

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final
Date of Report July 21, 2019

Auditor Information

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Telephone: 850-209-4878	Date of Facility Visit: June 10-12, 2019

Agency Information

Name of Agency:	Governing Authority or Parent Agency (If Applicable):		
Missouri Department of Corrections	State of Missouri		
Physical Address: 2729 Plaza Drive	City, State, Zip: Jefferson City, Missouri 65109		
Mailing Address: P.O. Box 263	City, State, Zip: Jefferson City, Mo.65102		
Telephone: 573 751-2389	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Improving Lives for Safer Communities

Agency Website with PREA Information: <http://doc.mo.gov/programs/PREA>

Agency Chief Executive Officer

Name: Anne L. Precythe	Title: Director
Email: Anne.Precythe@doc.mo.gov	Telephone: 573 751-2389

Agency-Wide PREA Coordinator

Name: Vevia Sturm	Title: Missouri Office of Professional Standard (OPS) PREA Coordinator
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573 751-2389

PREA Coordinator Reports to: Matt Briesacher Office of Professional Standards	Number of Compliance Coordinators who report to the PREA Coordinator. 0
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Facility Information

Name of Facility: Chillicothe Correctional Center
Physical Address: 3151 Litton Road Chillicothe, MO 64601
Mailing Address (if different than above):
Telephone Number: (816) 842-7467

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission Improving Lives for Safer Communities

Facility Website with PREA Information: <http://doc.mo.gov/programs/PREA>

Warden/Superintendent

Name: Chris McBee	Title: Warden
Email: chris.McBee@doc.mo.gov	Telephone (606) 646-4032

Facility PREA Compliance Coordinator

Name: Kimberly Herring	Title: Deputy Warden of Offender Management
Email: kimberly.herring@doc.gov	Telephone: (606) 646-4032

Facility Health Service Administrator

Name: Sterling Ream	Title: Health Service Administrator
Email: sterling.ream@corizonhealth.com	Telephone: (606) 646-4032

Facility Characteristics

Designated Facility Capacity: 1636		Current Population of Facility: 1425		
Number of inmates admitted to facility during the past 12 months				1598
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				1590
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				1598
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				150
Age Range of	Youthful Inmates Under 18: N/A		Adults: 18-78	
Population:			Adult Females	
Are youthful inmates housed separately from the adult population?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> .NA	
Number of youthful inmates housed at this facility during the past 12 months:				N/A
Average length of stay or time under supervision:				2.44 years
Facility security level/inmate custody levels:				Minimum - maximum
Number of staff currently employed by the facility who may have contact with inmates:				540
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				99
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				2
Physical Plant				
Number of Buildings: 14		Number of Single Cell Housing Units: 0		
Number of Multiple Occupancy Cell Housing Units:		38		
Number of Open Bay/Dorm Housing Units:		0		
Number of Segregation Cells (Administrative and Disciplinary):		58		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
<p>CCC currently has 449 cameras. The cameras are strategically placed in administrative segregation, mental health unit, substance abuse unit, offenders housing units 4-7, administration area, visiting room, medical unit, central services area/program area, staff training center, facility power house, state garage and throughout the outside areas to monitor inner compound and outer perimeter grounds of the facility. The retention period is 30 days.</p>				
Medical				
Type of Medical Facility:		20 bed infirmary unit, complete with emergency room and pharmacy. Variety of onsite medical providers with 24 hours coverage		
Forensic sexual assault medical exams are conducted at:		Forensic examinations are conducted on site and/or at White Memorial Hospital		

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	65 Contractors/ 109 Volunteers
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	10

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Recertification Audit for Chillicothe Correctional Center (CCC), Missouri Department of Corrections (MDOC) was conducted on June 10-12, 2019. The PREA audit was coordinated through the MDOC Office of Professional Standards and 3D PREA Auditing & Consulting, LLC. Department of Justice Certified PREA Auditors Debra Dawson and Joy Bell were assigned to conduct the audit. Debra Dawson served as the lead auditor.

An open line of communication was developed between the Lead Auditor, Officer of Professional Standards (OPS) PREA Coordinator Vevia Sturm and CCC Deputy Warden of Offender Management/ (PREA Site Coordinator) Kimberly Herring. Communication was maintained via phone, and emails regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and audit logistics.

A flash drive was forward to the lead auditor by the PREA Site Coordinator. The flash drive contained the Pre-Audit Questionnaire (PAQ) and supporting documentation within designated folders for each of the 43 standards. The documentation included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, staff and offender acknowledgement of PREA training, organizational charts, offender risk assessments, investigative files and results to demonstrate compliance with each PREA standards. A physical plant schematic for a pre tour scheduling itinerary was provided. The lead auditor requested additional documentation during the pre-audit, site visit and post audit phrases. All requested documentation was submitted timely.

The entrance meeting was held on June 10, 2019 at approximately 8:10 a.m. with Warden Chris McBee, PREA Site Coordinator Kimberly Herring; OPS PREA Coordinator Vevia Sturm and the assigned PREA auditors. At the conclusion of the opening meeting, a tour of the facility was conducted. The auditors were accompanied by PREA Site Coordinator and PREA OPS Coordinator. All areas of the facility were visited during the tour to include the administration area, offender housing units, administrative segregation, medical/pharmacy, gymnasium, education/classrooms, Missouri Vocational Education (MVE) clothing factory, vocational education area, warehouse areas, maintenance shop, laundry services, chapel, library, food service, canteen, canteen warehouse, classification, clothing issue, visiting room, maintenance, and control room. Continued PREA educational material to include posters, third-party reporting, and flyers was posted throughout the facility to include the offender visiting room. The notification of the PREA audit site visit was confirmed during the pre-audit process as being posted on May 6, 2019. A date stamp photocopy of the posting was forwarded to the lead auditor as confirmation. Auditors observed the notice posted on bulletin boards throughout all departments and offender housing units with viewing accessibility to all offenders and staff.

CCC has 307 security staff who are assigned to the various three correctional shifts. There are 189 non-security staff and 65 contact staff. The auditors conducted 49 staff interviews at CCC that included 26

random interviews and 23 specialized interviews. Security staff interviewed included Major, Captains, Lieutenants, and Correctional Officers. All staff interviewed have been properly trained as PREA first responders and were well versed in their areas of responsibility regarding response to PREA allegations. Specialized staff interviewed included: (1) Director of Adult Correctional Institutions; (1) Warden; (1) PREA Site Coordinator; (1) OPS PREA Coordinator; (1) Agency Contract Administrator; (1) Intermediate or Higher-level facility staff; (1) Human Services Supervisor; (1) SANE Nurse; (1) Volunteer; (1) Contract Chief of Mental Health; (1) Contract Infection Control Nurse; (2) Investigative Staff; (2) Intake Staff; (2) Facility Victim Advocate; (2) Staff who perform screening for risk of victimization and abusiveness; (1) Staff who supervise offenders in segregated housing; (1) Incident Review Team Member; (2) Designated staff member charged with monitoring retaliation; (1) security staff who served as a first responder; (1) non-security staff who served as a first responder.

There were 1425 offenders designated at CCC on the first day of the site visit. Fifty-four offenders were selected for interviews. Twenty-nine (29) inmates were selected for random interviews. Twenty-five (25) offenders were selected from the following targeted groups: (3) offenders who had physical or mental disabilities, (3) who self-identified as transgender, (9) that self-identified as gay or bisexual, (1) offender with Limited English Proficiency, (5) offenders who reported prior sexual victimization, and (4) Offenders who reported sexual abuse. There were (0) youthful offenders, (0) Offenders placed in segregated housing (for risk of sexual victimization/who alleged to have suffered sexual abuse) designated at CCC during the site visit. The auditors utilized housing unit rosters to select offenders for random interviews. The offenders interviewed stated they felt generally safe and expressed an understanding of the PREA education they received and methods of reporting. The offenders acknowledged continuous PREA information posted throughout the facility to reference as needed.

The auditors carefully examined a sampling of personnel files, new hires, promotional staff, background checks, staff, volunteers, and contractor workers PREA training documentation that were provided for review. Individuals are not allowed entrance into the facility to work or volunteer until a thorough background check has been completed.

A sampling of offender institutional files was selected and observed documentation indicated by their signature documented receipt of PREA education. Documentation was also reviewed for 70 initial 72 hours risk screenings assessments and 30 day reassessments.

One hundred and eighty-six PREA allegations of sexual abuse and/or sexual harassment were reported during the past 12 months of the audit. There were 93 allegations of sexual abuse reported. Six allegations involving offender on offender sexual abuse were determined Substantiated, 10 Unsubstantiated, and 32 Unfounded. Twelve investigations remained pending during the audit process.

There were 33 reported allegations for staff on offender sexual abuse. Three were determined to be Unsubstantiated, 14 Unfounded, and 16 remained pending during the audit process.

Seventy-eight allegations were reported for offender on offender sexual harassment. Thirteen were determined to be Substantiated, 36 Unsubstantiated and 26 Unfounded. Three remained pending during the audit process.

Fifteen allegations of sexual harassment were reported for staff on offender sexual harassment. One was determined to be Substantiated, four Unsubstantiated, and 8 Unfounded. Two remained pending during the audit process.

Therefore, there were 20 reported PREA allegations with an investigative finding of Substantiated; 53 PREA allegations reported with the investigative findings of Unsubstantiated and 80 PREA allegations with the investigative findings of Unfounded. Thirty-three PREA reported allegations remained pending.

There were zero PREA allegations completed by an outside agency. Four forensic medical examinations completed. Thirty-five completed investigations were reviewed by the auditors. All investigations documented the investigation process per agency policy and PREA standard 115.71. The case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews.

At the conclusion of the on-site visit on June 12, 2019 an exit meeting was held to discuss the audit findings with Warden Chris McBee, PREA Site Coordinator Kimberly Herring; OPS PREA Coordinator Vevia Sturm; and the assigned PREA auditors. A corrective measure of reorganizing shelves and installing two mirrors in the clothing issue area to eliminate blind spots that interfered with staff observation of offender workers was discussed. The facility immediately took action to install the two mirrors and rearranged the shelves of laundry and clothing. The project was completed on June 12, 2019.

Additionally, the auditors identified a heavy volume of boxes within the small warehouse due to the end of year spending. Reorganization of boxes and direct monitoring of the 10 assigned offender workers by the five MDOC staff assigned to the area was implemented. A memorandum was forwarded to staff assigned referencing in guidance in this area.

Facility Characteristics

Ground was broken for the new Chillicothe Correctional Center on October 24, 2006. On December 4, 2008, four hundred eighty-four (484) offenders were moved to the new facility without incident. One thousand six hundred forty-seven (1647) offenders are currently incarcerated at Chillicothe Correctional Center. The facility has an operational capacity of 1,728 offenders. CCC is a 1728 bed, all female facility. We are designed to house all custody levels minimum, medium and maximum. There are 8 buildings on the facility grounds that are designed to house female offenders. The 8-housing unit have a variety of individual wings where offenders are specifically assigned without authorization to enter the others. Therefore, within the 8 housing units there a total of 38 wings/housing units.

The institution is situated on one hundred forty (140) acres of land with approximately forty (40) acres located inside the fenced security perimeter. The new Chillicothe Correctional Center is a 508,000 square foot prison which incorporates five butterfly-shaped housing units anchored by a central services building. The (126,000) square foot central services building houses a gymnasium, classrooms, kitchen facilities, dining halls, MVE clothing factory, vocational education area, warehouse areas, maintenance shop, and laundry services. The campus also incorporates an administration building, a health center and a training building.

I would also like to provide a brief overview of the Chillicothe Correctional Center. Housing Unit 1 is the Administrative Segregation housing unit. Housing Unit 2 is designed as a Mental Health Unit, housing the Women's Social Rehabilitation Unit. Housing Unit 3 was originally designed to accommodate Reception and Diagnostic needs; however, all receiving and diagnostic processes occur at Women's Eastern Reception and Diagnostic Center. Therefore, Housing Unit 3 is currently being utilized as a 200-bed treatment unit offering drug use and abuse treatment services. Housing Units 4-7 are general

population units with four (4) offenders per room. Housing Unit 8 is also a general population unit, however, the cells on this unit are 2-person wet cells.

Housing Unit #1 contains the institution's seventy-eight (78) bed segregation unit with two wings/housing units. This unit is utilized to house offenders who are placed on a temporary housing or administrative segregation assignments. This unit also houses those offenders who are placed on suicide watch, awaiting transportation to court appearance, and those offenders who have protective custody needs. All of the cells in this unit are monitored by camera. Adjacent to the segregation unit are the offices for Classification and Mental Health staff.

Housing Unit #2 currently houses a forty-eight (48) bed Women's Empowerment Program designed to house offenders who have mental health and socialization needs and may need additional oversight without two wings/housing units. This program is facilitated by Classification Staff with the intent that offenders gain the ability to take control of their future through programming and individual care. This unit also houses a thirty (30) bed Women's Social Rehabilitation Unit (WSRU). Licensed Mental Health Staff within this unit will provide services to offenders with significant mental illness who are unable to function adequately in a general population setting. This Unit is also used to house offenders in temporary administrative segregation status that are on full suicide watch or close observation.

Housing Unit # 3 is a two hundred (200)-bed unit was originally designated as a Reception and Diagnostic intake unit. The housing unit has two wings/housing units with 100 offenders per each. The unit is currently being utilized to provide Substance Abuse treatment services to 200 offenders who are court or board ordered to participate in a substance abuse treatment program. Many of the substance abuse classrooms and staff offices are located directly on the unit, providing convenience for treatment staff.

Housing Unit #4 is a three hundred twenty (320)-bed unit, which currently provides general population housing as well as Reception and Orientation services to newly assigned offenders. There are four individual housing units/wings in housing unit #4 with 16 four (4) person rooms each.

Housing Unit #5 is a three hundred twenty (320)-bed unit housing general population offenders and Beauty for Ashes program. The Beauty for Ashes program is a Christian based program to identify root issues that cause unwanted behaviors and spiritual truths to help with healing and modifying future behaviors. There are four individual housing units/wings in housing unit #5 with 16 four (4) person rooms each.

Housing Unit #6 is a two hundred fifty-six (256)-bed unit housing general population offenders. Housing Unit #6 B wing serves as an incentive wing in addition to housing Puppies for Parole program. Local shelters provide dogs for the offenders to work with to help them become more adoptable. The program currently houses 16 dogs. There are four individual housing units/wings within housing unit #6 with 16 four (4) person rooms each.

Housing Unit # 7 is a two hundred fifty-six (256)-bed unit housing general population offenders with four individual housing units/wings. Of the 256-bed unit, wings A & B are

incentive wings that house sixty-four (64) offenders on each wing/housing unit. There are four individual housing units/wings in housing unit #7. with 16 four (4) person rooms each.

Housing Unit # 8 is a 240-bed unit. A Wing serves as a 56-bed substance abuse treatment wing. B wing currently houses the work release offenders. C Wing is an incentive wing for offenders who have longer sentences. D wing is a general population wing that is primary for offender's who have medical needs or difficulty functioning with multiple cell mates. There are four individual housing units/wings in housing unit #8. Housing Unit 8 is also a general population unit, however, the cells on this unit are 2-person wet cells.

Building #9 is the location of the administration area and the Visiting Room area for the facility.

Building #10 is the medical unit of the facility. The medical unit also includes a 20-bed transitional care unit complete with 4 negative air rooms.

Building #12 is referred to as Central Services. It is an extremely large building centrally located at the forefront of the facility. Some of the areas located in this building include Academic Education classrooms, Library, Vocational Education classrooms, MVE (clothing factory), Laundry facilities, Canteen, Food Service, Recreation (gym), Religious Chapel and Banquet room, Restorative Justice Room, warehouse, and the Maintenance Department.

Building #13 is the Staff Training Complex located outside of the secure perimeter of the facility.

Building #14 is the Powerhouse and State Garage. This building is also located outside of the secure perimeter of the facility. As there are Offender Work Release workers in the area, 15 cameras are located in this area.

Offender showers are all single stall showers that are positioned on the outside walls of the housing unit/wings. Each stall has a privacy door. Each shower stall on the bottom tier has an additional 18" shower curtain positioned above the shower doors to prevent viewing in the shower stalls from the upper tier.

Each toilet area in the general population housing units are in individual stalls. They are positioned on the outside walls of the housing units/wing across from the showers. Each stall has a metal door that locks from the inside of the stall. These stalls are very similar to public restroom in businesses.

Several of the volunteers provide religious services, but we also have volunteers who provide educational opportunities, such as Rockhurst University. In addition to the numerous religious services available to the offender population, CCC also has several volunteers who provide a variety of programs for the offenders to participate in. PATCH (Parents and their Children) provides a unique opportunity for mothers of incarcerated children to earn extra visits with their child by completing a series of parenting classes. 4H Life volunteers also provide parenting classes to the offender population. There are volunteers who deliver other programs such as structured Alcohol Anonymous and Narcotics Anonymous meetings.

CCC offers the following an array of service opportunities career and technical education programs, spiritual programs and mental health services/programs for the offender population to include: Academic education programs; Offender Offering Alternatives Program (OOAP);

Puppies for Parole, Stand For the Silent (SFTS); Restorative Justice; Gardens; Work Release Programs; Business Technology; Basic Customer Service; Cosmetology; Culinary Arts; Professional Gardening and Landscaping Missouri Vocational Enterprises Missouri Reentry Process (Offender's Map to Success-Transitional Accountability Plan); Anger Management Education Program for Offenders; Impact of Crime on Victims Class; Pathway to Change; Pre-Release Class; Resource Library; 4H-Life; Story Link; Alcohol Anonymous and Narcotics Anonymous and Women's Way; Impact of Crime on Victims, Medication Management; Emotional Empowerment; Thinking Errors; Intermediate Communication; Self Esteem; Life After Release; Trauma; Emotions Attitude Growth Learning and Excel (E.A.G. L.E.) Mental Awareness Program (M.A.P.) and short term, intermediate, and long term substance abuse services. CCC received the National Commission on Correctional Health Care (NCCHC) accreditation.

Summary of Audit Findings

Number of Standards Exceeded: 2

115.16: Inmates with disabilities and inmates who are limited English proficient; 115.41 Screening for risk of victimization and abusiveness;

Number of Standards Met: 41

115.11: Zero Tolerance of sexual abuse and sexual harassment: PRE Coordinator; 115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates ; 115.15: Limits to cross-gender viewing and searches; 115.17: Hiring and promotions decisions; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.31 Employee Training; 115.32 Volunteer and contractor training; 115.33 Inmate Education; 115.34: Specialized training :Investigations; 115.35 Specialized training: Medical and mental health care; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies;.115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.62: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse: 115.82: Access to emergency medical and mental health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser; 115.86 Sexual abuse incident reviews ; 115.87 Data collection; 115.88 Data review for corrective action;.115.89 Data storage, publication, and destruction.

Number of Standards Not Met: 0

Summary of Corrective Action (if any) N/A

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance Coordinator? (N/A if agency operates only one facility.) Yes No. NA
- Does the PREA compliance Coordinator have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No. NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of Missouri Department of Corrections Department Procedural Manual, D1-8.13 Offender Sexual Abuse and Harassment (MDOC Policy D1-8.13); CCC Offender Handbook; Director's Office and Facility Organization Charts and duties of the MDOC PREA Coordinator and PREA Site Coordinator it was determined CCC meets the mandate of this standard. MDOC and CCC have written policies and procedures in place to support the agency's mission and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors. Policies identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders.

The OPS PREA Coordinator is a position assigned by the OPS Director to coordinate the agency's statewide compliance with PREA. In an interview with the OPS PREA Coordinator, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. The Deputy Warden of Offender Management is assigned as the PREA Site Coordinator and is responsible for ensuring PREA standards are maintained at the facility. An interview with the PREA Site Coordinator confirmed she makes time to fulfill her duties as the PREA Site Coordinator by prioritizing her duties and ensuring her duties as the PREA Site Coordinator is completed. Effective communication between the OPS PREA Coordinator and the PREA Site Coordinator is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- 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 inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Warden; contracts with community confinement facilities under the authority of the Division of Probation and Parole and interviews with the OPS PREA Coordinator and Warden, CCC meet the mandate of this standard. The contracts require the contractors adopt and comply with PREA standards and compliance is monitored by the agency. However, CCC does not contract with other entities for the confinement of its offenders.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Institutional Staffing Rosters; 2009 Staffing Pattern Charts; Executive Summary; 2009 New Post Analysis; PREA Yearly Staffing Report; Post Analysis; Correctional Officer Staffing Analysis; Staffing Pattern Charts; Shifts 1, 2, and 3, Staffing Evaluation 2016, 2017 and 2018; 2018 PREA Annual Report; Custody Daily Rosters; Documentation of Unannounced Rounds Logs; IS20.-1.1 Post Orders; IS228 Implementation Teams Report, CCC meets the mandate of this standard. Staffing plans for all MDOC facilities were originally developed by Central Office in 2009 which the agency continues to work from. The staffing plan addresses the items listed in section 115.13a. The PREA 2018 Annual Report was dated December 27, 2018. Per the Warden, the agency ensures the facility does not go below the identified staffing level for each shift. All critical post would be manned. Any deviations from the staffing plan would be documented in addition to the reason for the deviation. If there was a need for additional staff, overtime would be authorized in lieu of vacating a critical post. There were no deviations noted to have occurred.

The facility has 449 cameras strategically located throughout the facility to assist staff in monitoring security and activities and offender behavior. There is a total of 28 cameras per general population housing units for a total of 112 cameras between the units. There is a total of 60 cameras to include one in each cell in the administrative segregation unit. The toilet area and small section is blotted out. Therefore, the offender cannot be viewed while using the restroom or changing clothes in that area. In administrative segregation the offenders are issued administrative segregation clothing which is exchanged when the offenders are escorted for showers. The change of clothing is performed in the shower area where there are privacy barriers in place on each shower stall, (door), in addition to the extremely long 18" high curtain that block off the shower area from view of the hallway. A female staff member is posted on the inner side of the curtains with view of head and feet of the offenders within each shower. In building #2, mental health unit, there are 23 cameras between the two wings. One camera is

installed in each suicide watch cell. Review of video monitoring confirmed the offenders' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observed by staff during video monitoring. The facility is designated as an adult female facility. Both female and male staffs are assigned to each shift.

The clothing issue area is very small and has limited space. The auditors identified blind spots in this area and the need for reorganizing of the shelves used for storage of blankets, offenders' jackets, etc. The identified blind spots prevented the one staff member assigned from full observation of the offenders assigned to work this area. Therefore, this discrepancy was identified as a factor in the facility not meeting the mandate of this standard. This matter was brought to the attention of the Warden, PREA Site Coordinator and OPS PREA Coordinator. A corrective measure plan was developed that included reorganizing the shelving and installing two mirrors that allowed staff to view all offenders from the various angles. Reorganization of the shelves and installation of the two mirrors were completed on June 12, 2019.

The unannounced PREA rounds logs are documented as log entries in each area of the facility, and documentation of rounds are noted by the housing unit officer in their chronological logs. Interviews with intermediate-level or higher-level supervisors that included Captains, Lieutenants, and Functional Unit Managers indicated they are aware of their responsibility to conduct unannounced PREA rounds. Supervisory staff stated rounds are conducted out of sequence to prevent a pattern. A review of the logs confirms unannounced rounds are not completed in a pattern and are conducted by a variation of supervisory staff. Rounds conducted in this manner prevent staff from alerting others that supervisory unannounced rounds are being conducted. Post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. The supervisors noted they were unaware of circumstances where a staff member have alerted others of unannounced rounds being conducted. Supervisory staff stated when he conducts the rounds and go to an area, he is already there, therefore, it doesn't serve any purpose for a staff member to alert another.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have Access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; IS5-3.1 Offender Housing Assignments; Missouri Department of Corrections Institutional Services Procedural Manual, IS5-1.1 Diagnostic Center Reception and Orientation; MDOC Statutes, Chapter 217, Section 217.345, and Interviews with Warden and PREA Site Coordinator, offenders under the age of 18 have not and will not be assigned at CCC. CCC meets the mandate of this standard.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? Yes No.

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

- Does the facility always refrain from restricting female inmates' Access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex Inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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 No

115.15 (f)

- 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 No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

In accordance with the review of Excerpt IS20-1.3 Searches

SOPD1-8.13 Offender Sexual Abuse and Harassment; SOP20-1.3 Searches; Memorandums and Directive from Director of Adult Institutions PREA Privacy Screens and Barriers; Documentation of Cross-Gender Announcements; IS11-34.1 Health Assessment and/or Physical Examination at Reception; Institutional Searches Lesson Plan; IS5-3.3 Transgender and Intersex Offenders; Institutional Staff Completed Training Log for 2018 Institutional Searches; Interviews with Staff, CCC meets the mandate of this standard. CCC is an adult female facility. The average daily number of offenders since the last PREA audit was 1557. The average daily number of offenders on which the staffing plan was predicated is 1600. The agency has policy that prohibit cross gender pat searches on female offenders, cross gender visual body cavity searches and strip searches. Individual shower stalls with appropriate showers curtains and/or doors and toilets with doors are provided for the offender population in the housing units. The showers and toilet barriers allow privacy for offenders to change of clothing, showers, use of bodily functions without being seen by nonmedical staff of the opposite gender viewing except in exigent circumstances or when such viewing is incidental to routine security checks

An announcement is made over the intercom when male staff are assigned for duty and other entry of the housing units. The announcement is entered in the chronological log noting the date, time staff person entering the area and exiting the area. A sign is posted of male staff in the housing unit for offenders who are hard of hearing or was not in the housing unit at the time of the opposite gender entry. Observation of this procedure and a review of the chronological log were conducted by the auditors.

Policy prohibits staff from physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status. The determination of transgender and/or intersex offenders genital status may be obtained during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviewed staff were given a variety of scenarios in which staff may elect to conduct a visual search of an offender identified as transgender and/or intersex for the sole purpose of determining the offender's genital status. The interviewed staff identified searches of such were prohibited and they would report any known behavior and/or attempted behavior of a co-worker regardless of the staff member's rank. The facility reported there have been no exigent circumstances at CCC that would require a cross gender strip search be conducted. Three offenders identified as transgender reported they have not encountered cross gender searches of any sort.

Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. An interview with training staff personnel confirmed hands-on training for cross-gender searches began in 2014 for all employees. The curriculum was also added at the Training Academy for all new hires at this time. All staff interviewed acknowledged receipt of institutional searches training which include conducting cross-gender searches. An electronic generated roster identified staff's completion of training. Staff provided the auditors with verbal instructions on conducting cross-gender searches.

The maintenance area is a designated post for security female staff only post due to the post assignment of conducting pat searches.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- 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 No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No.

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Deputy Warden of Offender Management Guidance for Language Interpreter Services; MDOC Lesson Plan for Special Needs Provided to Staff; PREA Training Rosters of Offenders with Special Needs; PREA Written Transcript; Available Bi-lingual Staff; CCC Coordinated Response Plan; IS5-2.3 Offender Internal Classification; PREA Pamphlets and Posters; PREA Sexual Abuse Brochures in multiple languages, D5-5.1 Deaf and Hard of Hearing Offenders; Contracts with outside Translation Service

Contracts that include communication services for sign language, verbal language and a written language translations. CCC takes steps and has policies and procedures that ensure offenders 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. MDCO Policy D1-8.13 Offender Sexual Abuse and Harassment dictates PREA education shall be provided to the offender in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders, who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Signs with words "Male" and "Female" are on all housing units. These are used for hard of hearing offenders when there is a "male on the floor", PREA announcements Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. PREA Videos are also available with closed captioning. CCC have available resources to provide offenders with materials in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Blind-Braille, Russian, Serb Croatian, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. The PREA video is available in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos. Offenders who are blind are provided an audio version in either English or Spanish. The MDOC Lesson Plan for Special Needs completed by staff during basic institutional training goal is that students will be able to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Also, that staff will assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication. There are CCC staff are available to provide translation services. One staff provide translation services for the Spanish language, one for French, one for Chinese and Spanish, and another for the Filipino-Philippines languages.

Formal and informal interviews with staff confirmed offenders are not used as interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's PREA allegations.

There were zero circumstances noted where an offender was utilized to serve as an interpreter and/or offender reader. Interviews with three offenders identified with a physical or mental disability, and one offender identified as LEP confirmed staff provided PREA educational material they were able to understand.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with D1-8.13 Offender Sexual Abuse and Harassment; Applications for Employment For New Hires and Promotions; New Hire, and Rehire Completed Applications: Email for the Missouri Department of Corrections Division of Human Services, Office of Personnel; Pre-Employment PREA Checks; Background Investigations; Promotional Appointment D2-5.1 Maintenance of Employee Records;.D2-2.10.Re-Employment Appointment D2-2.8.Promotional Appointment; D2-2.2 Background Investigations; D2-11.14.Annual Employment Requirements; Staff Yearly Background Checks, Missouri PREA Hiring Checklist; Background Checklist for Contractors; Employee Handbook; Application for Employment forms, Interviews with Human Resource Manager, and Warden, CCC meets the mandate of this standard.

The Human Resource Manager was interviewed regarding a response to this standard. Ninety-nine persons who may have contact the offender population was hired within the past 12 months of the audit. Before hiring new employees the human resources staff or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted annually after the staff member's birth month this includes all contract staff (Gateway and Corizon). During the initial background investigation process of new hires, the applicant's fingerprints are mailed to the Highway Patrol as a process for hiring and continued service A check is also conducted on the staff's driver license annually. The background checks are conducted through the Missouri State Highway Patrol utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center System (NCICS). The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or resident of a correctional facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty.

Verification of employment verbal requests shall be referred to the automated TALX program. Written requests shall be submitted to the central office human resources office and should be responded to in writing within 5 working days.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any Substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a Substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No
 NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the

agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D4-4.8 Security Camera Operations; Staffing Plan Review 2018; Security Camera Review Summary Meeting Minutes and Interview with Warden, CCC meets the mandate of this standard. There has been no expansions or modification this the previous PREA audit. Additional cameras were installed as a need with consideration on how the technology could enhance the agency's ability to protect offenders from sexual abuse.

CCC have added several cameras for the purpose enhancing their ability to protect offenders from sexual abuse. Due to the offender population reporting numerous PREA allegations having occurred near the recreation yard handball court, programming of a camera was initialed to increase safety. A camera within the area was programmed to return to the home position which provide extensive video coverage of the identified area. After reprogramming of video coverage, alleged PREA allegations have decreased for the noted handball court area. The video and camera projects were completed in 2018.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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 No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.8 Evidence Collection, Accountability and Disposal; D1-8.7 Crime Scene Security; D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Supervisor of Religious/Spiritual Programming (SRSP) to Agency Chaplains; SOPD1-8.13 Offender Sexual Abuse and Harassment; List of Available SANE Hospitals; Advocacy Training; Consent for Facility Advocacy Services; Documentation of unavailability to provide services from Crisis Center; On-Line Advocacy Learning; Letter to Missouri Sheriff Offices; Proven Partnership Contractual Agreement with Corizon, CCC Inter-office communication for PREA Protocol, CCC meets the mandate of this standard.

The Missouri Department of Corrections Office of Professional Standards PREA Unit conducts all criminal investigations and administrative investigations involving sexual abuse. The OPS PREA Unit investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examination." The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8 Evidence Collection, Accountability and Disposal All allegations involving staff and that appear to be criminal are forwarded to local law enforcement. In such an incident local law enforcement agency conduct an allegation of sexual abuse from the agency, the OPS PREA Coordinator forwarded a request

to the local Sheriff Offices. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, request investigative agencies that conduct PREA investigations within MDOC facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards. A copy of correspondence from the OPS PREA Coordinator to the local law enforcement Sheriff Offices was provided for review by the auditors.

The auditor interviewed a OPS PREA Investigator and he confirmed all administrative and criminal investigation throughout MDOC must adhere to the investigative and evidence protocols 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.

Medical and behavioral health care including certified Sexual Assault Nurse Examiners (SANE) are provided on-site through a contract with Corizon Health. Forensic exams are conducted on-site by a SANE nurse for an offender-on-offender sexual assault. Sexual abuse forensic examinations involving staff on offender are conducted at Wright Memorial Hospital 701 E 1st Trenton, Mo 64683. An interview with a SANE Nurse at CCC confirmed she and another SANE Nurse are assigned to conduct forensic examinations at CCC and are scheduled for on-call duty every other weekend. They are required to report within three hours of the reported allegation. The forensic examinations are provided at no cost to the victim. There were four sexual abuse allegations reported that resulted a forensic examination during the auditing cycle.

The OPS PREA Coordinator have attempted to obtain an agreement for a community victim advocate from a rape crisis center for CCC. The effort to obtain an agreement was documented by the OPS PREA Coordinator through emails and logs. However, an agreement has not been established. The Missouri Department of Corrections collaborated with the Missouri Coalition Against Domestic and Sexual Violence to create online advocacy training. This training is available for Volunteers in Corrections as well as community members who may be interested in providing advocacy services to victims of sexual violence within MDOC prisons. The facility is required to have at least one qualified staff member that has been trained as an advocate. CCC has five staff who have successfully completed the advocacy training and are used as advocates during PREA related incidents. The Chaplain serves as the lead. All staff and completed on-line titled "Advocacy with Survivors of Sexual Victimization for DOC" offered by The Missouri Coalition Against Domestic and Sexual Violence. The remaining four staff who serve as victim advocates received training from Missouri Colation. Documentation of the completed training was provided through certifications and/or training roster. Immediately upon being notified of the circumstances surrounding the incident of sexual abuse, one of the victim advocates is notified by the Shift Commander. The victim advocate reports to the facility to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information and referrals as requested by the victim. Documentation of offering a victim advocate after the report of non-penetration sexual abuse was provided.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No. NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; CCC Coordinated Response to Offender Sexual Abuse; D1-8.4 Institutional Investigations; PREA Allegation Notification Checklist-Institution; D1-8.1 Investigation Unit Responsibilities and Actions Agency website; D1-8.4 Administrative Inquiries; Interview with OPS Investigator and Review of Investigative Files, CCC meets the mandate of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports are immediately forwarded to the Shift Commander to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions or if additional information is needed.

The facility's investigator is responsible for conducting administrative investigations pertaining to non-criminal sexual harassment. The OPS PREA Unit is responsible for conducting PREA allegations to include those that may be criminal. The OPS Investigator explained all allegations are required to be referred and investigated as part of the employee standards. Upon receiving an allegation of sexual abuse, he begins the investigation as soon as possible. When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in an offender related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website: <http://doc.mo.gov/programs/PREA>.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. A memorandum drafted by the OPS PREA Coordinator was forwarded to the various Sheriff Departments requesting the responsible parties follow PREA standards when conducting offender sexual abuse investigations. There were zero PREA allegations investigated by outside law enforcement agencies. All administrative and criminal investigations of sexual abuse or sexual harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Interviews with both the facility investigator and OPS Investigator confirmed this practice during the interview process.

During the past 12 months of the audit, there were 180 allegations of sexual abuse and/or sexual harassment referred to the OPS PREA Unit for investigation. Ninety-nine of these allegations resulted in an administrative investigation. Fifty-four of the allegations was referred for criminal investigation. Thirty-three PREA investigations remained pending during the audit process,

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
 Yes No
- 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 No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; DOCOTA Online Training Lesson Plan "PREA Basic for All Staff Curriculum;" PREA Refresher Training Roster 2018; PREA Training Acknowledgement Forms for 2018; Documentation of Continuous PREA Training; Emails from the OPS PREA Coordinator; Various Department Section Meeting Minutes; Interviews with Random Staff and Specialized Staff, CCC meets the mandate of this standard. D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. There are 540 staff who have contact with offenders and were trained or retrained on the PREA requirements. All employees to receive initial PREA training during the department's basic training and refresher PREA training every two years through MDOC Intranet, DOCOTA Online Training PREA. Years, in which an employee does not receive training, the department's PREA coordinator provide current information on sexual abuse and sexual harassment policies. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

Upon successful completion of the on-line PREA refresher training, staff receives a certificate of achievement. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. The PREA Site Coordinator was creative in the manner she elected to provide PREA educational training during the CORE training for 2019. Specifically, the education material was delivered in a game format that required active participation from the class. The game was titled "PREA

Feud.” Documentation of the department head supervisors discussing PREA during meetings were confirmed during the review of meeting minutes. Interviews with random and specialized staff each confirmed they were aware of their responsibilities to protect victims, respond to allegations made and refer reports for investigation to the OPS PREA Unit. Staff is provided with a pocket card identifying steps to follow during reported allegations pertaining to sexual abuse and sexual harassment by an offender and how to report these allegations. CCC provides training tailored to the gender of the female offenders (Working with a Female Offender) and includes training of conducting searches of transgender and intersex offenders. Confirmation of staff training was confirmed through computer-generated rosters.

Eleven staff transferred to CCC (female facility) from a correctional facility that house only male offenders. Documentation supported ten staff had completed the required training “Working with a Female Offender” through their training records. The remaining one staff member was scheduled to attend the training on July 23, 2019, after the submission of the final report.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard *(Requires Corrective Action)*

In accordance with the review of D1-8.13 Offenders Sexual Abuse and Sexual Harassment; Volunteers in Corrections Lesson Plan; Offender Work Release Procedures Training; PREA: What you need to know about the PREA Elimination Act Pamphlet; PREA Training Acknowledgment Forms signed by Contractors, Volunteers, Work Release Supervisors, and Interviews with Volunteers and Contractors, CCC meets the mandate of this standard. There are 55 Corizon Health Medical (43) and Mental Health Staff (12) assigned at CCC. There are 10 Gateway Foundation Inc Contract Substance Use and Abuse Treatment Staff. There are 93 Volunteers in Corrections (VIC) and 16 Re-Entry. CCC has a Memorandum of Understanding Missouri Department of Transportation, City of Chillicothe, Forest O. Triplett Memorial Animal Shelter, and the Town of Carrollton. These individuals and other volunteers receive the PREA Refresher Training for Volunteers in Corrections just as other volunteers. The PREA training provided includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. The level and type of training provided to the contractors and volunteers is based on the level of offender contact with them. Contractors and volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. PREA training for both volunteers, contract staff and work release supervisors are an annual requirement. Medical and Mental Health staff confirmed they also receive annual PREA Refresher Training from Cozion Health in addition to with MDOC staff through an on-line course with DOCOTA. and contract staff were presented to the auditor as supporting documentation of compliance with this standard. Volunteers in Corrections (VIC) are permitted to supervise offender groups per Departmental Policy, D2-13.1 Volunteers. Community Resource and Reentry Partners are volunteers who provide support services to assist offenders in achieving success and are required to be escorted and supervised by staff while inside the facility per IS 18-6.2 Access to Facilities. Policy identify vendor are always escorted by a staff member or shall receive PREA training prior to entering the facility. All vendors are escorted by staff.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats Accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats Accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

In accordance with a review of D1-8.13 Sexual Abuse and Sexual Harassment; SOP5-1.2 Institution Receiving and Orientation; Interviews with Offenders; Offender Sexual Abuse Sexual Harassment Acknowledgement Forms, PREA Posters, Pamphlets; Video and Lesson Plan "PREA: What You Need to Know," Interviews with offenders and Intake Staff. CCC meets the mandate of this standard. CCC ensures all incoming offenders who arrive earlier during the week, receive a PREA brochures at intake within 15 minutes of their arrival. The PREA Video PREA "What You Need to Know" is shown during Orientation and offenders sign the MO 931-4506 (06-13) Offender Sexual Abuse and Harassment Acknowledgment form. The forms are signed by the offenders and dated after watching the video. Documented PREA training is maintained in the offender's file. PREA posters are posted in all housing units, program areas, visiting room, and food service in English and Spanish and are available in other languages as needed. The offender population are issued personal tablets that contain PREA information. This material is accessible to the offender population which provides a continuously and readily availability of PREA education resources.

Fifty-four interviews were conducted with the offender population. The offenders acknowledged receipt of PREA education upon their arrival and observing the PREA video in addition to their awareness of PREA information posted throughout the facility.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Lesson Plan consisting of six Modules Special Investigator Training; Investigators' Training Rosters for PREA Specialized Investigator Training, Interviews with OPS Investigator and Facility Investigator, CCC meets the mandate of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. The MDOC OPS PREA Unit has 10 investigators assigned to conducted PREA investigations who have completed specialized training for conducting sexual abuse/harassment investigations in confinement settings. The seasoned OPS Investigators previously completed a 40-hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, criteria and evidence to substantiate a case for administrative action or prosecution referral. In 2017, the OPS PREA Unit began utilizing the National Institute of Correctional for training as the newly hired investigators' PREA Specialized Investigators Training. Confirmation of investigators' specialized training was confirmed through a computer-generated roster identified as completed PREA Specialized Investigator Training. Interviews with two investigators articulated the training completed during the interview process.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; PREA Specialized Training for Medical and Mental Health Training; Interviews with the Health Services Administrator, Infection Control Nurse; SANE Nurse and Chief of Mental Health, CCC meet the mandate of this standard. All staff who provide health care and/or mental health services, have participated in a specialized training titled PREA-Specialized Medical/Mental Health Professional Training. The course is a 2.0 hours credit course. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health signatures and generated PREA training rosters identifying receipt and understanding of the PREA Specialize Training and PREA Training delivered to them. Medical and mental health are contracted through Corizon Health. Three medical staff on one mental health staff confirmed these employees receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse.

A certificate of completion of the Adult/Adolescent SANE Preparation and Refresher curriculum from the SANE-SART Online Clinical Learning Program with earnings of 40 hours confirmed required training for the SANE Nurse. An interview with a SANE Nurse indicated she and other SANE Nurses are assigned to conduct forensic examinations at the facility for offender on offender sexual abuse and they must report to the facility within 4 hours of the report. SANE Nurses are required to complete refresher SANE training every 5 years also PREA refresher training on-line through DOCOTA with MDOC staff. Any allegation of sexual abuse of staff on offender would be conducted at a local hospital.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates 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 No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; IS5-2.3 Offender Internal Classification; Excerpts from the Adult Internal Risk Assessment (AIRA) Manual; Completed AIRA Screening Forms, and Interviews with Intake/Staff who perform risk screening and the Offender Population, CCC exceeds the mandate of this standard. CCC received 1598 offenders at the facility during the past 12 months of the audit. There were 1590 offenders admitted during the past 12 months whose length of stay for 30 days or more. There were 1598 offenders admitted to the facility during the past 12 months whose length of stay was for 72-hour or more. There were 150 offenders at CCC who were admitted prior to August 20, 2012. Staff who conduct the initial intake screening 72 hour, also conduct the offender's reassessment 30 days after the female offenders' arrival. Reassessments are also conducted based upon any additional, relevant information received since intake or the 30-day reassessments. Weekly reminder notifications are forward to staff who perform screening for risk of victimization and abusiveness (Case Managers) for upcoming 30 day required reassessments. Staff utilize the MOSIC assessment module to conduct the assessments. Staff are advised to not conduct the 30-day assessment prior to 10 days of the 30-day period. The auditor reviewed documentation of 70 initial 72-hour assessments and 30-day reassessment. There was one (1) instance of the 70 reviewed 72-hour and 30-day assessment identified as delinquent without proper justification. Justification of missing a 30-day assessment would only apply when an offender has been placed on outcount from the facility such as having a temporary housing assignment at another correctional facility (outside MDOC custody for court) or the offender's admission to a local medical facility. In all cases, the assigned Case Manager is required to submit a memorandum to the Deputy Warden of Offender Management explaining why the 30 day reassessment was not completed timely, when it was completed and/or noting it will be completed upon the offenders' return to the facility. Sixty-nine of the 70 reviewed 72-hour assessment and 25-30 reassessments screenings were conducted in accordance to the agency's policy and PREA standard 115.41. The initial screening and reassessments are conducted in a private setting in the inmate's assigned housing unit by Case Managers who are assigned these duties. The offenders who are required to be placed in the segregation unit are screened by the Case Manager assigned to that unit. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Offenders that are identified as potential victims are referred for a mental health evaluation. The offender's completed risk of victimization or abusiveness is maintained in the AIRA. The offender's own view of safety is addressed during the interview process. Information obtained during the initial assessment and reassessment summary is placed in the offender's classification file. These files are accessible to identified authorized staff only that includes the Case Managers, Functional Unit Managers, Warden and Deputy Warden. Information obtained during the assessments determines how offenders are scored such as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). Offenders are not disciplined for refusing to answer or

for not disclosing complete information related to the screening questions. It was obvious that following agency policy and compliance with PREA standard 115.41 is amongst one of the top priorities at CCC.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

- Are each transgender or intersex inmate'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 No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; IS18-1.1 Required Activities; IS5-2.3 Offender Internal Classification; Housing Assignment Checklists; Use of Adult Internal Risk Assessment Scores Guidance Memorandum by Deputy Warden of Offender Management; Reassessment of Offenders Prior to Release to General Population from 90 days Administrative Segregation; Guidance of Cell Assignment; IS5-3.1 Offender Housing Assignments Transgender Committee Protocol; Interviews with Warden, Deputy Warden of Offender Management, Staff who perform screening for risk of victimization and abusiveness, CCC meets the mandate of this CCC meets the mandate of this standard. CCC uses information from the risk assessment to make housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Based on information obtained during the assessment, offenders are scored as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). The information obtained is used by staff to make individualized determinations on how to ensure the safety of each offender. Offender housing assignments will be made in an individualized, nondiscriminatory manner and will not be made based on race, religion, nationality, political belief or sexual orientation. Offenders should be assigned to a room or bay area based on, but not limited to offender internal classification. Housing unit staff members 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. If an offender is placed in the administrative segregation for a period of 90 days or longer, an Adult Internal Risk Assessment is completed prior to their release to the general population.

Alpha and Sigma are not housed in the same housing unit. Upon the offenders' arrival at CCC, all offenders are assessed for risk of sexual victimization and potential for sexual perpetration. Offenders are assigned a score of either Alpha, Kappa, or Sigma. Alpha offenders have a high potential for sexual perpetration. Kappa offenders have no risk for either victimization or perpetration. Sigma offenders have a high risk for sexual victimization. Offenders identified as Alpha and Sigma are never assigned to the same housing unit.

A memorandum from the Deputy Warden of Offender Management to all classification staff identifying the Use of Adult Internal Risk Assessment Scores. A report of offenders who have received a violation for forcible sexual misconduct is accessed weekly. The housing assignment of the offenders celled in the same room with the offender receiving the sanction will be checked to ensure none of the offenders assigned are Sigmas. With regard to programming, all mandatory programs are under direct supervision of CCC Classification staff. Classification staff members are responsible for being aware of the Adult Internal Risk Assessment scores and supervise the classes accordingly. An offender who score as Alphas and Sigmas are not to be left together without direct supervision to include during voluntary programs such as Restorative Justice and Organizational meetings. Those staff who may be considered as a worksite supervisor are responsible for supervising and monitoring their clerks, porter, and other offenders assigned to their area for risk of victimization/perpetration. Offender workers are not to be left unsupervised by staff.

In an effort to prevent victimization of weaker offender by the stronger Alpha offenders, the facility maintains a list of all Alpha offenders (Alpha Work Roster") on the I-Drive in the Classification folder. Each work site supervisor who supervises offenders' workers has access to the list through the computer. It is the responsibility of each section head to utilize this list daily for offenders that work in

their area. Staff who supervise the offenders utilize the list to identify the Alpha offenders and are vigilant when supervising the work crews, it lists their names, numbers, and their job assignment. If any offender workers are on this list, the direct line supervisors must be notified to ensure the offenders are not assigned tasks or can work in isolated areas with other offenders not on the list. Staff's utilization of the list is also to ensure the work site supervisors do not leave Alpha offenders unsupervised with other offenders in the area.

Five offenders identified as transgender were housed at CCC. Housing is considered on a case-by-case basis, placement considers the offenders health and safety, and whether the placement would present management or security problems. Interviews with staff confirmed a transgender or intersex offender's own view with respect to his or her own safety would be given consideration.

The auditors reviewed Transgender Committee meeting minutes for each of the five transgenders, Interviews with three offenders identified as transgender, confirmed staff conduct additional detailed assessments twice a year. The offenders' own view of the vulnerability within the general population, whether the offender require special accommodations for showering, historical overview of the offender's transgender or intersex status, adult internal risk assessment review and a review of institutional adjustment. List of any PREA allegations and investigations, review of programming assignments, health care treatment status, special accommodations or request made by the offender are noted in addition to security concerns raised by the offender or staff members, and recommendations made by the Transgender Committee are noted in the meeting minutes. Individual showers are available for all offenders. A large curtain is installed just outside the shower areas that provides an addition barrier prior to the offender population entering individual shower stalls with doors as a second privacy barrier. Offenders identified as transgenders are given the opportunity to shower separately from other offenders upon request. CCC does not place lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated unit based solely on identification or status. There were zero offenders identified as intersex designated at CCC during the audit review period.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Programs to the extent possible? Yes No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Work opportunities to the extent possible? Yes No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Involuntary Segregated Housing for Protective Custody; Interviews with Warden and Staff Assigned to Supervise Segregated Housing, CCC meets the mandate of this standard. The agency and CCC has policies and procedures in place that ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization shall not be assigned to administrative segregation protective custody for no longer than a 30- day period. Interviewed staff indicated that if it became necessary to utilize restricted housing for this purpose, the offender would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation be arranged. Per an interview with the Warden, he confirmed an offender's placement in involuntary segregated housing due a high risk for sexual victimization would only be used until other alternatives could be arranged, and no longer than two weeks. Zero offenders were reported as being as placed in involuntary segregated housing at CCC.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff Accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; PREA Posters and Brochure; CCC Coordinated Response Plan; MOU with Department of Public Safety and the PREA Hotline information, D1-8.9 Crime Tips and PREA Hotlines; Agency's website; Third Party Reporting Investigative Reports; MDOC Employee Handbook; Interviews with Staff, and Offenders, CCC meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and harassment. Offenders receive a copy of the Offender Handbook/Offender Rules during the intake process which advises them they may contact any staff member either verbally or in writing whether the alleged incident involved the reporting offender or not, call the Department's Confidential PREA Hotline, pressing "8" or dialing (573) 526-PREA (7732), write to the Missouri Department of Public Safety, Crime Victims Services Unit @ P.O. Box 49, Jefferson City, MO 65102. Confirmation of the offenders' access to the PREA Hotline was obtained during testing of the offenders' telephone system. Reports to the Missouri Department of Public Safety, Crimes Victims' Unit may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MDOC concerning

the allegations. All allegations, including anonymous allegations, are investigated. Documentation of third-party reports of PREA allegations and investigations were reviewed. Agency policy requires staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. CCC does not house offenders solely for civil immigration offenses.

Staff identified several avenues in which the offenders could privately report sexual abuse/harassment that included the tips hotline, speak directly to any staff member, report to OPS Investigative staff, and/or have a family member or friend call the facility and report for them. Staff confirmed that would document all verbal reports of sexual abuse/harassment prior to departing from their shift.

Fifty-four offenders were formally interviewed, all indicated they were familiar with ways to report sexual abuse or harassment allegations. Offenders indicated at least two or more of the following methods of reporting: report to staff, file a grievance, have a family member or friend report for them, write the Missouri Department of Public Safety and/or anonymously. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party are investigated in accordance to MDOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations for offenders is available to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.
 Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- 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 No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a Substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the Substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA

- 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 No NA
- 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 No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA
- 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 No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D5-3.2 Offender Grievance; D5-3.2 Offender Grievance; Interviews with offender population and Grievance Officer, CCC meets the mandate of this standard. Offenders are informed of the grievance process during orientation. Offenders do not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Offenders will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the offender in writing when the agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other offenders, family members, friends, attorneys, and outside advocates. The agency policies also address the offender's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these circumstances, the agency is

required to issue a response to the offender within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days.

An interview was conducted with the Grievance Officer. One grievance was filed by an offender regarding an allegation of sexual abuse allegation. Upon receipt of a grievance, a copy was forwarded to the shift commander and the offender sexual abuse coordinated response was initiated. The investigative response exceeded 30 days due to the offender placement on suicide watch.

Standard 115.53: Inmate Access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with Access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrants services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them Access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in Accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review D1.8.13 Offender Sexual Abuse and Harassment, PREA Brochures; Offender Anonymous Report Guideline; List of Available National Sexual Abuse Agencies; Interviews with the PREA Site Coordinator, OPS PREA Coordinator, CCC meets the mandate of this standard. Offenders are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA.90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC.20005 (800) 656-HOPE (4673). Letters to the addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the offender and staff population in both English and Spanish. The offender population were aware of the information posted throughout the facility but stated they had not utilized the services and was unaware of the services. The flyers note "Per department policy, mail will be subject to examination and phone calls may be monitored."

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13 Sexual Abuse and Harassment; third party reporting posters and the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>) were reviewed and meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to call 573-526-9003; write PREA Unit Missouri Department of Corrections 2728 Plaza Drive Jefferson City, MO 65109 and/or Emailing DOC.PREA@doc.mo.gov. This information is included in the PREA brochures which are provided to each offender. Interviews with random staff and random offenders confirmed allegations of sexual abuse and/or sexual harassment of offenders could be reported by third party to include family, friends and other associates.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- 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 No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- 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 No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- 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 No

115.61 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Third Party, Verbal and Anonymously Reported PREA Allegations; IS11-32 Receiving Screening-Intake Center; Missouri Revised Statutes Chapter 217 Department of Corrections Section 217.410; Missouri Revised Statutes Chapter 630 Department of Mental Health Section 630.005, and Interviews staff from the various department to include contract and volunteers, CCC meets the mandate of this standard. In accordance with policy, interviews with random and specialized staff, all were aware of their responsibility to immediately report and document any knowledge or suspicion of violation of this standard to include those by third party and/or anonymous to their immediate supervisor, Shift Commander or higher-ranking staff. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member's neglect or violation of responsibilities that may have contributed to an incident or retaliation in reference to cooperating with the investigation. Copies of reported PREA allegations that was reported directly from staff, anonymously and from third parties were reviewed by the auditors. Those staff interviewed, indicated they would report all knowledge of PREA allegations on any and all staff without consideration of another's supervisory position or relationship with a co-worker.

Staff were knowledgeable of the agency's policy that prohibits them from discussing information related to sexual abuse reports with anyone other than those to the extent necessary such as those who perform medical and mental health treatment, conduct investigations, and other security and management decisions.

Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. Interviews with the Chief Mental Health Administrator, SANE Nurse, and Director of Nurses, each advise the offender at the initiation of services in their limitations of confidentiality and their duty to

report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. CCC does not house offenders under the age of 18 or those considered a vulnerable adult under a State or local vulnerable persons statute,

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a Substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Directive Segregated Housing for Protective Custody, and Interview with the Warden, CCC meets the mandate of this standard. The agency has policies and procedures in place in where staff are trained to ensure upon their awareness an offender is subject to a substantial risk of imminent sexual abuse, immediate actions are taken to protect the offender. The auditors presented random staff with a variety of scenarios for a response to their actions upon becoming aware an offender is subject to a substantial risk of imminent sexual abuse. Each staff member interviewed confirmed they would immediately remove the offender from the area of threat and notify their security supervisor and await further guidance. Staff confirmed under no circumstances would they not take immediate actions of removing the offender under such conditions. Per the Warden, a safe environment would immediately be determined for the offender from any area of threat. Each incident would be evaluated on a case by case basis depending on the circumstances. An identified possible abuser would be secured in administrative segregation and in instances of sexual harassment alternate housing would be utilized. Necessary measures would be taken to provide protection for the offender. CCC has had no instances of placing offenders in segregated housing due to imminent risk of sexual abuse.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in Accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Example of Reported Allegation Received and Interviews with Warden, OPS PREA Coordinator and PREA Site Coordinator, CCC meets the mandate of this standard. When receiving an allegation that an offender alleges occurred at another Missouri Department of Corrections facility, CCC initiates a coordinated response for offender sexual abuse. All relevant information is then immediately forwarded to the site coordinator of the facility where the abuse was alleged to have occurred and the OPS PREA Unit for investigation within 72 hours. If the abuse is alleged to have occurred at a facility outside of the Missouri Department of Corrections, a coordinated response is initiated and forwarded to the PREA coordinator within 72 hours and OPS PREA Unit for investigation. CCC provided documentation of an offender reporting a PREA allegation within an agency outside the MDOC. Details of the allegations were documented and reported to identified facility and the OPS PREA Unit. The case was identified by the outside agency as pending investigation upon notification. Complete notifications were made within a two-day period. The facility received notification of a previous alleged sexual abuse non-perpetration having occurred in 2015/2016 at another MDOC facility. Documentation supports the allegation was noted by the Warden, referred and acknowledged by the OPS PREA Coordinator for investigation 1 ½ hours of the reported allegation to MDOC staff.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that an inmate 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 No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; Prison Rape Elimination Act (PREA) - MDOC Basic Training Section of First Responder; Copies of PREA Allegation Notification Checklist- Institution; CCC Coordinated Response Protocol; Interviews with Supervisory Staff, Random Staff, Warden, and PREA Site Coordinator, CCC meets the mandate of this standard. Policies are in place to ensure upon learning of an allegation that an offender was sexually abused, the first 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 action 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. There were 4 reported incidents of sexual abuse allegations in which staff were notified within a time period that still allowed for the collection of physical evidence.

In the past 12 months there were 99 allegations of sexual abuse reported at CCC that included allegations of 60 offender on offender and 33 staff on offender. Two staff were interviewed who served as a first responder. Upon the observation of a violation of the agency's zero tolerance of sexual abuse, one of the security staff requested the alleged victim not to take any actions that could destroy physical evidence. A non-security staff member responded to a reported allegation involving touching that required separation. Both security staff and non-security are trained to serve as first responders to allegations of sexual abuse. Security staff and non-security staff interviewed confirmed their understanding of the agency's Coordinated Response Protocol and their understanding in acting as a first responder. The auditors introduced different scenarios to staff during the interview process that allowed staff to respond to different events in which they would serve as a first responder. All staff to include security and non-security articulated the response protocol duties as noted in policy while notifying the Shift Commander and/or their immediate supervisor. Security staff and non-security staff are issued PREA cards to utilize as a reference when serving as a first responder. Staff maintained possession of these cards and presented them to the auditors during the interview process.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of PREA Allegation Notification Checklist – Institution; Coordinated Response for CCC; D1-8.13 Sexual Abuse and Sexual Harassment; Interviews with Random and Specialized Staff, Warden, PREA Site Coordinator, OPS PREA Coordinator, CCC meets the mandate of this standard. The CCC Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocate. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The Protocol list provides guidance for the reporting of various allegations that include: Definitions; Basic Roles & Responsibilities; Penetration/ Sexual assault Exam; Penetration/ No Sexual assault Exam; Non-penetration Events; Penetration Events; Sexual Harassment; Exceptions and Resources.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D2-11.6 Labor Organizations; Final Agreement between The State of Missouri Office of Administration, The Department of Corrections Division of Adult Institutions, and Missouri Correctional Officer Association (MOCO), and Interviews with the Warden, Director of Adult Correctional Institutions, OPS PREA Coordinator, PREA Site Coordinator, CCC meets the mandate of this standard. MDOC currently does not have a Union. MDOC will not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or offender pending the outcome of an investigation or of

a determination of whether and to what extent discipline is warranted. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard. Documentation confirmed staff who are pending a PREA allegation of sexual abuse are assigned to no offender contact post throughout the investigation.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? Yes No

115.67 (e)

- 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 No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment, Assessment/Retaliation Status Checklist, Interviews with Director of Adult Institutions, Staff Assigned to Monitor Retaliation, and Warden, CCC meets the mandate of this standard. The Functional Unit

Managers are assigned to conduct retaliation monitoring for offenders who are assigned to their respective housing unit. The PREA Site Coordinator is assigned to conduct staff retaliation monitoring. Interviews with staff assigned to monitor retaliation confirmed the initiation of monitoring begins after the allegation has been reported. After the initial contact, emotionally support services and monitoring is continued 30 days from the initial contact, followed by 60 days and 90 days. A multiple of protection measures are made following any retaliation claims that includes gathering evidence to confirm or rebuke the claims. If deemed necessary, staff will be temporarily reassigned, or the offender will be moved to another housing location. Offenders are monitored for housing changes, program changes, disciplinary reports, and negative performance reviews by staff, treatment of offenders who reported the sexual abuse to see if there are changes that may suggest retaliation by offenders or staff. If the victim expresses fear of retaliation, monitoring will continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

The auditors confirmed retaliation monitoring was completed during the review of substantiated, unsubstantiated, and unfounded case files. Retaliation monitoring was properly documented by the assigned Retaliation Monitors and monitored offender at 30 intervals for 90 days. There were zero instances in where retaliation monitoring was required to exceed beyond 90 days due to reports of retaliation. Staff documented meeting dates with staff and offenders and conversations held while addressing any concerns they may have on the Assessment/Retaliation Status Checklist.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Directive Segregated Housing for Protection; Protocol, Interviews with Staff assigned to Supervise Segregated Housing, and Warden, CCC meets the mandate of this standard. The agency has policies and procedures in place that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives is available. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of sexual abuse or offenders

viewed as being at risk of victimization should not be assigned to administrative segregation protective custody for no longer than a 30-day period. Per an interview with the Warden, segregated housing has not been utilized to protect an offender who have alleged to suffered sexual abuse subject to the requirements of 115.43 in the past 12 months of the audit due to other available housing.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- 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 No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.71 (g)

- 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 No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.1 Office of Professional Standards; OPS Investigative Staff Training Records, Reported Allegation of Sexual Abuse; Review of Investigative Files, Agency Record Retention Schedule; Interviews with Director of Adult Institutions, OPS PREA Coordinator, OPS Investigator, and Warden, CCC meets the mandate of this standard. A computer-generated roster documented completed specialized training of all OPS Investigators who are authorized to conduct administrative and criminal investigations of sexual abuse and sexual abuse within MDOC. The auditors reviewed 36 completed investigative files that included a variety of substantiated, unsubstantiated, and unfounded findings. An interview with the OPS Investigator and review of the investigative files confirmed the collection of evidence to support the finding of each investigation. The investigations were thorough and the investigative files contained interviews with alleged victims, suspected perpetrators, and witnesses, any available physical evidence, video monitoring, pictures, background of both the alleged victim and alleged perpetrator, whether staff actions or failure to act contributed to the abuse, review of prior complaints of sexual abuse involving the suspected perpetrator. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Offenders who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. During the investigations involving staff on offender, one staff retired, and another resigned prior to the completion of the investigation. The two cases remained pending throughout the auditing process. Zero staff were referred for prosecution due to conduct that appeared to be criminal. All investigative files are retained for 90 years.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with D1-8.13 Offender Sexual Abuse and Harassment, and interview with the OPS Investigator, the agency imposes no standard higher than a preponderance of the evidence whether allegations of sexual abuse or sexual harassment are substantiated. CCC meets the mandate of this standard

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review MDOC Policy D1-8.13; Review of Completed Investigation Files; PREA Alleged Sexual Abuse by Staff Member Notifications; PREA Alleged Sexual Abuse by Offender Notifications; and Interviews with Warden, OPS Investigator, PREA Site Coordinator, OPS PREA

Coordinator, CCC meet the requirements of this standard. Procedures are in place to notify the offender and/or staff upon closure of the investigation the determined findings of substantiated, unsubstantiated, or unfounded sexual abuse investigations. The OPS Investigator (PREA Unit) provides notification to each MDOC facility of their investigative findings. The PREA Unit is tasked with drafting the offender/staff notification letters within 30 days from the date an investigation is closed. The notification letter is forwarded to the PREA Site Coordinator at the facility where the offender/staff is assigned. The PREA Site Coordinator/designee meets with the offender/staff, request they sign the notification and offers a copy to them. The PREA Site Coordinator then returns the signed notification to the PREA Unit to be maintained within the official investigative file.

The Functional Unit Managers are assigned to deliver the notification to staff and offenders. All notifications are in writing, documented and signed by the offender and/or staff receiving the finding notification and the staff member issuing the findings. There were 93 allegations of sexual abuse reported. Twenty-eight sexual abuse cases remained pending. Thirty-six case files were selected for review. Confirmation of findings were issued and documented by signature of the offender and issuing staff. In cases where the offender was released prior to the completion of the investigation, staff noted it on the notification form in addition to staff's signature. Offenders are not discipline for refusing to sign. In the event an investigation is conducted by an outside agency, the OPS PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. However, there were zero investigations completed by an outside agency.

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- 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 No

115.76 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D2-11.10 Staff Member Conduct: DORS PREA Log for Staff and Contract Staff; Review of Completed Investigative Files, Interviews with Warden, OPS PREA Coordinator, PREA Site Coordinator, CCC meets the mandate of this standard. Policy address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the agency will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. Per Warden, staff would be placed on no contact with offenders until cleared by the OPS Investigators. Staff interviews revealed an awareness of the agency's zero tolerance policy and disciplinary procedures that pertains to sexual abuse and sexual harassment. One staff resigned and another retired during the investigation process of reported violations of the agency's PREA policy. These two investigative cases remained pending during the audit review. One staff from the facility was discipline and placed on unpaid administrative leave due to a violation of the code of conduct. There were zero staff reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment and D2-13.1 Volunteers, Interviews with Contract Staff, Volunteers, and Warden, CCC meets the mandate of this standard. MDOC has a zero-tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Per the Warden, in regard to sexual abuse allegations made against a VIC, visitation would be suspended and placed on no offender contact until a determination of findings through the OPS Investigator. Regarding contract staff, it would depend on the allegation reported and could result in no offender contact. All investigative finding of Substantiated would result in the termination of services and those applicable would be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with one (1) volunteer and four (4) contractors, and all were aware of the policies as outlined. CCC reported there were zero incidents reported of volunteers and/or contractors engaging in sexual abuse of an offender in the past 12 months of the audit.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of Access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- 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 No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment; Directive – Disciplinary Sanctions and Mental Health; IS19-1.1 Conduct Rules & Sanctions; Disciplinary Sanctions: Examples of Mental Health Input; Memorandum from Director of Adult Correctional Institutions; Memorandums of Facts. CCC meets the mandate of this standard. Policy outline disciplinary sanctions that may be imposed on offenders who engage in sexual abuse and sexual harassment. Offenders are subject to discipline internally for offender on offender sexual abuse. Offenders are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the acts of an offender’s participation in sexual activities will be considered during the discipline process. An offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be substantiated, will not receive discipline for making the report. If an offender is found to be guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. This procedure was confirmed during an interview with the Chief of Mental Health. A review of completed PREA reported investigative files documenting offender’s violation of sexual harassment, sexual abuse/misconduct, forcible sexual misconduct, and giving false information, specifically filing a PREA allegation in bad faith confirmed offenders are discipline for violation of the agency’s PREA policy. There were 93 sexual abuse allegations reported during the past 12 months of the audit. Forty-six sexual abuse reported allegations were determined as unfounded. Documentation of mental health input was confirmed. CCC has had no incidents where an offender was issued a conduct violation for sexual contact with staff after a finding that the staff member did not consent to such contact.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC PREA Risk Assessment Manual; Mental Health Referrals; Informed Consent for Mental Health Treatment Services; D1-8.13 Offender Sexual Abuse and Harassment; IS11-32 Receiving Screening- Intake Center, CCC meet the requirement of this standard.

SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical staff is duty 24 hours. Per an interview with Chief of Mental Health, victims who alleged penetration are seen within 24 hours. However, in instances of penetration with insertion, mental health staff reports to the facility within 2 hours. Allegations that does not include penetration, the alleged victim is seen within 5 days. This time period includes whether the offender reported prior sexual victimization having occurred in an institution setting or in the community. In Review of the PREA data logs which documents the date offender was referred to mental health staff, date of assessment and type of assessment and completed assessments by mental health confirmed follow-up periods. Offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and mental health practitioners according to their profession judgement. Medical and mental health practitioners confirmed they are mandated to report and advise the offender at each initiation of service. The offender completes a consent form each time at the initiation of services. If the offender refuses to sign, medical and mental health staff are still mandated to report and will note the offenders' refusal on the form.

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, if during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a qualified mental health practitioner within 14 days of the intake screening. Policy mandates that all 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 allow for informed decisions for treatment plans, security and management decisions. Health services staff confirmed an informed consent is obtained from offenders in accordance with institutional services regarding informed consent at the initiation of services before reporting information about prior sexual victimization that did not occur in an institutional setting.

CCC has had zero instances in where consent to report history forms for prior sexual victimization that did not occur in an institutional setting was reported.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners According to their professional judgment? Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely Access to emergency contraception and sexually transmitted infections prophylaxis, in Accordance with professionally Accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Sexual Assault Allegation Notification Form; CCC Coordinated Response Protocol; Medical Accountability Records System; Corizon Health Contractual Requirements; Correspondence from Corizon Health Regional Director of Nursing; Interviews with Health Services Administrator, SANE Nurse and Chief of Mental Health; Sexual Assault Nursing Protocol; Skills Competency Sexual Assault Nurse Examine; SANE-SART Online Clinical Lesson Plan, Medical Referrals, CCC meets the mandate of this standard. Policies are in place to ensure offender 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. Emergency medical treatment is provided at the facility. Medical staff is on duty 24 hours daily. In instances of penetration with insertion, mental health staff reports to the facility within 2 hours. The providers use their professional and clinical judgment to determine if and what prophylaxis is indicated. Corizon Health, the department's

medical provider, has certified Sexual Assault Nurse Examiners. An interview with the assigned SANE Nurse confirmed she has completed forensic medical examinations at the facility. She continued she is required to report to the facility within 3 hours. In circumstances she is not available, another assigned SANE Nurse will report to the facility. Forensic medical examination involving offender on offender are conducted at CCC. Forensic medical examinations involving staff on offender are conducted Wright Memorial Hospital 701 E 1st Trenton, Mo 64683. In the event of an allegation report of a penetration event within 72 hours of the event, mental health staff will respond within 2 hours of notification, or the offender's return from a medical outcount (if necessitated).

All security and non-security first responders are required to immediately make notification of sexual abuse allegations to a security supervisor/shift commander. The shift commander is responsible for making all notifications to include the medical staff and the Chief of Mental Health. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided the appropriate response by medical staff who provides 24 hours coverage, and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Treatment services are 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.

CCC has not had any sexual abuse incidents that resulted where there was a need for emergency contraception and/or sexually transmitted infections prophylaxis.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- 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 No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely Access to all lawful pregnancy related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- 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 No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail. Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; CCC Coordinated Response Protocol and Corizon Health Contractual Requirements; Mental Health Log, CCC meet the mandate of this standard. Policies are in place to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. CCC is a female correctional facility and services offered are for the female population. Review of files indicates that the evaluation and treatment is offered and documented per policy. Ninety-three allegations of alleged sexual abuse were reported to have occurred at CCC within the past 12 months of the audit. Each of the offenders were referred to mental health. All offenders received an assessment within three days of the referral. 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; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Four interviews with offenders who reported sexual abuse and the review of mental health referrals revealed the majority of offenders refused continued mental health services or was already a patient with mental health. An interview with the Infection Control Nurse confirmed there has not been any sexual abuse allegations that required follow-up medical services. However, if continued medical care was necessary or questionable the offender would be seen at the time of the reported sexual abuse, followed by 6 weeks, 12 weeks, and 6 months for testing of any sexual diseases. Treatment services are 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.

Medical care is available 24 hours and mental health staff are on call 24 hours and are required to report to the facility within two hours.

An interview with the Chief of Mental Health confirmed an attempt is made to conduct a mental health evaluation of all known offender on offender abusers within 60 days of learning of such history and offer treatment when deemed appropriate. Treatment would be determined during the first visit and offender's agreement. here an offender was found guilty of offender's sexual abuse. However, treatment would be offer but not mandated.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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 No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance Coordinator? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Review of PREA Sexual Abuse Debriefing Reports, Interviews with a Member of the Incident Review Team; PREA Site Coordinator and Warden, OPS PREA Coordinator, CCC meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is determined to be unfounded. There were 6 sexual abuse investigations with the finding of substantiated and 13 sexual abuse investigative findings determined as unsubstantiated. The review of 10 unsubstantiated case files and 3 substantiated cases files for sexual abuse were conducted. The

debriefings were conducted within 30 days of the completed investigation. The sexual abuse debriefing included upper-level management officials, investigators, and medical or mental health practitioners, and input from line supervisor. The final review of debriefing is submitted to the OPS PREA Coordinator, CAO, and Assistant Division Director. The debriefings included all measures of this standard. Interview with the Warden indicated the facility would look at any recommendations that resulted from the review or document the reasons for not making the implementations. There were no recommendations made for improvement in the past 12 months of the PREA audit. The debriefings included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information retaining to a forensic exam when applicable, mental health consultation. This information is also included in the facility's annual report.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (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 No

115.87 (d)

- 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 No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Incident Data for 2014, 2015, 2016, 2017, and 2018, Survey of Sexual Violence Summary Report 2016; Interviews with the Director of Adult Correctional Institutions, Warden and OPS PREA Coordinator, CCC meets the mandate of this standard. Data needed to complete the annual Survey of Sexual Violence is collected in the Corrections Information Network [COIN] system. Policy D1-8.13 Offender Sexual Abuse and Harassment states, each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March.

The report includes: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report is submitted to the Division Director and the OPS PREA Coordinator no later than the last working day in March. The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

The MDOC PREA Annual Report is published on the MDOC website at <https://doc.mo.gov/programs/PREA/>. The report contains information on the progress the agency has made in the PREA program, a trend analysis of all investigations in the state and correction actions for each facility. The data is collected monthly and reported annually.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- 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 No

115.88 (c)

- 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 No

115.88 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment, CCC Annual PREA Report for 2018; and MDOC PREA Annual Reports posted on the Agency's website 2010 – 2013 were reviewed and meet the requirement of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer, OPS PREA Coordinator or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Coordinator indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? Yes.
 No

115.89 (b)

- 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 No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; PREA Annual Report and the Agency's PREA Website, the agency meets the mandate of this standard. MDOC policy requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. MDOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- 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.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by 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.) Yes No NA

115.401 (h)

- Did the auditor have Access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, offenders, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The auditors reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018> containing the audit reports for PREA audits completed. The auditors verified that MDOC since beginning in audit year 3 of cycle 1, has ensured that at least one-third of each facility type operated by the Agency was and/or is scheduled to be audited

The auditors were granted access to all areas of the facility and the ability to observe practices and procedures of staff and the offender population during the site visit. There was no hesitation in the receipt of requested documentation and copies requested by the auditors. The auditors were provided separate private office space to both offender and staff interviews in a private setting.

The auditors received zero correspondences from the offender population. An interview the mail room staff indicated the mail addressed to auditors would have been treated in the manner of legal mail.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued). Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that all previous PREA Final Reports from the correctional facilities within its jurisdiction are published on the Agency's website within 90 days after the final report is issued by the auditor. MDOC meets the requirement of this standard.

AUDITOR CERTIFICATION

I certify that:

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

Debra D. Dawson

July 21, 2019

Auditor Signature

Date