

PREA Facility Audit Report: Final

Name of Facility: Farmington Community Supervision Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/16/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Matthew Taylor	Date of Signature: 07/16/ 2023

AUDITOR INFORMATION	
Auditor name:	Taylor, Matthew
Email:	mtaylor@azadc.gov
Start Date of On-Site Audit:	06/15/2023
End Date of On-Site Audit:	06/16/2023

FACILITY INFORMATION	
Facility name:	Farmington Community Supervision Center
Facility physical address:	1430 Doubet Road, Farmington, Missouri - 63640
Facility mailing address:	

Primary Contact	
Name:	Jonathan Miller
Email Address:	Jonathon.Miller@doc.mo.gov
Telephone Number:	5737057277

Facility Director	
Name:	Christina McCarthy
Email Address:	Christina.McCarthy@doc.mo.gov
Telephone Number:	573-705-7281

Facility PREA Compliance Manager	
Name:	Jonathon Miller
Email Address:	Jonathon.Miller@doc.mo.gov
Telephone Number:	O: 572-218-5006

Facility Characteristics	
Designed facility capacity:	46
Current population of facility:	30
Average daily population for the past 12 months:	31
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18+
Facility security levels/resident custody levels:	Low
Number of staff currently employed at the	54

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	5737512389

Agency Chief Executive Officer Information:	
Name:	Anne L. Precythe
Email Address:	Anne.Precythe@doc.mo.gov
Telephone Number:	573-526-6607

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

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-15
2. End date of the onsite portion of the audit:	2023-06-16

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor sent an email to Just Detention International (JDI) to request any information they had related to this facility. JDI responded to my request and indicated they had no information related to the relevant conditions of the facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	46
15. Average daily population for the past 12 months:	31
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	32
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	11
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>6</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>52</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>6</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility had a very limited population available for interviews during the onsite portion of the audit. The auditor worked directly with facility staff to identify residents available at the facility to interview based on age, race, ethnicity, length of stay in the facility and housing assignment. The auditor was able to get a good cross-section of the residents available to interview.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility reported they have not had any sexual abuse investigations within the last 12 months preceding the audit. This information was also confirmed through the PREA Coordinator.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility reported they have not had any sexual harassment investigations within the last 12 months proceeding the audit. This information was also confirmed through the PREA Coordinator.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

PREA Auditors of America

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Department policy D1-8.13 outlines the agency’s zero tolerance towards all forms of sexual abuse and sexual harassment for all facilities it directly operates. Policy D1-8.13 outlines how the agency implements its approach to preventing, detecting and responding to incidents of sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the sanctions for those who are found to have participated in prohibited behaviors. The policy includes a comprehensive description of the strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>The Missouri Department of Corrections employs an upper-level agency-wide PREA coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The PREA coordinator falls under the agency’s Office of the Director and Office of Professional Standards. A review of the agency’s organizational chart illustrated this hierarchy. An interview with the agency PREA Coordinator Darren Snellen also confirmed his</p>

	<p>position and authority. Mr. Snellen also stated “I am in regular contact with PREA site coordinators providing them guidance and training. Each year I conduct mock audits of the facilities that are going to be audited and provide them with guidance and feedback. Additionally, each year we provide the site coordinators with a day training in regards to being compliant with PREA standard, our policies and procedures. Anytime an issue is brought to light during an investigation I contact the warden and site coordinator to address and correct the issue.”</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Missouri Department of Corrections does not currently enter into contracts for the confinement of residents in their facilities. This information was not properly entered into the facility PAQ when submitted but the auditor later confirmed with facility leadership that they do not currently enter into contracts for the confinement or residents in the facility.</p> <p>The auditor interviewed the agency contract administrator who indicated for any new contract, the contractor must provide a copy of the most recent PREA audit demonstrating compliance before placing clients in the facility. The contract administrator confirmed that an audit was completed for the facility within the last 3 years.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has developed and documented its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. The facility provided a copy of the facility staffing plan which outlined all three shifts’ normal staffing patterns and numbers as well as a critical staffing chart. The facility</p>

	<p>indicated in the PAQ the average number of daily residents of which the staffing plan was predicated was 46.</p> <p>During the site review process the auditor actively observed the number of staff and volunteers that were visually present. All areas of the facility were observed by the auditor which included the single resident housing unit, segregation areas, education and programming locations. The auditor carefully observed staff line of sight and any potential blind spots throughout the facility. During the site review, video monitoring was carefully observed and reviewed to determine if the use of the technology augmented and supported staff supervision. During the site review the auditor had informal conversations with staff regarding supervision practices. Informal conversations were also conducted with residents at the facility regarding staffing presence and how staffing impacts access to programming, education and daily activities.</p> <p>The facility reported through the PAQ there have not been any deviations to the staffing plan within the last 12 months. However, it was reported that if there were deviations to the staffing plan, they would be documented. This information was also confirmed during the interview with the facility administrator.</p> <p>A PREA 2022 was provided by the facility. This evaluation illustrated that at least once every year the facility, in collaboration with the PREA coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan, the deployment of monitoring technology and allocation of resources to commit to the staffing plan to ensure compliance with the plan. An interview with the agency PREA coordinator also substantiated his involvement with the staffing plan evaluation at the facility.</p> <p>The auditor interviewed the agency Director who stated “we consider and evaluate how the facility is designed to maximize the agency’s ability to protect residents. When installing or updating video monitoring systems we consider how those systems will enhance the facilities ability to protect residents from sexual abuse, focusing on blind spots.”</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility reported through the PAQ that they do not conduct cross-gender strip or cross-gender visual body cavity searches of residents. Policy P4-4.13 and D1-8.13 restricts cross-gender strip or cross-gender visual body cavity searches except in

exigent circumstances. The facility also reported in the PAQ in the past 12 months they have conducted zero cross-gender strip or cross-gender visual body cavity searches of residents.

During the site review process, the auditor visually observed areas within the facility where staff conducted strip searches of residents. The auditor observed designated strip search areas allowed for privacy either through barriers or privacy screens to prevent potential cross-gender viewing. The auditor also had informal conversations with random security staff who indicated staff of the opposite gender do not conduct these types of searches.

The facility reported through the PAQ that no female residents are housed at the facility. The auditor confirmed this information through resident rosters, staff conversations and direct observation.

Policy D1-8.13 requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

Policies D1-8.13 and P4-4.13 illustrate the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

During the site review process, the auditor observed the single housing unit at the facility and areas where residents would have opportunity to shower, use the toilet, or change their clothes. Video monitoring technology was reviewed by the auditor and no camera footage observed indicated residents could be seen in a state of undress, using the shower or toilet by staff of the opposite gender. The auditor observed the facility has implemented verbal announcement over loudspeakers in the housing unit when female staff are working on post in housing unit. Additionally, the facility has a visual sign that is hung in conspicuous areas of the housing unit, alerting residents of female staff presence.

The auditor conducted interviews with random staff throughout the facility.

Overwhelmingly staff indicated female staff regularly announce their presence prior to entering a housing unit. Staff also indicated they felt residents had the ability to shower and use the restroom without female staff seeing them in a state of undress.

Interviews were also conducted with random residents throughout the facility.

Overwhelmingly residents felt they had privacy when showering and using the restroom because female staff almost never entered the bathroom areas when residents were utilizing them.

Policy D1-8.13 prohibits staff from searching or physically examining a transgender or intersex residents for the sole purpose of determining the resident's genital status. The facility reported in the PAQ that have not conducted any such searches

	<p>in the last 12 months.</p> <p>The auditor conducted interviews of random staff throughout the facility. All staff interviewed indicated they would ever search a transgender or intersex residents solely for the purpose of determining the residents' genital status. The auditor was unable to interview transgender residents at the facility because there were none at the facility during the onsite portion of the audit.</p> <p>Policy D1-8.13, training logs and Divisional Searches Training Plan were provided by the facility outlining training specific to searches of transgender and intersex residents in a professional and respectful manner. The PAQ indicated that 100 percent of security staff have completed the required training.</p> <p>The auditor conducted interviews with random staff throughout the facility. All security staff indicated they had received training on how to conduct professional and respectful searches of transgender and intersex residents.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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<p>115.216</p>	<p>Residents with disabilities and residents who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The Department policy D1-8.13 illustrates the facility's established procedures to provide disabled residents equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility provided their current contracts for on demand interpretation services which included sign language. The facility also has established procedures for residents that are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The two most common languages spoken at the facility are English and Spanish. The facility provided posters and brochures that are placed in conspicuous locations throughout the facility to assist inmates that are disabled and are limited English proficient.</p> <p>During the site review the auditor made observations in the single housing unit and tested the availability of services provided by telephone. The auditor was able to test these services in English and Spanish. The auditor observed in the housing unit that written information was readily available in obvious and conspicuous locations where residents reside and congregate. All material observed was provided in both English and Spanish.</p>

	<p>Interviews were conducted with the agency Director who stated “the department assigns offenders based on their needs. Offenders with a disability would be assigned to an institution that is set up to accommodate them.” He reported that residents have a process of submitting ADA accommodations as well. He reported that facilities have signs and materials in other languages to assist those who are limited English proficient.</p> <p>The auditor interviewed a disabled resident at the facility who reported they received PREA educational materials in a way they could understand.</p> <p>Policy D1-8.13 prohibits the use of resident interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first responder duties under 115.264, or the investigation of the resident’s allegations. The facility reported that they have not had any instances where resident interpreters were utilized.</p> <p>Interviews with random staff and residents with disabilities were conducted. Interviews supported the facility’s adherence to established policy and procedures. The facility did not have any residents at the facility that were considered limited English proficient at the time of the onsite portion of the audit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policy D1-8.13 outlines the prohibition from hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>The auditor conducted file reviews of staff and volunteers at the facility substantiating these requirements.</p> <p>Agency policy D1-8.13 requires consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any</p>

contractor, who may have contact with residents.

The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.

Agency policy D1-8.13 requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility reported during the last 12 months, they hired 11 persons who may have contact with residents all of whom have had criminal background checks.

The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.

The auditor conducted file reviews of staff and volunteers at the facility substantiating these requirements.

Agency policy D2-2.2 requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The facility reported that in the last 12 months they have entered into 0 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.

The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.

The auditor conducted file reviews of staff, contractors and volunteers at the facility substantiating these requirements.

Agency policy D2-11.14 requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. It was noted by the auditor that agency policy actually requires background checks on all employees, contractors and volunteers every year on the person's birth month.

The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.

The auditor conducted file reviews of staff, contractors and volunteers at the facility substantiating these requirements.

Agency policy D2-2.22 requires that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.

115.218	Upgrades to facilities and technology
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1469 456">According to information provided by the facility in the PAQ, they have not acquired a new facility or made a substantial expansion or modification to the existing facilities since August 20, 2012, or since the last PREA audit.</p> <p data-bbox="280 501 1477 568">The auditor conducted interviews with the agency Director and facility administrator that confirmed the information provided in the PAQ.</p> <p data-bbox="280 613 1481 725">According to information provided by the facility in the PAQ, facility has installed and updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.</p> <p data-bbox="280 770 1477 1016">The auditor conducted an interview with the agency Director who indicated the department uses video monitoring to target secluded or blind areas where offenders may become victimized. The video cameras do not ever take the place of direct supervision but supplements supervision of residents to ensure safety and security of residents and staff. Interview with the facility administrator confirmed the information provided in the PAQ.</p> <p data-bbox="280 1061 1477 1173">Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 1382 983 1415">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1460 564 1494">Auditor Discussion</p> <p data-bbox="280 1538 1477 1908">Based on information provided by the facility in the PAQ, the facility is responsible for conducting administrative sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct. In the PAQ the facility reported they were responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). In the PAQ they reported when they conduct sexual abuse investigations, the agency investigators follow a uniform evidence protocol. Policy D1-8.8 outlines the agency's uniform evidence protocol. The facility coordinated response protocol also outlines procedures that staff are required to follow when an incident of sexual abuse occurs.</p> <p data-bbox="280 1986 1414 2054">The auditor interviewed multiple random staff working throughout the facility to assess staff knowledge of the required technical detail to aid responders in</p>

obtaining usable physical evidence. Staff reported with ease their responsibilities related to the facility's coordinated response protocols and obtaining and preserving physical evidence.

Information provided in the PAQ indicated that youth were not housed at the facility. However, the protocol established by the agency is appropriate for youth.

Information provided in the PAQ indicated the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Information provided in the PAQ indicated the facility offers all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility as no medical staff work inside the facility. The facility indicated that examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The facility also indicated they document efforts to provide SANEs or SAFEs. This information was evidenced by the provided SANE Hospital listing and the Department's Coordinated Response Plan.

The PAQ indicated the facility conducted zero forensic medical exams during the past 12 months, zero exams were performed by SANEs/SAFEs during the past 12 months and zero exams performed by a qualified medical practitioner during the past 12 months.

Information provided in the PAQ indicated the facility has an MOU with Southeast Missouri Family Violence Council is contracted with Delta Area Economic Opportunity Corporation to make available to the victim a victim advocate from a rape crisis center.

The auditor conducted interviews with the PREA Coordinator who confirmed compliance with the requirements of this standard and provisions. He stated "each site coordinator is responsible for contacting their local advocacy program to obtain an MOU or agreement to provide services. If the agency refuses to provide services, they are to obtain a written memo stating such. At that time, we train chaplains and other volunteers to act as advocates in the facilities."

The auditor was unable to interview any residents at the facility that reported sexual abuse because there were no residents at the facility that reported sexual abuse during the onsite portion of the audit.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1477 622">Policy D1-8.13 requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). The facility reported that in the last 12 months there have been zero allegations of sexual abuse and sexual harassment. The facility reported through the PAQ there were zero allegations resulting in an administrative investigation. There were zero allegations referred for criminal investigation.</p> <p data-bbox="280 663 1414 779">The auditor interviewed the Director of the agency that confirmed the facility conducts criminal and administrative investigations related to sexual abuse and sexual harassment.</p> <p data-bbox="280 819 1477 1061">Policy D1-8.13 require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Information in the PAQ indicated the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.</p> <p data-bbox="280 1102 1477 1173">The auditor reviewed the agency external website which confirmed the investigation policy is available to the public.</p> <p data-bbox="280 1214 1398 1285">The auditor interviewed investigative staff who confirmed there was a policy in place as required in this provision.</p> <p data-bbox="280 1326 1477 1442">Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.231	Employee training
	<p data-bbox="280 1650 983 1686">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1727 564 1762">Auditor Discussion</p> <p data-bbox="280 1803 1477 2085">Agency policy D1-8.13 and provided training plan illustrate that the agency trains all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of</p>

	<p>sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The PAQ and policy indicated that training is tailored to the gender of the residents at the facility and employees who are reassigned from facilities housing the opposite gender are given additional training. Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. Employees receive refresher training every two years. Between trainings employees are provided additional refresher training between the required two year training periods. The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>The auditor interviewed a random sampling of staff throughout the facility, all of which indicated they had been fully trained on PREA and their responsibilities as employees of the Department and confirmed the frequency of training.</p> <p>The auditor reviewed employee training records which illustrated the agency's compliance with this standard.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The training module "Volunteers in Corrections Training" illustrated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The PAQ indicated there were a total of 5 volunteers and contractors (who may have contact with residents) who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility reported the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The PAQ indicated</p>

	<p>the agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The auditor interviewed a volunteer at the facility, who confirmed they had received PREA training from the agency. The volunteer also articulated a basic understanding of a coordinated response plan in the event they had a resident report and incident of sexual abuse or sexual harassment to them. There were no contract staff that work at the facility during the onsite portion of the audit.</p> <p>The auditor reviewed volunteer training records which illustrated compliance with this standard.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy D1-8.13 dictates that during the intake process, residents shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Policy also requires that residents who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. Resident PREA education handouts, flyers and brochures illustrate compliance with this standard. The PAQ indicated there were 120 residents admitted during the past 12 months all of which were given PREA educational material. The facility reported there was one resident transferred from a different community confinement facility during the past 12 months. The facility also reported that this transferred resident was given required PREA refresher training upon entering the facility.</p> <p>The auditor interviewed intake staff at the facility who confirmed they provided all required PREA information to residents during the intake process. The auditor also interviewed a random sampling of residents throughout the facility. All residents reported receiving PREA information during intake and within 72 hours of entering the facility.</p> <p>The auditor spot checked resident records during the course of the audit illustrating residents received PREA related training and educational materials during the intake process or within 72 hours of intake. Residents also signed an acknowledgment</p>

	<p>form indicating they received the aforementioned training.</p> <p>During the site review process, the auditor was unable to observe an actual intake because there were no new residents entering the facility. The auditor did have a formal interview with a security and intake staff member who fully explained the intake process. Informational material was provided to residents via literature, which was available in both English and Spanish formats. Staff explained they speak with residents directly to ascertain if there are individuals that need additional assistance based on limited English proficiency or who were disabled, deaf, who were blind or have low vision and those that may have a cognitive disability. The auditor visually observed all areas of the facility and noted that signage was readily available throughout the facility, visually easy to read, clearly indicated what services were available to residents and available in English and Spanish formats.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Investigators also receive specialized training that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility PAQ also provided the training modules illustrating the training provided to its investigators. The facility reported there are a total of 10 investigators that have completed the required training. The facility also provided certificates of completion for the investigators who have completed the course, "Investigating sexual abuse in confinement settings."</p> <p>The auditor interviewed investigative staff from OPS who confirmed they had received the required training.</p> <p>The auditor reviewed training records of investigators which further confirmed the completion the required training.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information in the facility PAQ reported that medical and mental health staff do not work regularly in this facility.</p> <p>Information provided in the PAQ was confirmed through interviews with facility administration and through the auditor’s direct observations while onsite. Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. This policy also requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Policy also requires the facility reassess each resident’s risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident’s arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Policy requires that a resident’s risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. Finally, policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the resident’s own perception of vulnerability. The facility reported in the PAQ there were a total of 119 residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. In the PAQ the facility provided a copy of their “Risk of Victimization and Abusiveness Screening Tool.” The risk screening tool minimally considers 1) Whether the resident has a mental, physical, or developmental disability; 2) The age of the resident; 3) The physical build of the resident; 4) Whether the resident has</p>

previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; (9) The resident's own perception of vulnerability; and (10) Whether the resident is detained solely for civil immigration purposes.

During the site review process, the auditor confirmed who was responsible for conducting the risk screening of residents at the facility. The auditor was unable to sit through an actual risk screening of a resident at the facility because there were no intakes during the onsite portion of the audit. The auditor did have an intake screening staff member explain the entire risk screening process as if conducting a mock screening. The auditor confirmed the screening process occurs in a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed. The auditor assessed whether screening staff ask screening questions in a manner that fosters comfort and elicits responses. The auditor also tested the method for assessing confined persons for risk of being sexually abused by other persons confined in the facility or sexually abusive toward other persons confined in the facility, including whether:

- Screening staff use an instrument to collect information during the risk screening process.
- Screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status).
- Screening staff use additional sources of information, outlined in the Standards, to complete the initial risk screening assessment.
- Completion of the risk screening instrument returns a subsequent "score" or determination of risk of being sexually abused or being sexually abusive.

During the site review process, the auditor observed the safeguards the facility had in place to protect sensitive information related the risk screening process.

Sensitive information was only accessed by approved staff and were either locked in filing cabinets or electronic access which was password protected for authorized staff.

The auditor interviewed staff responsible for the risk screening process who confirmed risk screening takes place within 72 hours of arrival at the facility. This individual reported the intake and risk screening process is started immediately upon intake. They confirmed that residents were never disciplined for refusing to answer questions related to the risk screening.

The auditor also interviewed random residents throughout the facility who all confirmed they had received the risk screening upon entering the facility.

The auditor interviewed the agency PREA coordinator who indicated case managers in the facilities conduct the risk assessment of residents. The case manager supervisor is authorized to have access. He indicated outside of investigations, no

	<p>one else has access to actual risk assessment questions and answers.</p> <p>The auditor spot-checked residents' records at the facility which indicated residents were screened within 72 hours of their intake and that residents were reassessed for their risk of victimization or of being sexually abusive within 30 days after their arrival based upon any additional, relevant information received since intake.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies D1-8.13 and P4-4.24 address how the facility makes individualized determinations about how to ensure the safety of each resident. It also dictates how the facility in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The facility provided examples of risk screening information and how they use the information to make housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The auditor interviewed the PREA Coordinator and staff responsible for risk screening at the facility that confirmed adherence to individualized determinations for residents in the facility and agency wide. The PREA coordinator explained the various policies the agency has in place related to housing assignments of transgender and intersex residents. The PREA coordinator confirmed there are no dedicated housing units for the placement of transgender/intersex/gay/bisexual residents. He also confirmed placement and programming assignments for each transgender or intersex resident are reassessed at least twice each year to review any threats to safety experienced by the resident.</p> <p>The auditor was unable to interview any transgender or intersex residents at the facility because there were none currently housed in the facility during the onsite portion of the audit. The auditor confirmed this with facility leadership and through direct observation and conversations with residents.</p> <p>The auditor spot-checked how risk-based housing unit decisions were made and how residents were placed in the facility based on their risk assessment.</p> <p>During the site review process the auditor observed showers in housing units with</p>

	<p>doors that enabled transgender and intersex residents to shower separately from other residents.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 addresses the multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This policy also mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Policies D1-8.13 and D1-8.9 address a method for staff to privately report sexual abuse and sexual harassment of residents. The provided employee handbook confirms that staff are immediately required to document verbal reports. The facility also provided a copy of the Farmington CSC resident handbook outlining the various reporting methods that are available to all residents. The PAQ included an MOU with the Missouri Department of Safety which provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p>During the site review process the auditor actively observed all posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage observed included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. Signage was provided in both English and Spanish the other most commonly spoken language at the facility. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair. The auditor observed the information on the signage was accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone numbers. The auditor observed signage on how to report sexual abuse and sexual harassment both internal and external reporting methods. The auditor also observed the generalized locations of resident mailboxes and receptacles placed throughout the facility where all residents had access. Mailboxes were secured with locking mechanisms and only authorized staff at the facility has access to these boxes, which were never handled by other residents. The auditor successfully tested external reporting by phone which was easy to use. Residents were not required to enter any personally identifiable information in order to use the</p>

	<p>hotline. The auditor also noted that residents at the facility have access to their own mobile phones at the facility. The ability for residents to make calls at their discretion further enhances and facilitates reporting.</p> <p>The auditor interviewed random staff throughout the facility who were overwhelmingly aware of how to confidentially report incidents of sexual abuse and sexual harassment that was outside of their immediate chain-of-command or administration. Staff reported the Crime Tips hotline was a method of reporting incidents that was outside of their local chain-of-command. Staff were aware they were required to promptly report all reports given to them verbally, in writing, anonymously, and from third parties. The auditor also interviewed random residents at the facility who were aware of reporting mechanisms for incidents of sexual abuse and sexual harassment.</p> <p>The auditor interviewed the PREA coordinator. The coordinator stated residents have the ability to report incidents of sexual abuse and sexual harassment to the Department of Public Safety, who they have an MOU with. He stated this mail is handled like legal mail and they even provide the postage to the residents free of charge. He also explained that calls placed to the PREA hotline are anonymous.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies D5-3.2 and P7-1.7 illustrate the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. This same policies allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Residents are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The policies allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The policies illustrate a resident grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint. The agency's policies require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Policies allows third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of</p>

residents. If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. Agency policies have established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Agency policies dictate residents may be disciplined for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. The facility PAQ reported there were zero grievances filed within the last 12 months alleging sexual abuse. The PAQ also indicated there were a total of zero emergency grievances alleging substantial risk of imminent sexual abuse filed within the last 12 months. The PAQ indicated there were zero grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith within the last 12 months.

The auditor was unable to interview residents at the facility that reported sexual abuse because there were none available during the onsite portion of the audit. The information was substantiated by facility documentation, conversations with residents and staff and direct observation.

During the site review portion of the audit, the auditor visually observed the facility's third-party reporting mechanism documentation. This information was available to family members, friends, advocates, and attorney at the entrance of the facility and waiting area. The auditor tested the third-party reporting through the agency website. The PREA coordinator obtained the email and responded within a reasonable period of time.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Agency policy D1-8.13 provides direction on how the facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility PAQ indicated and provided an MOU they currently have with Southeast Missouri Family Violence Council for advocacy services provided at the facility.

The facility provided both English and Spanish versions of PREA information posters outlining emotional support services are provided in writing or by phone to Just Detention International, RAINN and Southeast Missouri Family Violence Council by mail or telephone at no charge.

During the site review process the auditor observed signage specific to emotional support services that clearly details the services and how to make contact with ongoing emotional support. Residents have the ability to contact these agencies by a facility provided phone or could use their own personal mobile phones. The auditor's assessment of this process was that it was easy to operate, residents understood how to make contact with these outside agencies, they could do so without financial cost and there was reasonable access for those residents considered limited English proficient and disabled. The auditor also reviewed the process for sending and receiving mail at the facility. A mail drop box was observed in a general location in the facility that remained locked at all times and could only be opened by authorized staff. This drop box could be used to send mail or letter or note in passing. All residents at the facility had equal and easy access to the mail drop box.

The auditor was unable to interview residents that reported sexual abuse at the facility because there were none at the facility during the onsite portion of the audit. The auditor confirmed this through facility documentation, interviews with staff and residents and direct observation.

The auditor interviewed random residents throughout the facility who reported they had access to outside ongoing emotional support through literature they see posted throughout the facility.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.

115.254	Third party reporting
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	Auditor Overall Determination: Meets Standard
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	<p>Auditor Discussion</p> <p>The facility PAQ illustrated multiple methods to receive third-party reports of sexual abuse and sexual harassment and how they distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The auditor reviewed the external agency website which provided a telephone number, the ability to write directly to the PREA Unit for the Missouri Department of Corrections and the ability to email directly to the Missouri Department of Corrections.</p> <p>During the site review process the auditor observed clear and obvious signage related to third-party reporting throughout the facility including public areas which can be accessed by family members, friends, advocates and attorneys.</p> <p>The auditor chose to test the third-party reporting email reporting mechanism during the audit process. The auditor was able to clearly and easily submit an email test complaint which the facility promptly responded to.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policy D1-8.13 requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also contains language indicating apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The facility also provided an excerpt from Missouri Revised Statutes related to mandatory reporting responsibilities further illustrating this requirement.</p> <p>During the site review process the auditor observed how the facility processed all types of methods of reporting for staff, volunteers and contractors. Reporting methods were available on demand and to all staff/supervisory staff at the facility.</p> <p>The auditor interviewed random staff throughout the facility who all reported their duty to report all instances of sexual abuse and sexual harassment immediately. The duty to report was also a requirement for instances of retaliation for individuals</p>

	<p>who reported or witnessed instances of sexual abuse or harassment.</p> <p>The auditor was unable to interview medical and mental health staff at the facility because there are none assigned to work at the facility.</p> <p>The auditor interviewed the facility administrator and Agency PREA Coordinator who confirmed that if an alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Interviews also confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the facility's designated investigators.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies P4-4.5 and D1-8.13 dictate when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The facility PAQ reported during the last 12 months there were zero instances when the agency determined a resident was subject to a substantial risk of imminent sexual abuse.</p> <p>The auditor interviewed the agency Director, facility administrator and a sampling of random staff throughout the facility all of which indicated that immediate action is taken to protect a resident the facility learns is at risk of imminent sexual abuse and articulated part of the agency coordinated response plan.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Agency policy D1-8.13 dictates that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This agency policy also requires that notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The policy requires the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The facility PAQ indicated that over the past 12 months they have received zero allegations that a resident was abused while confined at another agency. The PAQ reported they document they provide such notifications within 72 hours of receiving these allegations. The PAQ indicated over the past 12 months there have been zero allegations of sexual abuse the facility received from other facilities. The facility did provide old examples of notifications provided to outside agencies for the purposes of illustrating their compliance.</p> <p>The auditor interviewed the agency Director and facility administrator who both confirmed the agency response to allegations of sexual abuse and sexual harassment received from outside agencies and for allegations made inside a facility that occurred at another facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 provides clear guidance that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. This policy also requires if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ reported there were zero allegations of resident sexual abuse reported at the</p>

	<p>facility. The PAQ indicated there have been zero instances where an allegation of sexual abuse occurred and the first responder was not security staff.</p> <p>The auditor interviewed both random security staff and non-security staff first responders who confirmed their immediate steps to protect residents and collect evidence without destruction.</p> <p>The auditor was unable to interview any residents who reported sexual abuse at the facility because there were none at the facility during the onsite portion of the audit. This information was confirmed through facility documentation, interviews with staff and residents and direct observation.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ indicated they have a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership (Coordinated Response Plan).</p> <p>The auditor interviewed the facility administrator who confirmed the existence of a facility coordinated response plan.</p> <p>The auditor reviewed the facility coordinated response plan and determined that it meets all the requirements under standard 115.265.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy D2-11.6, the provided collective bargaining memo and Labor

	<p>agreement between the State of Missouri Department of Corrections Board of Probation and Parole Probation and Parole Assistants Bargaining Unit illustrated that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation of, or a determination of whether and to what extent discipline is warranted.</p> <p>The auditor interviewed the agency Director who confirmed any agreements entered into permit the agency from removing alleged staff sexual abusers from contact with any resident pending an investigation or a determination of whether and to what extent to discipline.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 establishes a process to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation. This policy requires that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ indicated the facility designates a specific staff member with monitoring possible retaliation. The PAQ indicated there were zero instances of retaliation that occurred in the past 12 months.</p> <p>The auditor interviewed the agency Director who reported retaliation monitoring on all victims, witnesses, and reporting parties. He also explained the retaliation monitoring process and how long monitoring takes place.</p> <p>The auditor interviewed the facility administrator who reported she would review what policy and procedure dictates first and knew that retaliation monitoring can go</p>

	<p>all the way to 90 days or more if necessary.</p> <p>The auditor interviewed and staff member charged with monitoring retaliation. The person responsible for monitoring retaliation at the facility is the PREA compliance manger. They reported they monitor housing changes, transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>The auditor was unable to interview residents that reported sexual abuse at the facility because there were none during the onsite portion of the audit. This information was confirmed through documentation, interviews with staff and residents and direct observation.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency and facility document all criminal investigations in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.</p> <p>The PAQ indicated that all substantiated allegations of conduct that appear to be criminal are referred for prosecution. The PAQ reported there were zero allegations at the facility that were referred for criminal prosecution since the last PREA audit.</p> <p>The facility provided their retention schedule regarding criminal and administrative investigations related to sexual abuse.</p> <p>The auditor interviewed investigative staff who confirmed that all investigations are handled promptly and professionally regardless of how the information is received, including third-party reports. The investigator confirmed investigators received specialized training regarding investigating sexual abuse in confinement settings.</p> <p>The investigator stated if a staff member left the agency prior to the completion of the investigation, they would continue the investigation and if criminal in nature they would submit a "PC statement" for prosecutorial review.</p> <p>The auditor interview the facility administrator, PREA coordinator and investigative staff who all indicated they would cooperate with outside investigators and that the</p>

	<p>point of contact would be the PREA coordinator for communicating information for both agencies.</p> <p>The auditor was unable to interview residents that reported sexual abuse at the facility because there were none available at the time of the onsite portion of the audit. This information was confirmed through facility documentation, interviews with staff and residents and direct observation.</p> <p>The auditor was unable to review investigative files at the facility during the onsite portion of the audit. The facility did not have any investigative files to share with the auditor because of the infrequency of sexual abuse and sexual harassment allegations that occur at such a small facility. The auditor decided to use agency wide investigations from other facilities operated under the Missouri Department of Corrections to triangulate the agency-wide handling of sexual abuse and sexual harassment investigations. The auditor observed investigations, for the most part, that were conducted promptly, thoroughly and objectively. Investigative files reviewed also illustrated that investigators gathered and preserved direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviewed alleged victims, suspected perpetrators, and witnesses; and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigative files reviewed indicated that when the quality of evidence appeared to support criminal prosecution, the agency conducted compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p>During the site review process the auditor observed physical storage areas where investigative files would be stored. This information was under lock and key and only those individuals authorized to use the information had access. Any electronic means of storage was password protected.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 outlines that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The auditor interviewed investigative staff during the audit who confirmed the</p>

	<p>preponderance of evidence standard requirement.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Agency policy D1-8.13 requires that following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The policy also requires that following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The policy additionally requires that following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The policy requires that all such notifications or attempted notifications are documented. The facility PAQ reported there were zero cases of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. The facility did provide examples of resident notifications to illustrate how the facility would handle this requirement if it occurred.</p> <p>The auditor interviewed the facility administrator and investigative staff, both of which confirmed that residents are always advised of the outcomes of investigations. There were no residents at the facility who reported sexual abuse at the facility during the onsite portion of the audit. This information was confirmed through facility documentation, conversations with staff and residents and direct observation.</p> <p>The facility did not have any investigative files to share with the auditor because of the infrequency of sexual abuse and sexual harassment allegations that occur at such a small facility. The auditor decided to use agency wide investigations from other facilities operated under the Missouri Department of Corrections to triangulate</p>

	<p>the agency-wide handling of sexual abuse and sexual harassment investigations and the reporting of outcomes to residents.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies D2-11.10 and D1-8.13 dictate that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy D2-11.10 outlines the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This policy also dictates that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>The PAQ indicated there were zero staff cases in the last 12 months that resulted in termination for violating agency sexual abuse or sexual harassment policies. The PAQ indicated in the past 12 months there was zero staff members from the facility that had been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 dictates that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law</p>

	<p>enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated there had been zero contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents. The PAQ indicated the facility takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The auditor interviewed the facility administrator who stated she immediately remove the contractor or volunteer from the facility and they would be banned.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 indicate that residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Policy D1-8.13 dictates that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This policy also prohibits all sexual activity between residents and may discipline residents for such activity. The PAQ reported that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The PAQ indicated 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 resident to participate in such interventions as a condition of access to programming or other benefits. The facility indicated there have been zero cases of administrative or criminal findings of resident-on-resident sexual abuse at the facility in the last 12 months.</p> <p>The auditor interviewed the facility administrator who confirmed the disciplinary process for residents accused of resident-on-resident abuse. She stated they take into account the severity of the incident, if they have been involved in similar incidents, the individual's mental capacity and prior disciplinary.</p> <p>The auditor was unable to interview medical and mental health staff at the facility because they do not regularly have these types of staff working at the facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is</p>

	substantially compliant with this standard and all of its provisions.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility PAQ indicated there are no medical or mental health care practitioners that work at the facility.</p> <p>This was confirmed by the auditor through direct observation. The facility provided a memo indicating medical care is given to residents at BJC Parkland Hospital and/or from Southeast Missouri Family Violence Council. The PAQ indicated security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. The PAQ indicated resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Agency policy D1-8.13 dictates that 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.</p> <p>The auditor interviewed security staff at the facility and they were overwhelmingly able to convey what was essentially part of their coordinated response plan when a sexual abuse incident occurs.</p> <p>The auditor was unable to interview residents that reported sexual abuse because there were no at the facility during the onsite portion of the audit. This information was confirmed through staff and resident interviews.</p> <p>The auditor was unable to review documentation of immediate notifications to medical and mental health practitioners because the facility has not had any sexual abuse incidents within the last 12 months.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims
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	and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policy D1-8.13 dictates facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The policy requires that all resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and treatment services are provided without financial cost to the resident. The policy also dictates that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The auditor was unable to interview medical or mental health staff at the facility because there are none that regularly work at the facility. The auditor was able to confirm this through direct observation during the onsite portion of the audit. The auditor was not able to interview residents that reported sexual abuse because the facility reported there were no residents at the facility during the onsite portion of the audit. The auditor was able to confirm this information through formal and informal conversations with residents and direct observation.</p> <p>During the site review process the auditor confirmed through direct observation and records provided that it was a male facility.</p> <p>The auditor was unable to review secondary documentation at the facility because medical and mental health services are not provided directly at the facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-813 requires that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The policy requires the sexual abuse incident review team to consist of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The policy requires sexual abuse incident reviews ordinarily occur within 30 days of the conclusion of an</p>

	<p>investigation. The facility reported they have had zero investigations in the last 12 month that alleged sexual abuse. The PAQ indicated the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>The auditor was unable to review examples of completed sexual abuse incident reviews during the onsite portion of the audit because they have not had any investigations of sexual abuse reported in the last 12 months.</p> <p>The auditor interviewed the facility administrator who confirmed the existence of a sexual abuse incident review team that included all required upper-level management officials and others involved with the incident. She also indicated their sexual abuse incident reviews ordinarily occur within 30 of the completion of the investigation. The auditor also interviewed the agency PREA Coordinator and a sexual abuse incident review team member, all of which confirmed the review team considered all the requirements of 115.286(d).</p> <p>The auditor reviewed an example of a sexual abuse incident review provided by the facility. The agency refers to these reviews as “debriefings.” The example provided did not occur at the facility but illustrated what sexual abuse incident review documentation looks like and what questions are asked.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 and data collection memo dictate how agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The policy mandates the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The facility PAQ indicated the agency aggregates the incident-based sexual abuse data at least annually. The PAQ indicated the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The PAQ indicated upon request, the agency has provided all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>The facility PAQ indicated the agency obtained incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. It was determined during the onsite portion of the audit that the facility is owned and operated by the Missouri Department of Corrections and is not a</p>

	<p>contract facility. The PAQ should have been N/A under 115.287(e).</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Information provided in the PAQ indicated the agency reviews data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The 2 most current annual reports were provided through the PAQ. The 2021 annual report included a comparison of the current year’s data and corrective actions with those from prior years and provided an assessment of the agency’s progress in addressing sexual abuse. The PAQ also indicated the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>The auditor interviewed the agency Director who stated the department as a whole assess and improve housing assignments, video monitoring and staffing levels. They provide additional training to staff. In the last 2 years, the PREA Unit representative speaks at every basic training course. The Director reported he reviews and approves the agency’s annual report.</p> <p>The auditor interviewed the PREA Coordinator. He indicated all data from PREA investigations is collected and stored. That information is then used to complete the Annual Survey of Sexual Victimization. He indicated the facility provides much of the data and is a cooperative process between the facility and PREA coordinators office. He also reported the agency takes corrective action on an ongoing basis.</p> <p>The auditor reviewed the agency annual report via the public website. The PAQ indicated the annual report is approved by the agency Director.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.289	Data storage, publication, and destruction
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1477 456">Agency policy D1-8.13 and agency retention schedule related to data collection and retention for PREA related investigations and statistical information outlines how the agency ensures that data collected pursuant to § 115.287 is securely retained.</p> <p data-bbox="280 468 1477 582">Policy requires all sexual abuse data collected is maintained for at least 10 years after the date of initial collection. The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency remove all personal identifiers.</p> <p data-bbox="280 624 1477 739">The auditor interviewed the agency PREA Coordinator who stated the only sources of data is secured in the administration with event files, in IRIS, and Filebound which only investigations and facility administration has access to.</p> <p data-bbox="280 781 1477 938">During the course of the site review process the auditor observed physical storage locations of information that is documented and collected in hard copy format. All observed areas were locked in offices and double locked in filing cabinets to ensure the privacy and the safety of the information.</p> <p data-bbox="280 981 1477 1050">The auditor reviewed the agency public website and confirmed through observation that the agency makes available aggregated sexual abuse data.</p> <p data-bbox="280 1093 1477 1207">Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.401	Frequency and scope of audits
	<p data-bbox="280 1482 983 1516">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1561 564 1594">Auditor Discussion</p> <p data-bbox="280 1639 1436 1796">During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p data-bbox="280 1839 1477 1995">The auditor reviewed the agency website which illustrated that each facility has been audited, specifically during the three-year audit cycle as required. The agency website also illustrated that at least one-third of each facility types operated by the agency has been audited.</p> <p data-bbox="280 2038 1445 2072">The auditor was provided full access to, and had the ability to observe all areas of</p>

	<p>the facility during the audit.</p> <p>The auditor was permitted to and received copies of any relevant documents (including electronically stored information) during the audit.</p> <p>The auditor was permitted to conduct private interviews with residents during the onsite portion of the audit.</p> <p>The auditor confirmed through photos of audit notices that the facility posted audit notices at least 6 weeks prior to the onsite portion of the audit. Physical notices of the audit were provided by the auditor and were posted in the most commonly spoken languages, English and Spanish.</p> <p>The auditor confirmed through resident conversations the process of sending and receiving mail. The residents indicated they could confidentially send correspondence to the auditor using regular mail procedures in advance of the audit.</p> <p>The auditor interviewed random residents at the facility who confirmed they were aware of the PREA audit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has published on its agency website, all Final Audit Reports. The review period is for prior audits completed during the past three years preceding this audit.</p> <p>The auditor reviewed the agency website and confirmed the existence of all the final PREA audit reports completed within the last 3 years.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	no

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	no
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes