

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Cremer Therapeutic Community Center (CTCC)	
Physical Address: 689 Route O, Fulton, MO 65251	
Date report submitted: 05/08/2015	
Auditor Information: Ron Baker, Liz Rice	
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Telephone number: 785-296-4501	
Date of facility visit: April 13-14, 2015	
Facility Information	
Facility mailing address: 689 Route O, Fulton, MO 65251	
Telephone number: 573-592-4013	
The facility is:	
<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private not for profit	
Facility Type: Adult Prison	
Name of PREA Compliance Manager: Kim Crouch	Title: Deputy Warden
E-Mail Address: Kimberly.crouch@doc.mo.gov	Phone Number:
Agency Information	
Name of agency: Missouri Department of Corrections	
Governing authority or parent agency: (if applicable) State of Missouri	
Physical address: 2728 Plaza Drive Jefferson City, MO 65109	
Mailing address: (if different from above)	
Telephone Number: 573-526-9003	
Agency Chief Executive Officer	
Name: George Lombardi	Title: Director
E-Mail Address: George.Lombardi@doc.mo.gov	Telephone Number: (573) 526-6607
Agency –wide PREA Coordinator	
Name: Vevia Sturm	Title: PREA Coordinator
E-Mail Address: Vevia.Sturm@doc.mo.gov	Telephone Number: (573) 522-1634

AUDIT FINDINGS

NARRATIVE:

In order to determine compliance with Prison Rape Elimination Act (PREA) standards an on-site audit was conducted of the Cremer Therapeutic Community Center (CTCC) on April 13-14, 2015 by DOJ certified auditors Liz Rice and Ron Baker and one assistant, C. J. Perez. Perez received training prior to the audit and supervision during the process from Baker and Rice.

Prior to the on-site portion of the audit, auditors provided the facility with the Auditor Notice which was posted at least 6 weeks prior to the on-site audit. The Pre-Audit Questionnaire along with other supporting documentation was provided to the auditors to review in advance of the on-site portion of the audit. Auditors appreciated the very well organized questionnaire with supporting documentation that was received and reviewed prior to the on-site visit. The same auditors conducted an on-site visit to another MDOC facility the same week and appreciate the CTCC willingness to be flexible with the schedule to accommodate both visits.

The auditors received the pre-audit questionnaire prior to the on-site visit and met to review the documentation provided prior to their arrival in Fulton, MO. The questionnaire was well organized and provided appropriate documentation to support their self assessment of the standards.

The auditors reported to CTCC on 04/13/2015 at 09:00 hrs to complete an introductory meeting and a tour of the facility. Present at the meeting were Warden , Assistant Warden and state PREA Coordinator . Immediately following the meeting the staff provided a tour for auditors that included all areas in the building and yard where inmates may be present . During the tour Asst Warden provided an overview of the mission of the facility and an explanation of how offenders are admitted and released from the facility. Auditors were able to observe staff and offender interaction during the tour and noticed the positive culture among staff.

Following the tour the audit team discussed the audit schedule with Asst Warden to ensure that the schedule would not conflict with the operational needs of the facility and provide ample opportunity for auditors to complete their required tasks. Offender and staff rosters were provided for the audit team to select people for random and targeted interviews. Staff interviews were conducted on the afternoon of 4/13 for staff on the 7-3 and 3-11 custody shifts. Auditors returned to the facility at 23:00 hrs to interview staff on the 11-7 shift. Staff interviews included 10 randomly selected custody line staff, custody shift supervisor, chief of custody, warden, PREA Compliance Manager, medical staff, treatment/program staff manager, intake staff, canteen staff, and probation/parole staff. All staff interviewed clearly understood their roles with regards to PREA. Human Resource, Mental Health and Investigative staff were not interviewed as they are dispatched from a nearby facility when needed. These staff were interviewed during the audit of FRDC on 4/14-16, 2015 and there were no deficiencies noted in the standard related to those sections. SAFE/SANE exams are conducted off site by the University of Missouri Hospital. Staff from that facility were not interviewed.

Offender interviews were conducted on 4/14/2015 and included at least one offender from each housing unit, an offender who had reported sexual abuse, an offender who self-identified as gay, and an offender identified as vulnerable during risk screening.

Auditors were given complete access to all areas of the facility.

At the conclusion of offender interviews the auditors prepared for a final exit interview/briefing with senior staff. Those in attendance for exit briefing were Warden, Asst. Warden, and State PREA Coordinator.

Members of this audit team have participated in two other audits of Missouri DOC facilities. During those audits interviews were conducted with State PREA Coordinator and Agency Head/Designee, therefore new interviews were not conducted during this on-site visit as previous interviews have been satisfactory.

The pre-audit questionnaire was well organized and contained the necessary supporting documentation. There were no deficiencies noted and the assessed strengths were staff buy-in to the PREA standards, staff training and their retention of information related to PREA, and the commitment of the warden and asst. warden to educate staff and inmates about PREA.

DESCRIPTION OF FACILITY CHARACTERISTICS

CTCC is a 180 bed substance abuse treatment facility operated by the Missouri Department of Corrections. CTCC was opened in 1994 in a converted State Hospital building and currently houses only adult male offenders. The facility is contained in a single building that includes 6 dormitory style housing units, treatment rooms, food service, recreation, visiting, and administrative areas (including a laboratory for drug testing). There are 2 segregation cells. Offenders at CTCC are at the end of their sentence

and release from CTCC to the streets.

Because of the age of the building and the original use there are many blind spots that they have attempted to cover with the use of cameras and staff monitoring. Auditors recommend the addition of cameras in the stair wells and dish room.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

115.11	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The agency has written policy D1.8.13 Offender Sexual Abuse and Harassment mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It outlines prevention, detection and responding to reports and mandates more specific procedures at the facility level.	
The PREA Coordinator and PREA Compliance Manager stated they have sufficient time and authority to develop and oversee compliance and each facility has a designated PREA Compliance Manager. The PREA Coordinator reports directly to agency Legal Counsel, and the PREA Compliance Manager, who is also the Assistant Warden at CTCC reports directly to the Warden.	
115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
CTCC does not contract with other entities for the confinement of offenders. The MDOC, as parent agency, contracts with 4 community confinement facilities, although none of them are specifically tied to this facility. The agency contract administrator draws up the contracts while the probation/parole division monitors compliance. Current contracts require the facilities to be PREA compliant to include a PREA audit this year. Additionally probation and parole staff conduct compliance audits every 6 months.	
115.13	SUPERVISION AND MONITORING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Agency policy D1-8.13 mandates that each facility maintains a staffing plan that provides for adequate staffing levels as well as an annual review of the staffing plan which includes the consultation of the PREA Coordinator. The average daily number of offenders at CTCC is 174 and the staffing plan is predicated on a maximum base of 180 offenders. Each required element was documented in "The PREA Staffing and Yearly Reporting Implementation Team" report, which was provided in the PAQ documentation for review. Regarding deviations from the staffing plan, it states, "Deviations from those established staffing patterns is reflected within shift summary reports, custody staffing rosters, custody overtime records and shift chronological logs. This documentation may include notation within activity logs reflecting activities that were canceled or rescheduled to a time when adequate supervision was present."	

Agency policy D1-8.13 and facility policy mandates unannounced rounds by supervisory staff. This is achieved in part, through post orders (IS20 -1.1) for custody supervisory staff. Policy dictates that chief administrative officers ensure all staff post orders “include a general order prohibiting staff from alerting other staff members that supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility.” These rounds are documented in the PREA rounds section of the "Shift Supervisors Weekly Institutional Inspection Worksheet" which were made available for the auditors review. Additionally, specific to CTCC and also per IS20-1.1 (post orders), "Due to being one housing unit, CTCC does not use the staff member sign-in form, shift supervisors will record their unannounced rounds on their security inspection form. Each week, the shift supervisors will submit their security inspection form to the chief of custody which will include their unannounced supervisor rounds."

In response to standard 115.13(b) regarding deviations from the staffing plan, CTCC advised that there was one occasion in which the staffing level dropped below the minimum allowed. Documentation was provided to include a memo from the Chief of Security to the Asst. Warden (of whom is also the PREA Compliance Manager). The memo explains that an officer left shift without authorization and that although an additional staff was called, the 3rd shift was below minimum staffing levels for a short period of time.

CTCC provided meeting minutes from its annual “Security Camera and Staffing Plan PREA Review Meeting”. Agenda items included the requirements of standard 115.13 (section C specifically) which outlines that in consultation with the PREA coordinator required by 115.11, the agency shall assess, determine, and document whether adjustments are needed to:

1. The staffing plan established pursuant to paragraph (a) of this section;
2. The facility's deployment of video monitoring systems and other monitoring technologies; and
3. The resources the facility has available to commit to ensure adherence to the staffing plan.

115.14 YOUTHFUL INMATES

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

Auditor comments, including corrective actions needed if does not meet standard

Youthful Offenders are not housed at Cremer.

Agency policy D1-8.13 prohibits the placement of youthful offenders in a housing unit in which they would have sight, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. CTCC however, does not house youthful offenders. Upon review of available policy and documentation and in speaking with CTCC reception staff, it was derived that if a youthful offender arrives in intake, they are directly supervised by custody staff through the entirety of the intake process and are normally routed to Farmington Correctional Center the same day.

In assessing the compliance at the agency level, auditors noted that State of Missouri regulation, Chapter 217 Department of Corrections Section 217.345, prohibits the placement of youthful offenders with adult offenders and requires physical separation and separate housing units. Institutional Services Procedure Manual, IS5-1.1 Diagnostic Center Reception and Orientation, outlines the procedure for notification, transportation, and housing of youthful offenders in the event one is admitted. Institutional Services Procedure Manual, IS5-3.1 Offender Housing Assignments, states, “youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made).”

115.15 LIMITS TO CROSS GENDER VIEWING AND SEARCHES

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy IS20-1.3 addresses sections (a), (d), (e) and (f) in regard to offender searches. Section (b) is N/A due to the fact that CTCC does not house female offenders. Documentation provided under (a) advised that "CTCC didn't conduct any cross-gender strip searches or cross-gender body cavity searches" during the 12 -month reporting period reviewed. Furthermore, MDOC staff does not conduct body cavity searches.

Agency policy D1-8.13 and CTCC policy SOP D1-8.13 mandates the announcing of opposite gender staff. These announcements are made once per shift and are documented in the custody staff chrono log. Both agency and facility policy dictate that offenders will be provided privacy from being viewed by non-medical opposite gender staff when “showering,

performing bodily functions and dressing” with the exception of exigent circumstances or “incidental to routine cell checks.” A DAI directive addressed to all “Wardens” was reviewed by the audit team which discussed the installation of privacy screens/barriers. Supplemental to the aforementioned memo from DAI, CTCC Warden also issued a directive to facility staff advising that shower curtains had been installed as privacy barriers to the main entrance of the showers rooms on the 2nd and 3rd floor. Per this directive and in compliance with PREA standard 115.15 (d), female staff are only allowed to pass beyond the curtain in exigent circumstances. The audit team observed said barriers during the tour. During the inmate interviews, all that were asked stated that the feel they have a reasonable expectation of privacy and alluded to confirmation of compliance of provision 115.15 (d).

Supporting documentation provided under 115.15(e) included an excerpt from policy D1-8.13 and IS11-34.1 “Health Assessment and Physical Examination at Reception”. Per D1-8.13, "If the gender of the offender is unknown at the time of intake, staff members shall not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff."

Training curriculum on “Searches” is in place at CTCC and a corresponding lesson plan was reviewed by the audit team. The MDOC standard for searching transgender and intersex offenders is defined as search practices for cross-gender pat downs. Policy IS20-1.3 states that "when pat searching a transgender male offender, male staff will utilize the female search technique when searching the offender’s upper torso. If the gender of the offender is unknown, a female staff member will be assigned to perform the pat search.” Information provided in the PAQ as well as a memo (dated 12-2-14) from CTCC Chief of Security reported that as of 11-26-14, all facility staff had completed the new training curriculum for searches; including conducting searches of cross-gender, transgender and intersex inmates appropriately. Newly hired officers will receive this instruction during basic training.

115.16	INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

MDOC has established procedures, in policy D1-8.13, for disabled and limited English proficient offenders to benefit from all aspects of their PREA efforts. PREA brochures and acknowledgment forms are available in several languages and posters are available in English and Spanish. There is also a brochure available in Braille for blind offenders. As part of the orientation process, the NIC “Speaking Up” video is used along with its written transcript. CTCC SOP D5-5.1 “Deaf and Hard of Hearing Offenders” details where and how to seek such services and is also posted throughout the facility.

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

Auditor comments, including corrective actions needed if does not meet standard

MDOC policy D1-8.13 as well as facility policy SOP D1-8.13 prohibits the hiring or promoting of anyone that has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse. These policies also mandate the consideration of sexual harassment in determining whether to hire or promote.

MDOC policy D2-2.2 (Background Investigations) outlines all elements required for background investigations of all staff members. An extensive background investigation including a criminal records check utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Criminal Information Center (NCIC) system is enforced. CTCC conducts annual background checks on employees in conjunction with their birth month. These checks are conducted by an administrative assistance who then forwards to the Warden for review and signature. Examples of employee MULES/NCIC checks were provided to the audit team for review.

In regard to 115.17 (c), CTCC provided the following advisement: "CTCC does not have our own personnel office. FRDC Personnel office staff conducts the checks for CTCC applicants who have previous experience working in institutional settings for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of

sexual abuse."

Policy also specifies, for promotions and other appointments, noting; "a check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for sustained allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is promoted or considered for other appointments."

Agency and facility policy (D1-8.13 and D2-2.2) as well as the employment application advise that material omissions are grounds for termination and address the contacting of previous institutional employers. MDOC Department Procedure Manual D2-11.14 Annual Employment Requirements asserts that criminal history checks are conducted annually, in the month following each staff member's birth month.

CTCC is able to provide information on official charges of sexual abuse or sexual harassment involving a former employee (as it would be a public record). However, they would be prohibited from providing information on sustained administrative cases unless written consent of the former employee was obtained (per MDOC policy D2-5.1-Maintenance of Employee Records).

During the reporting period, CTCC had 12 new hire employees; of which 11 had background checks. Employee files were reviewed at random; those reviewed contained records of background checks and auditors were also provided examples of contractor/volunteer background checks as well. Documentation of promoted employees also contained internal inquiries regarding misconduct involving sexual abuse or sexual harassment.

115.18 UPGRADES TO FACILITIES AND TECHNOLOGY

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

Auditor comments, including corrective actions needed if does not meet standard

Agency procedure D4-4.8 –Security Camera Operations adheres to the elements of PREA standard 115.18 (b).

CTCC reported that there were no substantial expansions or modifications during the reporting period. According to CTCC's 2013 PREA Annual Report, CTCC had a total of three reported sexual abuse allegations; 2 were noted as "offender on offender" and one was listed as "employee on offender." All of these allegations were concluded as "not sustained." CTCC noted that in review of the 2013 sexual abuse incidents there was sufficient camera footage available, as all occurred in offender living area locations where there are currently cameras.

There were no PREA cases (sexual abuse or sexual harassment) reported in 2014 according to the PREA Annual Report provided in audit documentation.

As of late October 2014, 1 new DSSRV-004DVD-US system with support equipment was purchased and installed. Current cameras have been hooked up to the new DVR system. During the interview with the Warden, she advised that 6 cameras had been purchased during the past year and that maintenance staff were planning to install them in the "Phase 3" rooms in the near future. Additionally, using canteen funds, another new DSSRV-004DVD-US with support equipment, plus 3 extra cameras for the canteen and a monitor were purchased. CTCC Warden noted during the interview that the new system now has 30-day retention/record time which is a significant improvement from past capabilities.

115.21 EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

MDOC Procedure D1-8.8 Evidence Collection, Accountability and Disposal provides a detailed outline of the agency's uniform evidence protocol which appears to be in line with "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents." Interviews of investigative staff as well as random and specialized staff indicated the application of this protocol. Knowledge of evidence collection and securing the crime scene was consistent throughout staff interviews.

All forensic exams are conducted off site by SANE's and agency policy D1-8.13, Section G. Health Services Care, delineates the

protocol thereof. CTCC noted that they have “had no out counts for forensic exams in the last 12 months.” The examples of forensic exams provided were from other MDOC facilities. A victim advocate is offered at the hospital (in Columbia, Mo), to accompany the offender through the exam process. This is offered in part, as a result of the development of a Weekly Rotation schedule shared between different chaplains who serve as victim advocates. Off-site advocacy training was provided and documentation indicates that all chaplains currently being utilized have received the necessary training.

115.22 POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

CTCC and the MDOC have policy and protocol in place to ensure that an investigation is completed for all allegations of sexual abuse or sexual harassment which is mandated by agency policy D1-8.13 and facility policy SOP D1-8.13. There were no allegations during the 12-month reporting period. Policy requires that all sustained investigations are referred for prosecution and the PREA Coordinator has a tracking system for each referral and account of each case’s status referral status.

MDOC has a PREA link on their website under “Resources.” From this link, annual aggregated sexual abuse data can be viewed as well as an overview of PREA, the agency’s zero-tolerance policy, third party reporting information, and other relevant resources such as the PREA Resource Center and Just Detention International.

115.31 EMPLOYEE TRAINING

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

Auditor comments, including corrective actions needed if does not meet standard

Required training elements of 115.31(a) were reviewed by auditors in the training curriculum that has been in use during the reporting period. During the reporting period, 80 new staff were hired; all of which received the training. MDOC policy D1-8.13 mandates initial PREA training upon hire and then refreshers every two years. In the off-year, between refreshers, policy states; “the department’s training staff members shall provide current information on sexual abuse and sexual harassment policies.”

In addition, if a staff member is reassigned or is transferred from a facility that houses female offenders to a facility that houses male offenders (or vice versa), agency and facility policy D1-8.13 requires staff to receive gender specific training as part of their orientation process.

Training records of new staff members as well as long time staff were provided for review. Records of initial PREA training were found in employee files as well as documentation of refresher training completed online. Training records reviewed and signed acknowledgement sheets provided documentation that staff had received and understood the training.

115.32 VOLUNTEER AND CONTRACTOR TRAINING

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy and facility SOP D1-8.13 mandates training for volunteers and contractors congruent with that of training for all staff members. MDOC’s definition of staff member includes volunteers and contractors. Auditors reviewed the lesson plan for “Volunteers in Corrections Training” which contains information about MDOC’s zero tolerance policy as well as the definitions of sexual abuse and sexual harassment, red flags of offender-on-offender sexual abuse, and reporting requirements. Volunteers and contractors are provided a brochure which reiterates the information provided in training. All volunteers and contractors interviewed reported that they had received PREA training. Signed acknowledgment forms were provided in the audit documentation.

115.33 INMATE EDUCATION

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

All offenders are offered PREA education upon arrival to CTCC. MDOC utilizes the Speaking Up video, PREA brochures, and posters visible throughout the facility. During the 12-month reporting period, CTCC reported providing PREA orientation to 677 offenders upon intake to the facility. Additionally, comprehensive education was provided to 752 offenders within 30 days of arrival. PREA posters also hang in the hallway where new offenders sit while they are being processed in that explains how to report sexual abuse/harassment.

It was noted that new offender intake screening is completed by the corrections case manager the day offenders are transferred to CTCC. Documentation explained that there was a period of time up until December of 2014 (and shortly thereafter) that inmates were being informed of the zero tolerance policy and ways to report sexual abuse/harassment during the intake process, however it was not being documented. This was missed in part, due to the retirement of a former staff member, and the transition of a new case manager. Documentation advised that "to ensure that this aspect is not missed again and also to document that it is occurring, on 2/11/15 it was added to the CTCC Classification Screening and Intake Checklist that gets completed by the corrections case manager while meeting with each new offender."

A statewide directive from the Agency Director of Adult Institutions was issued in August 2012 to all wardens regarding the requirements of offender PREA education.

As noted in 115.16 comments, offender education is available in a variety of formats and is accessible to offenders who are limited English proficient, deaf, visually impaired, or are otherwise disabled.

Auditors reviewed the offender PREA material and noted that pertinent information was contained therein; (i.e. offenders right to be free from sexual abuse and sexual harassment, avenues of reporting, zero tolerance policy). Auditors also reviewed samples of offender acknowledgment forms. Posters were visible in all areas of the institution and offenders reported consistently throughout the interviews that they understood avenues of reporting and their right to be free from sexual abuse and sexual harassment.

115.34 | SPECIALIZED TRAINING: INVESTIGATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

D1.8.13 Offender Sexual Abuse and Harassment mandates annual specialized training for investigative staff. "All new investigator and administrative inquiry officers (AIOs) or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training by the designated inspector general's office staff members". The 6 module, 36 hour training course was reviewed by auditors along with a log of staff completing the training that indicates the 2 investigators assigned to FRDC have completed the required training. CTCC does not have an assigned investigator. When an investigator is needed one is assigned from another facility. Frequently it is the investigator from FRDC but it could sometimes be from other locations based on workload.

115.35 | SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE

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

Auditor comments, including corrective actions needed if does not meet standard

D1.8.13 Offender Sexual Abuse and Harassment mandates annual specialized training for medical and mental health staff. This specialized training is four hours in length and contains the required elements of 115.35 along with relevant scenarios and group activities.

Forensic exams are not conducted at CTCC.

115.41 | SCREENING FOR VICTIMIZATION AND ABUSIVENESS

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

D1.8.13- Offender Sexual Abuse and Harassment policy: “Adult Internal Risk Assessment: An instrument utilized to assess offenders during intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive towards other offenders”. The following is excerpt from policy:

C.RECEPTION AND ORIENTATION:

1. a. Offenders shall be assessed within 72 hours of arrival.

b. Offenders shall be reassessed within 30 days of arrival.

(1) The reassessment shall consider additional relevant information received by the facility after the initial intake screening.

c. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness.

d. The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment. Institutional Services procedure IS5-2.3 Offender Internal Classification: also requires the 72 hour and 30 day assessment.

Number of offenders received during this 12 month period: 789

Number of offenders received during this 12 month period whose length of stay was 30 days or more: 739

Number of offenders received during this 12 month period whose length of stay was 72 hours or more: 781

In practice all inmates are screened on the date of arrival and interviews with assigned staff indicate a clear understand and adherence to policy and procedure.

115.42 USE OF SCREENING INFORMATION

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

MDOC procedure IS18-1.1 Required Activities, which in part states, “Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification.”

CTCC reported that have had no transgender offenders during the 12 months prior to the audit. MDOC has created a Transgender/Intersex Committee that is charged with making the housing decisions of transgender or intersex offenders, which, “shall not be made based solely on genitalia but must consider the offender’s health and safety and the security of the facility.” MDOC procedure IS5-3.1 Offender Housing Assignments requires that, as part of the duties of a facility’s Transgender Committee, that it “will review the housing assignments every 6 (six) months” and that transgender or intersex offenders will be given the opportunity to shower separately in accordance with a facility’s SOP.

Use of the risk assessment outcomes for housing and job assignments is very apparent and staff interviews confirmed that staff are aware of the requirements for assessment and use of the “Alpha”, “Kappa”, and “Sigma” indicators when assigning jobs and housing

Since 8/20/12, there have been no offenders that indicated they were transgender or intersex that have been housed at CTCC.

115.43 PROTECTIVE CUSTODY

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

CTCC does not have Administrative Segregation, due to all offenders placed at CTCC must be able to remain in general population in order to participate in the ITC substance abuse treatment program.

If an offender were to be assessed as needing protective custody due to being at risk of sexual victimization, he could temporarily

be placed in TASC for protective custody needs but then would need to be transferred to another location for placement in segregated housing.
 If an offender were assessed as not needing protective custody but needing to be housed somewhere other than CTCC, a transfer to BTC (the Boonville Treatment Center) could be arranged.
 There were no offenders placed in TASC for this reason during the 12 month reporting period: March 1, 2014-February 28, 2015.

115.51 | INMATE REPORTING

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

Auditor comments, including corrective actions needed if does not meet standard

D1-8.17: REPORTING SEXUAL ABUSE OR HARASSMENT

1. Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not be limited to:

- a. informal resolution request (IRR), grievance process, or offender complaint,
- b. to a staff member,
- c. PREA hotline,
- d. advocacy agency,
- e. Department of Public Safety, Crimes Victims Services Unit

Auditors found posters throughout the facility with contact information for the above noted reporting types. During offender interviews it was apparent that inmates trust that they can report sexual abuse or harassment to staff. Staff interviews indicated that they accept reports from offenders in writing and from third parties, and that they would treat any reports in the same manner and according to the coordinated response protocol.

Offenders are not detained at CTCC for civil immigration purposes.

Auditors reviewed an MOU between MDOC and the Department of Public Safety in which responsibilities of each entity was outlined in the event that an allegation of sexual abuse or sexual harassment is received. The entities have established a Sharepoint application as a mutually accessible access point for each to share and refer allegations. This was established in July 2013.

The offender PREA brochure and employee handbook were provided to auditors.

115.52 | EXHAUSTION OF ADMINISTRATIVE REMEDIES

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 specify that there is no limit imposed on offender sexual abuse grievances, that they can be submitted to a staff member who is not the subject of the grievance, and that there is no informal resolution required.

N. Policy D5-3.2 PREA INFORMAL RESOLUTION REQUEST/GRIEVANCE/APPEAL:

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

- a. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with

staff members, an alleged incident of offender sexual abuse.

2. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section.

a. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint.

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

3. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA.

4. Informal resolution request alleging sexual abuse will be processed normally with the exception of the following:

a. A response should be completed as soon as practical, but no later than 30 calendar days of receipt.

5. Offender grievances alleging sexual abuse will be processed normally with the following exceptions:

a. the CAO or designee should respond within 30 calendar days of receipt.

b. Computation of the 30 day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee.

6. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions:

a. a response should be provided as soon as practical, but no later than 30 calendar days of receipt.

b. Computation of the 30 day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee.

c. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision.

(1) The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.

d. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process.

7. Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.

a. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.

b. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.

c. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.

d. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.

e. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in

the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.

f. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.

8. Nothing in this section shall restrict the agency's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired.

O. PREA – EMERGENCY INFORMAL RESOLUTION REQUESTS:

1. Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry.

2. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form.

3. Emergency informal resolution requests will be processed as follows:

a. The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.

b. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.

c. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.

d. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.

e. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.

f. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.

g. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure.

There were no IRR's or grievances regarding PREA issues (sexual abuse or harassment) filed at CTCC in the past 12 months, 3/01/14-2/28/15.

115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES AND LEGAL REPRESENTATION
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- | |
|---|
| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) |
| <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) |
| <input type="checkbox"/> Does Not Meet Standard (requires corrective action) |

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 addresses compliance with Standard 115.53

Policy D1.8.13 Offender Sexual Abuse and Harassment (pg 21)

6. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers where available of local, state, or national victim advocacy or rape crisis organizations.

a. The facility shall enable reasonable communication between offender victims and these organizations.

b. A list of the above shall be maintained in the library and/or other common areas of every facility.

The facility has tried to secure MOU with local advocacy center True North Crisis Center and the center declined to enter an agreement or provide services. The following information is found on posters throughout the facility for outside support:

Just Detention International
 3325 Wilshire Blvd., Suite 340
 Los Angeles, CA 90010
 213-384-1400

To call this number, you will need to utilize the offender telephone system.

Rape, Abuse and Incest National Network (RAINN)
 1220 L Street NW, Suite 505
 Washington DC 20005

To call this agency, you may dial 7246 on the offender telephone system at no charge.

115.54 THIRD-PARTY REPORTING

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

Auditor comments, including corrective actions needed if does not meet standard

Methods to report sexual abuse and harassment are made available to the public via the Department’s website which you can access at <http://doc.mo.gov/OD/PREA.php>.

115.61 STAFF AND AGENCY REPORTING DUTIES

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 outlines compliance with Standard 115.61.

further, State Statute : Abuse of offender, duty to report, penalty--confidentiality of report, immunity from liability--harassment prohibited. 217.410.
 Policy D1-8.13 excerpt:
 6. The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders.

7. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure.

a. Medical and mental health staff members shall inform offenders of the practitioner's duty to report at the initiation of services.

8. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.

115.62 AGENCY PROTECTION DUTIES

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 outlines compliance with Standard 115.62.

All staff interviewed, as well as the Agency Head and Warden, reported they would take immediate action if they learned an offender was subject to a substantial risk of imminent sexual abuse.
 In the past 12 months, there have been no reports or determinations that an inmate is subject to a substantial risk of imminent

sexual abuse.
If a report or determination was made that an inmate is subject to a substantial risk of imminent sexual abuse, we would assess the offender for least restrictive housing. This should be done within 24 hours. If the offender requested protective custody he would be housed in TASC until transfer arrangements could be made.

If the offender did not want protective custody, some other alternatives would be to move him to the second floor (sigma floor) or arrange to transfer him to the Boonville Treatment Program.

115.63 REPORTING TO OTHER CONFINEMENT FACILITIES

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

Auditor comments, including corrective actions needed if does not meet standard

In the past 12 months, CTCC has not had any offenders report allegations of being sexually abused while housed within another confinement facility.

If an allegation of this nature were to be made, the shift supervisor would complete the coordinated response. If the alleged incident happened at another MDOC facility the normal notification process would be utilized. If the alleged incident happened while in a county jail, it would be forwarded to the DOC PREA coordinator at central office.

Excerpt from December staff memo outlining changes to policy with regard to 115.63:

There has been a recent change to D1-8.13 Offender Sexual Abuse and Harassment policy. Previously, when an offender reported a PREA incident that occurred at another department such as a jail or federal facility we did not have to do the Coordinated Response form. We only had to notify Mental Health staff who would follow up with the offender. The new policy that went into effect on 12/26/14 has changed that procedure. The new policy now reads:

2. Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours.

a. A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections.

Whenever an offender discloses that they have had a PREA incident at another facility or agency, have the shift commander fill out the form. They only need to forward it to me and I will take care of notification to the PREA Coordinator. They also need to summarize the event in the comment section and also if the offender reported the incident or not at the time and if so, who they reported it to.

115.64 STAFF FIRST RESPONDER DUTIES

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D 1 8.13 dictates compliance with Standard 115.64

There have been no allegations made at CTCC in the last 12 months.

CTCC has a coordinated response protocol which outlines duties of first responders which includes; separating the alleged victim, preserving and protecting the crime scene and taking measures in regards to the victim to preserve physical evidence.

Pages 21-23 of staff basic training cover these requirements.

Staff members interviewed were able to clearly explain their duties relative to the coordinated response protocols.

115.65 COORDINATED RESPONSE

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

Auditor comments, including corrective actions needed if does not meet standard

“Coordinated Response to Offender Sexual Abuse” is CTCC's written institutional plan of coordinated actions in the case of offender sexual abuse. This plan accounts for coordination among staff first responders, medical and mental health staff, investigators, and facility leadership which contains very detailed direction distinguishing the duties of each staff member. The “Coordinated Response to Offender Sexual Abuse” is a five-page handout that outlines immediate response on the floor for first responders, supervisors, medical, mental health, investigators, PCM, and PREA Coordinator. The PREA training lesson plan also clearly outlines these actions, to be taken by staff in the event of sexual abuse of an offender.

115.66 PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS

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

Auditor comments, including corrective actions needed if does not meet standard

Policy D2-11.6 Labor Organizations meets requirements of Standard 115.66.

CTCC did provide the agreement between The Department of Corrections State of Missouri and The Missouri Corrections Officers Association (MOCO). The agreement is valid from 10/1/2014 to 9/30/2018.

115.67 AGENCY PROTECTION AGAINST RETALIATION

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 contains the elements of Standard 115.67.

The policy states the PREA Site Coordinator is responsible for monitoring retaliation.

The policy dictates multiple measures shall be employed as means of protection for staff and offenders who fear retaliation for reporting an incident of sexual abuse or sexual harassment.

The policy dictates monitoring shall occur for a minimum of 90 days. The policy also dictates monitoring would continue for an additional 90 days or until the victim or the reporter are no longer in fear of retaliation or the investigational inquiry disposition was unfounded.

The items monitored are those listed in the elements of this standard. CTCC utilizes an Assessment/Retaliation checklist to document monitoring efforts.

The policy dictates periodic status checks are completed every 30 days.

The policy dictates any individual who cooperates with an investigation and expresses fear of retaliation; the facility will take appropriate measures to protect the individual from retaliation.

The policy dictates monitoring will conclude when it is determined the allegation is unfounded.

CTCC provided examples of monitoring incidents as supporting documentation. The facility only houses inmates for treatment and the program is for 84 days so the examples were only for initial or 30 day follow-up but they showed they are following the procedures.

115.68 POST-ALLEGATION PROTECTIVE CUSTODY

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 addresses compliance with Standard 115.68.

The policy dictates offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made.

The policy dictates the facility shall review the offender's status every 30 days to determine the need for continued segregation.

The policy does not address or provide for what privileges, access to programs and work opportunities are available to offenders placed in involuntary segregation or if it is documented what access has been limited, the duration of any limitation, or the reason(s) they are limited.

Auditors reviewed investigation reports, documentation and also spoke with shift supervisors and both show that CTCC considers alternatives to involuntary segregation in accordance with standard 115.43.

115.71 CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D 1-8.1 and D 1-8.4 dictate compliance with Standard 115.71.

CTCC's investigation division is under the jurisdiction of the Inspector General's Office. CTCC uses an investigator from FRDC who maintains specialized training in sexual abuse investigations. Investigators conduct administrative and criminal investigations.

Investigators are trained to collect and preserve evidence, interviewing, report writing and continuing an investigation to prosecution when warranted. Investigation reports are well documented and are maintained by the agency. Both policy and practice supported that all sustained cases were referred for prosecution. The PREA Coordinator has a tracking system which accounts for each referral and the status thereof.

CTCC provided investigations for pre-audit review as supporting documentation which included examples of investigation request and examples of third party reports. Auditors also reviewed investigation files on-site. Investigations reviewed indicated they were done in a prompt, thorough and objective manner. CTCC did not have any sustained allegations of offender sexual abuse therefore there were no referrals for criminal prosecution.

Examples were from other agency facilities.

The agency investigator from FRDC interviewed was able to articulate elements of this standard and provided elements of agency training and investigations protocol. The investigator interviewed was also able to articulate procedures for counseling with prosecutors and outside law enforcement agencies.

115.72 EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 dictates facility does not employ a standard higher than a preponderance of evidence as proof in determining whether allegations of sexual abuse or sexual harassment are substantiated. Review of the investigations supported this as practice.

115.73 REPORTING TO INMATES

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 dictates facility compliance with Standard 115.73.

The policy dictates, upon the conclusion of an investigation, the facility informs the offender whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.73(b) is not applicable to this audit.

The policy dictates that following an allegation involving staff-on-offender sexual abuse, (unless determined to be unfounded) the facility informs the offender when; the staff member is no longer posted within the offender's living unit, the staff member is no longer employed at the facility, the agency learns the staff member has been indicted on a charge related to sexual abuse, or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Site Coordinator is charged with providing this offender notification.

The policy dictates that, following an offender's allegation he/she has been abused by another offender, the facility informs the alleged victim when; the agency has learned the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or the agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Site Coordinator is charged with providing the notification to the offender.

The policy dictates the notifications shall be done in writing.

CTCC has not had any PREA allegations/investigations in the past 12 months

115.76 | DISCIPLINARY SANCTIONS FOR STAFF

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 and Policy D2-11.10 dictate compliance with Standard 115.76.

The policy dictates staff is subject to disciplinary sanctions up to and including termination for violations of agency sexual abuse or sexual harassment policies.

The policy dictates termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Policy D2-11.10 Staff Member Conduct addresses incidents of staff misconduct of a sexual nature and includes sexual abuse and harassment of offenders.

Policy D1-8.13 dictates 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 relevant licensing bodies.

Review of investigations indicated that staff are disciplined for violating the agency sexual abuse and sexual harassment policy. CTCC reported there were no incidents to report to relevant licensing bodies during this audit period.

115.77 | CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 dictates compliance with Standard 115.77.

The policy dictates contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement and relevant licensing bodies.

The policy further dictates the facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in cases of any other violations.

Policy D2-13.1 Volunteers addresses conduct pertinent to volunteers and dictates any allegation of sexual abuse or sexual

harassment will be referred for investigation.

CTCC reported there were no incidents involving a contractor or volunteer to report to law enforcement or relevant licensing body during this audit period.

115.78 DISCIPLINARY SANCTIONS FOR INMATES

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 dictates compliance with Standard 115.78.

The policy dictates offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding the offender engaged in offender-on-offender sexual abuse.

The policy dictates sanctions shall be commensurate with the nature of and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

The policy dictates an offender's mental disability or mental illness contributed to his behavior when determining sanction(s).

The policy dictates if found guilty, the offender shall be referred for appropriate treatment to include therapy or counseling by mental health staff.

The policy dictates an offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent.

CTCC provided MDOC Conduct and Rules Sanctions IS19-1.1 addressing consensual and non-consensual sexual activity of offenders.

CTCC provided a facility directive/memo which details considerations for mental disability or mental illness of offenders in conjunction with the offender disciplinary process. CTCC also provided a referral form utilized by MDOC for input/feedback from a qualified mental health practitioner in sustained cases of offender on offender sexual abuse.

115.81 MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy IS11-32 Receiving Intake Unit and D1-8.13 Offender Sexual Abuse and Harassment address compliance with Standard 115.81.

Both policies dictate that if an offender discloses victimization or perpetration of sexual abuse whether it occurred in an institutional setting or in the community, staff offer a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Adult Internal Risk Assessment (PREA screening) documents whether a mental health referral was accepted or declined and, if accepted, prompts staff to complete the mental health referral.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments or as otherwise required by state or local law.

Both policies dictate medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

CTCC also provided medical and mental health PREA event logs and offender confinement records as supporting documentation for this standard.

115.82 ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 addresses compliance with Standard 115.82.

The policy dictates that offenders shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The scope of such services is to be determined by medical and mental health practitioners according to professional judgment. Documentation and specialized staff interviews supported this as practice.

The policy dictates that offender victims of sexual abuse while incarcerated shall be offered timely information about and time access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

The policy dictates services will be provided to the victim without financial cost whether the victim names the abuser or cooperates with the investigation.

CTCC utilizes CORIZON as the medical provider and provided Part 2.4 of the contractual agreement between CTCC and CORIZON as supporting documentation denoting CORIZON's obligation to provide medical and mental health services to CTCC offenders in compliance with the PREA Standards.

The same contractual agreement denotes in the Offsite Hospital Care section, CORIZON will be responsible for and will arrange timely payment for all hospital care and related health care expenses.

Staff interviewed articulated facility practice and agency policy in regards to medical and mental health care provided in incidents of sexual abuse.

115.83	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 dictates compliance with Standard 115.83.

CTCC offers medical and mental health evaluations and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The policy dictates follow-up services shall be provided and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or release from custody.

The policy and practice indicates that CTCC provides services consistent with the community level of care.

The policy dictates victims of sexual abuse shall be offered prophylaxis for sexually transmitted infections.

115.83(d), (e), do not apply as CTCC is an all-male facility.

The policy dictates treatment services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation.

The policy dictates an offender perpetrator of sexual abuse shall receive mental health evaluation by a qualified mental health practitioner within 60 days of learning of such abuse.

CTCC has not had any referrals to show as examples of follow up care provided to offenders as supporting documentation for this standard.

115.86	SEXUAL ABUSE INCIDENT REVIEWS
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- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 addresses compliance with Standard 115.86.

The policy dictates CTCC shall conduct a sexual abuse incident review, or “debriefings,” at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation was determined to be unfounded. It is documented on the PREA sexual abuse debriefing form and submitted to the PREA Coordinator, Chief Administrative Officer, and assistant division director.

The policy dictates such reviews shall be held within 30 days of a formal investigation, that the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, and that facilities shall implement the recommendations for improvement or document its reasons for not doing so.

CTCC provided as supporting documentation a sample review which documented all elements of Standard 115.86(d) 1-6.

Auditors concluded inclusive with supporting documentation provided by CTCC, staff interviewed articulated the importance of sexual abuse reviews and their relevance to enhance the safety of offenders and staff.

115.87 DATA COLLECTION

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 addresses compliance with Standard 115.87.

The policy describes the collection of uniform data by the Agency PREA Coordinator. Data is collected and reported on BJS Survey of Sexual Violence in addition to maintaining data in the information network (COIN) system. Policy and practice indicated that data is collected annually, at a minimum.

CTCC provided documentation of monthly incident based data for years 2013 and 2014, and the annual report by facility for 2013.

115.87(e) does not apply to this audit.

115.88 DATA REVIEW FOR CORRECTIVE ACTION

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action) **Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates compliance with Standard 115.88.

The policy outlines the Agency PREA Coordinator’s responsibilities in collecting and aggregating data and preparing an annual report, pursuant to 115.88. Data was available and was reviewed by auditors on the agency’s website.

Data is collected and used to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Problem areas are identified and corrective actions are noted on an ongoing basis. The agency prepares an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The report(s) compares data from previous years along with corrective actions and denotes the agency’s progress in addressing sexual abuse.

The reports are submitted and approved by the agency head, the Agency PREA Coordinator, and are provided on the agency’s website. The website was reviewed by auditors and was found to be compliant with element(s) of this standard.

The agency redacts specific material from reports when publication would present a clear and specific threat to the safety and

security of a facility. The agency indicates the nature of the material redacted.

CTCC provided the CTCC PREA yearly report for 2013 and the Missouri Department of Corrections yearly PREA report for 2013 as supporting documentation.

115.89 DATA STORAGE, PUBLICATION, AND DESTRUCTION

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 and practice assert that data is securely retained. Data is available via website and can be viewed by the public. Personal information is redacted.

AUDITOR CERTIFICATION:

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



Auditor Signature

05/08/2015

Date