offender needs Protective Custody or a Mental Health Referral…"

ONSITE:

WRDCC also provided copies of the "WRDCC PREA Event Log" and "WRDCC PREA Log for Mental Health." The PREA Event log had four entries; three from 2014 and one from 2015. This log tracks offender name, number, and date of PREA event. It also tracks the date the provider was notified as well as any hospital information. This log has provider referrals but not referrals to outside hospitals. The

PREA log for Mental Health tracks the offender name, DOC number, date mental health was notified as well as the name of staff that was assigned. Mental health saw 37 inmates for PREA related allegations.

INTERVIEW:

Mental Health staff indicated they obtain informed consent from every inmate that comes through. They stated if the inmate is under the age of 18, they contact the Site Coordinator, who handles the youth and arranges for the youth's transfer.

Interviews with inmates stated they knew if they wanted mental health assistance due to a PREA allegation they can request it through their Functional Unit Managers (FUM's.) Inmates stated they have never been denied access to mental health at this facility.

RECOMMENDATION:

None

Standard 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)

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.

Inmate victims of sexual abuse at WRDCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

DOCUMENTATION REVIEW:

Policy SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 18-21 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. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment, health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation and hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.

****SOP The offender will remain in the medical unit until the investigator has determined whether or not the offender needs to go on medical out count.

When a forensic out count is indicated:

a. Health services staff members should contact the shift commander and the community emergency room to arrange transportation in accordance with institutional services procedures regarding offender transportation and specialized ambulatory care. The

offender will be held in medical when possible until the arrival of the investigator. Through communication with the hospital, health services staff shall determine when the offender should arrive at the hospital to ensure prompt services. If the offender refuses a forensic exam, medical staff members will educate the offender on importance of forensic exams. If the offender continues to refuse a forensic exam, documentation of the refusal will be noted on the refusal of treatment - no show form.

****SOP A copy of the refusal is to be sent to the PREA site coordinator.

Any emergency treatment provided should be documented, in SOAP format, in the applicable department computer system. Health services staff members should interact with the alleged victim in a neutral and non-judgmental manner. Health services staff members should ask the alleged victim for details of the incident that are important for the provision of health services. The health services related documentation of the alleged assault should be released only to the CAO or designee and the institutional investigator. Alleged victims of offender sexual abuse that consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis should 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. If initial disclosure of offender sexual abuse is made to health services staff members, notification should be made to the shift commander to initiate the coordinated response to offender sexual abuse in accordance with this procedure.

****SOP Health services staff are to also notify the PREA site coordinator. The reported perpetrator's health record will be reviewed by the health services administrator or designee and referred to the physician for appropriate communicable disease diagnostic testing.
Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. If the allegation involves penetration and the offender is being out counted for a forensic exam and/or treatment, a QMHP will assess the victim within two hours of the offender returning to the facility. If the allegation involves penetration but the offender is not being out counted due to the amount of time that has elapsed since the time of the incident, a QMHP will assess the offender within two hours of receiving notification from the shift commander. If the allegation involves non-penetration, mental health staff members will receive a referral and screening note - health services from the shift commander and assessment will be offered within the next business day unless emergent events warrants a more immediate response by mental health staff members. During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record.
If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment/ no show form.

****SOP A copy of the refusal of treatment form will be forwarded to the PREA site coordinator to be placed in the PREA event file.
If the offender requests an advocate, the QMHP will notify the site advocacy liaison.

****SOP A QMHP will notify the PREA site coordinator in writing or email when victim requests an advocate. PREA site coordinator will subsequently notify the investigative staff of victim's request for advocate. When the victim is out counted to MOSAIC Life Care for a SANE exam the hospital will contact the YWCA for advocacy services. When advocacy hours provided by the YWCA have been exhausted, the PREA site coordinator will notify the chaplain of the victim's request for an advocate. Institutional chaplain will meet with the victim and document the meeting, forward documentation to the PREA site coordinator to be placed in the PREA event file. If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event 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. Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 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. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include 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. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services."

Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon's obligations when obtaining medical care services from hospitals. The pages 42 – 45 outlines Corizon's experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct.

WRDCC's Coordinated Response to Offender Sexual Abuse addresses medical and mental health responsibilities for a penetration event and a non-penetration event.

For a penetration event:

Medical will:

•Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.

- The listing of SANE hospitals can be found on the PREA intranet page.
- WRDCC will utilize MOSIC Life Care for SANE Exams unless a SANE Nurse is not available.
- If a SANE Nurse is not available the Shift Supervisor will work with Medical and the PREA Site Coordinator to send the offender to another SANE Hospital on the list.
- MOSIC Life Care is to call the YWCA to provide advocacy service during the SANE Exam.
- If YWCA is unable to provide advocacy services, the Chaplain Rotation List is to be utilized. The Rotation List is located on the I:Drive in the PREA folder.

•If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
•Provide follow-up care upon offender's return from the medical out count.

Mental Health:

•Mental Health will respond within 2 hours of the offender's return from the medical out count.

For a non-penetration event:

•Mental health – Mental Health Referral Form – will respond no later than the next business day

ONSITE:

WRDCC also provided copies of the "WRDCC PREA Event Log" and "WRDCC PREA Log for Mental Health." The PREA Event log had four entries; three from 2014 and one from 2015. This log tracks offender name, number, and date of PREA event. It also tracks the date the provider was notified as well as any hospital information. This log has provider referrals but not referrals to outside hospitals. The PREA log for Mental Health tracks the offender name, DOC number, date mental health was notified as well as the name of staff that was assigned. Mental health saw 37 inmates for PREA related allegations.

INTERVIEW:

Mental health staff state that services start as soon as they are made aware of the need. They stated that if any medication is ordered during the SANE, orders would be sent to the facility and they would follow them. They also were able to articulate their first responder responsibilities if something were to happen inside the clinic.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any

confinement settings. They also offer tests for sexually transmitted infections as medically appropriate. (NOTE: WRDCC is a male only facility.)

DOCUMENTATION REVIEW:

SOP D1-8.13 Offender Sexual Abuse and Harassment, page 21, Section III (G) states, "Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include 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. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."

ONSITE:

Auditor reviewed four examples of "Referral and Screening Note – Mental Health/Medical Service." Each referral note had documented observed behaviors, the reason for referral, screening results as well as actions taken by mental health and medical.

INTERVIEW:

Mental Health/Medical Staff stated that physical exams are always done on alleged victims. They always check to see if there is anything that is reportable. They advised that they do provide services that are consistent with the community. They advise they do everything but the forensic exams on site. They compared their services to what a citizen would find at an Urgent Care.

RECOMMENDATION:

None

Standard 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)

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.

WRDCC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. They do this within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and any recommendations they may make.

DOCUMENTATION REVIEW:

SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 22 and 23, Section III (I) states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, and assistant division director. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from

supervisors, investigator, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The written report will be prepared by the PREA site coordinator. The facility shall implement the recommendations for improvement, or shall document its reasons recommendations shall not be implemented. The completed report shall be stamped confidential and shall be submitted to the assistant division director with a copy to department's PREA coordinator. The assistant division director shall forward the report to the division director. A copy of the report shall be filed in the institutional PREA event file for future audits.

WRDCC provided a copy of their "Debriefing Protocol." This protocol states, "Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. Debriefings will be conducted at the conclusion of all sustained and not sustained offender sexual abuse investigations and inquiries, not sexual harassment inquiries. Debriefings will not be conducted if the allegation was determined to be unfounded. The review team for offender sexual abuse events should include PREA Site Coordinator, with input from line supervisors, investigator, and medical or mental health practitioners when applicable."

This protocol also states also outlines the components of offender sexual abuse debriefing as well as the required components of the PREA Debriefing report. All of this information is also to be included the department's annual report.

ONSITE:

Auditor reviewed three examples of reviews of sexual abuse incidents. These reviews included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations. These reviews are also included in the facility's annual report.

INTERVIEW:

Staff stated that they review each case and look for ways that can be done to make it better for the inmate and for the facility. They do not want prevent future incidents. Staff reported they always look at the totality of the incident when making recommendations.

RECOMMENDATION:

None

Standard 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)

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.

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually.

DOCUMENTATION REVIEW:

SOPDI-8.13, Offender Sexual Abuse and Harassment, page 3, defines offender on offender sexual abuse, offender sexual abuse and offender sexual harassment. They are defined as follows:

> Offender on Offender Sexual Abuse: Sexual abuse of one offender by another offender includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
2. Contact between the mouth and the penis, vulva, or anus.
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.
4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Offender Sexual Abuse: Either offender on offender sexual abuse or staff member on offender sexual abuse.

Offender Sexual Harassment:

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender directed toward another.
2. Repeated verbal comments or gestures of a sexual nature to an offender, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

ONSITE:

Auditor reviewed the 2014 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2014 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at http://doc.mo.gov./OD/PREA/php.

INTERVIEW:

Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

RECOMMENDATION:

None

Standard 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)

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.

DOCUMENTATION REVIEW:

SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 27 – 28 state, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March. The report shall include:

(1) identified problem areas,

(2) recommendations for improvement,
(3) corrective action taken,
(4) if recommendations for improvements were not implemented, reasons for not doing so,
(5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse,
(6) an evaluation of the need for camera and monitoring systems,
(7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to:
(A) the staffing plan,
(B) the deployment of video monitors, and
(C) the resource availability to adhere to the staffing plan.

The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

Agency Report: The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions.

a. The report shall include:
(1) a comparison with prior year's data,
(2) corrective actions, and
(3) an assessment of the department's progress in addressing offender sexual abuse,
b. The report shall be forwarded to the department director for approval by the last working day in May.
c. The CAO or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility.
(1)The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited.
d. The department's annual PREA report shall be made available to the public on the department's internet website."

ONSITE:

Auditor reviewed the statewide annual report as well as the report as it relates specifically to WRDCC.

Auditor reviewed the 2014 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2014 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at http://doc.mo.gov./OD/PREA/php.

INTERVIEW:

None

RECOMMENDATION:

None

Standard 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)

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.

The agency ensures that incident based and aggregated data are securely retained. According the Agency Records Disposition Schedule, this information is retained for five years, and then it is destroyed. There are no personal markers in the annual report and it is posted on MDOC's website for public viewing.

DOCUMENTATION REVIEW:

SOPD1-8.13 Offender Sexual Abuse and Harassment, page 28 states, "The department's annual PREA report shall be made available to the public on the department's internet website."

ONSITE:
Auditor reviewed the MDOC 2014 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at http://doc.mo.gov./OD/PREA/php.

INTERVIEWS:

None

RECOMMMENDATION:

None

AUDITOR CERTIFICATION
I certify that:

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

/s/ Elisabeth M. Copeland Elisabeth M Copeland 12/31/2015

Auditor Signature Date