

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

Interim Final

Date of Report November 20, 2017

Auditor Information

Name: Elisabeth M. Copeland	Email: Elisabeth.Copeland.ks.gov
Company Name: Kansas Department of Corrections	
Mailing Address: 714 SW Jackson, Suite 300	City, State, Zip: Topeka, KS 66603
Telephone: 785-291-3074	Date of Facility Visit: September 14 – 15, 2017

Agency Information

Name of Agency: Missouri Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Missouri	
Physical Address: 2729 Plaza Drive, P.O. Box 236		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: same as above		City, State, Zip: same as above	
Telephone: 573-526-6607		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" 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: The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety.			
Agency Website with PREA Information: https://doc.mo.gov/OD/PREA.php			

Agency Chief Executive Officer

Name: Anne Precythe	Title: Director
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	Title: PREA Coordinator
--------------------------	--------------------------------

Email: Vevia.Sturm@doc.mo.gov		Telephone: 573-522-3335	
PREA Coordinator Reports to: Matt Briesacher, Director of Office of Professional Standards		Number of Compliance Managers who report to the PREA Coordinator 0	
Facility Information			
Name of Facility: Cremer Therapeutic Community Center			
Physical Address: 689 Route O, Fulton, MO 65251			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 573-592-4013			
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for profit
Facility Type:		<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
Facility Mission: To provide an alternative residential treatment facility offering short-term treatment, diverting offenders from the traditional prison setting. The treatment program will address offender needs in preparation for re-entry into society.			
Facility Website with PREA Information: https://doc.mo.gov/OD/PREA.php			
Warden/Superintendent			
Name: Kim Crouch		Title: Warden	
Email: Kimberly.Crouch@doc.mo.gov		Telephone: 573-592-4013	
Facility PREA Compliance Manager			
Name: Scott Weber		Title: Assistant Warden	
Email: Scott.Weber@doc.mo.gov		Telephone: 573-592-4013	
Facility Health Service Administrator			
Name: DeShaun Wings		Title: Health Services Administrator	
Email: DeShaun.Wings@doc.mo.gov		Telephone: 573-642-0061	
Facility Characteristics			
Designated Facility Capacity: 180		Current Population of Facility: 150	
Number of inmates admitted to facility during the past 12 months			755

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		689	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		716	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-80	
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:		0	
Average length of stay or time under supervision:		84 days	
Facility security level/inmate custody levels:		Low/Minimum	
Number of staff currently employed by the facility who may have contact with inmates:		91	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		23	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		11	
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		6	
Number of Segregation Cells (Administrative and Disciplinary):		2	
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>Cremer Therapeutic Community Center (CTCC) currently has 84 cameras installed throughout the facility. Of these 84 cameras, 30 were added since there last PREA compliance audit that occurred in 2015. Retention of video footage on the DVR is approximately 30 days. The recorder is located in the control center in a locked cabinet (no "control room"). Maintenance staff and the chief of custody are the only staff authorized to get into the cabinet without authorization of the warden/duty officer.</p>			
Medical			
Type of Medical Facility:		Nursing staff are available 17 hours per day. (This facility must house M1 or M2 offenders to have 24 hour coverage)	
Forensic sexual assault medical exams are conducted at:		University of Missouri Hospital, 1000 Hospital Drive, Columbia, MO 65201	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		120 (most of the contractors are	

	due to a large HVAC project occurring at the facility.)
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	10

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Cremer Therapeutic Community Center (CTCC) on July 31 2017 via the Site Coordinator, Scott Weber, and the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on September 14 -15, 2017. At this time, this auditor requested that the pre-audit questionnaire (PAQ) be sent no later than August 28, 2017. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of California, Kansas, Missouri, Indiana and Louisiana.

On August 23, 2017, this auditor received a flash drive containing CTCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

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

On September 7, 2017, a tentative agenda for the PREA audit was sent the Site Coordinator and the PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

The auditor did not receive any letters from inmates or staff requesting to speak to the auditing team.

ONSITE

The auditing team spent two days onsite: September 14 -15, 2017

The auditing team consisted of the lead auditor, Elisabeth Copeland, Certified DOJ Auditor, and one support staff, Peggy Steimel, a member of the Kansas PREA team. CTCC Warden Kim Crouch, Deputy Warden (Site Coordinator) Scott Weber, as well as other Executive Team members greeted the team. MDOC's Assistant PREA Coordinator, Adam Albach, was also in attendance. After the initial meeting, a detailed tour was provided to the auditing team.

Site Coordinator Scott Weber lead the onsite tour. Assistant PREA Coordinator Adam Albach also participated in the tour. The auditing team viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was missing in some of the units and they were quickly replaced by administration. In all living units, toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor then randomly selected from each shift, as well as established times to interview specialized staff. A total of 29 staff were interviewed to include the Warden, Mental Health Staff, Human Resources staff, Chief of Custody, Intake Staff, Investigators as well as random staff from all shifts.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing roster, the auditor randomly selected inmates from each wing for 17 random inmates were selected to be interviewed. In addition to this number, four targeted inmate interviews were conducted for a total of 21 inmates interviewed at CTCC.

CTCC provided confidential locations for the auditing team to interview inmates and staff.

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

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

POST AUDIT

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

CTCC administration believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of CTCC leadership during the tour as well as the knowledge the staff demonstrated of PREA. CTCC leadership was quick to respond to any issues the auditing team on cross-gender viewing. Barriers were installed in areas the auditing team identified before the team left the facility. They were very open with the auditing team and wanted our input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with random inmates included being able explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember

viewing it. All inmates reported they knew that an opposite gender staff announcement was made at the beginning of each shift and when female staff entered the living unit of the wing.

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

On November 20, 2017, the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of CTCC, as well as, the statewide PREA coordinator.

CTCC met all PREA standards and was determined to have exceeded four of them.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Cremer Therapeutic Community Center (CTCC) is located in Fulton Missouri. CTCC is a short-term substance abuse treatment facility. All offenders are participating in a modified Therapeutic Community (TC) program structure in addition to receiving group therapy, individual counseling and informational sessions designed to assist them in living drug and alcohol free.

CTCC is one building consisting of four floors. CTCC consists of six dorm-style housing wings, a gym, dining areas, program rooms, medical, two segregation cells and a visitation area.

The current population at CTCC is 150 adult male offenders with a maximum capacity of 180 offenders. Currently one wing is closed for a HVAC project. Once this project is completed, it is anticipated that CTCC's population will reach maximum capacity. During the past 12 months, 755 offenders have been admitted to this facility. Of this number, 689 admitted had a length of stay longer than thirty days. The age range of the current offender populations is 18 - 80 with custody levels being low/minimum custody. The average length of stay at CTCC is 84 days. CTCC does not house youthful offenders.

CTCC has 91 employees who have contact with the offender population. This staff is responsible for the security of all areas of CTCC. In addition to its 91 employees, CTCC also has 120 volunteers and individual contractors currently authorized to enter the facility. This large number of volunteers and contractors is mostly due to the large HVAC project that is currently underway. There are 10 investigators across the State of Missouri assigned the PREA Investigation Unit under the Office of Professional Standards.

CTCC is located within a secure perimeter and just down the road from Fulton Reception and Diagnostic Center (FRDC). The facility has the official capacity to house 180 offenders.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 4

The following are a list of standards exceeded by CTCC: 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator, 115.16 Inmates with disabilities and inmates who are limited English proficient; 115.41 Screening for risk of victimization and abusiveness; and 115.42 Use of screening information.

Number of Standards Met: 41

The following are a list of standards that were met by CTCC: 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 promotion 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 Specialize training: Investigations; 115.35 Specialized Training: Medical and mental health care; 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 contact with abusers; 115.67 Agency protection against retaliation; 115.68 Post-allegation protective custody; 115.71 Criminal and administrative agency investigations; 115.72 Corrective actions 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 abusers; 115.86 Sexual abuse incident reviews; 115.87 Data collection; 115.88 Data review for corrective action; 115.89 Data storage, publication, and destruction; 115.401 Frequency and scope of audits; and 115.403 Audit contents and findings.

Number of Standards Not Met: 0

There were zero standards not met by CTCC.

Summary of Corrective Action (if any)

No corrective action for CTCC at this time.

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 manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

This same policy also includes specific definitions of offender –on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment. All definitions are in accordance with the national standards.

CTCC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A) (2), page 5: "The department has zero tolerance for all forms of offender abuse and retaliation." In III (A) (8) page 6 it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

In addition to this policy, IS19-1.1, "Conduct Rules and Sanctions," Section II (N) Rules of Conduct (7), page 3, defines Forcible Sexual Misconduct: 7.1 Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity. On page 9 of this same policy, it states, "The first 9 conduct violations rules (1-9.4) shall be considered major conduct violations. Major conduct violations shall normally result in more severe sanctions than other violations. Any conduct violations, under unusual or extreme conditions, may be considered a major violation if so recommended by the adjustment board and approved by the warden/designee."

The auditor also reviewed the employee handbook. On page 20, "Offender Abuse and Sexual Contact with an Offender," it states, "...A person commits the crime of offender abuse by knowingly injuring the physical well-being of an offender by beating, striking, wounding or by having sexual contact with an offender. Offender abuse is a class C felony, which carries a maximum sentence of incarceration of seven years." It goes on to state "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor."

Through the tour of the facility, the auditor noticed signage clearly posted in every living unit, recreation areas, dining halls and entrance to the facility that states sexual abuse is not tolerated at CTCC. Signage also includes ways offenders and families could report such abuse.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. This position is required per policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (A), (4), page 5. The position of the PREA Coordinator is listed in the MDOC's organizational chart and reports to the Director of office of Professional Standards.

NOTE: D1-8.1 Office of Professional Standards, effective July 1, 2017, Section III (E) (3) (a), pages 8 – 9, states, "Prison Rape Elimination Act (PREA) Unit: All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee, shall ensure the allegation is forwarded to the PREA Unit within 2 business days of receipt."

This unit is supervised by the PREA Coordinator and has its own investigators. This allows the PRE Coordinator to be more involved in the PREA process statewide and to ensure proper implementation of the National PREA Standards.

115.11(c) In addition, CTCC has also designated the Assistant Warden as the PREA compliance manager (Site Coordinator). This position is also listed in the facility's organizational chart and reports directly to the Warden of CTCC. This position is required per policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (A) (6), page 6. This same policy also defines a PREA Site Coordinator as "A facility employee at the level of deputy warden or associate superintendent or higher; who is responsible for ensuring compliance of the PREA standards at his assigned facility. CTCC's SOP to D1-8.13, states, "CTCC does not have a deputy warden assigned, rather an assistant warden."

NOTE: It was discovered during random staff interviews that the Site Coordinator conducts random "table top trainings" with staff. During these trainings, staff are provided with PREA scenarios and are asked, "What would you do?" Staff shared with the auditor many positive statements regarding this type of training. One staff member reported, "They are great. It helps keep my skills up as we hardly ever have PREA concerns here."

The Site Coordinator feels he has sufficient time to ensure that CTCC maintains compliance with the PREA Standards. In addition, the Site Coordinator also has the authority to address any compliance issues that arise.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a) N/A CTCC does not contract with private agencies or other entities for the confinement of inmates.

115.12(b) N/A CTCCC does not contract with private agencies or other entities for the confinement of inmates.

NOTE:

It should be noted that CTCC's parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates. The MDOC requires any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III A (10), page 6, states, "All community confinement facilities will adopt and comply with PREA standards as outlined in their contract with the department. The CAO or designee will regularly audit community confinement facilities to ensure compliance with the PREA standards. The department may enter into an entity that fails to comply with the PREA standards only in emergency circumstances. In such cases, the department will document its unsuccessful attempts to find an entity in compliance with the PREA standards."

CTCC provided an example of what MDOC sends out in their request for proposals (RFP) for residential placement. On page 11 of the RFP, “The state agency has a zero tolerance for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any contractor or contractor’s employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Chief Operating Office of the residential facility. A contractor or contractor’s employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds for canceling the contract and may subject the contractor or contractor’s employee or agent to criminal prosecution. Any contractor, contractor’s employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution.”

On page 12, the RFP also discusses PREA audit requirements, PREA reviews by MDOC, required staffing patterns as well as the requirements for specific PREA policies.

CTCC provided examples of PREA audits that have been conducted at MDOC’s contracted placements (Center for Women in Transition –Schirmer House, Heartland Center for Behavior Change, Metropolitan Employment and Rehabilitation Services (MERS), and Reality House Programs, Inc.) during the first audit cycle.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (11) (12), page 6 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing for all posts. The Division of Adult Institutions operates with an overall ration of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and

other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

In regards to the staffing plan the warden states, "Staffing is our most valuable resource and it undergoes a yearly review. Central Office determines our numbers and we work within that parameter."

The Site Coordinator states, "With staffing ratios being set by Central Office, it is the guideline that we, at the facility level, have to go by."

The Warden and the Site Coordinator both expressed concerns that staffing was being based of 2009 numbers.

RECOMMENDATION: The Division of Adult Institutions should update their statewide staffing analysis to reflect the current organizational culture in Missouri. Staffing is affected by numerous factors including classification systems, division of labor among facilities, methods of operation, service delivery, inmate programs and activities, budget process and current budgets for each facility, the status of facility physical plants, and policies and procedures relatives to personnel, security, and security staffing. All of these factors have undergone changes since 2009.

115.13(b) N/A CTCC has had no circumstances where there were deviations from the staffing plan.

The Warden and the Site Coordinator both stated that while there they have been deviations to CTCC's staffing plan, documentation is required if deviations were to occur. The plan is reviewed annually in the month of December.

115.13(c) CTCC provided a copy of a memo from Dave Dormire, Director of Division of Adult Institutions to the statewide PREA Coordinator with CTCC's Chief of Custody being carbon copied. The memo, dated July 24, 2015, reads, "This is in response to the Division's compliance to PREA Standard – 115.13 Supervision and monitoring. In regards to our staffing, the division continually reviews our staff planning to provide adequate staffing levels and we currently have no significant changes. If any one of the below eleven components would change, it would trigger a review of our staffing plan. Thank you."

Policy D4-4.8, Security Camera Operations, page 5, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing."

Auditor reviewed the facility's 2016 and 2015 Camera Evaluation and Staffing Evaluation meeting minutes. These minutes covered the evaluation of camera and monitoring systems. They outlined the needs of CTCC when it comes to camera coverage and PREA. The Staffing Evaluation minutes discussed deficiencies and ways to improve offender safety.

Auditor reviewed CTCC's calendar year 2015 annual report. This report incorporates the review PREA cases, overview of the facility's handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staffing plan. The next report will be completed by December 2017.

RECOMMENDATION: Be sure to include information on the composition of the offender population at CTCC as well as any programs that may be happening on each shift. This information will also help identify gaps in your staffing plan, as well as strengthen your requests for additional staff.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III A (13) page 6, states, “Each institution will ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility will ensure that rounds occur periodically in all areas of the facility. Staff member will be prohibited from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during the audits as outlined in the facility’s standard operating procedure.”

Policy IS20-1.1 Post Orders, Section III (B)(4), pages 2-3, of this same policy states, “The chief administrative officer (CAO) of each institution shall: ensure post order of supervisory custody staff member includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form; ***SOP: Due to being one housing unit, CTCC does not use the staff member sign-in form, shift supervisors will record their unannounced rounds on their security inspection form. Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility, establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds. ***SOP: Each week, the shift supervisors will submit their security inspection form to the chief of custody, which will include their unannounced supervisor rounds. Ensure all staff member post order 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.”

Post Order PO-02, Chief of Custody, (19) page 2, states “Conduct security inspections as indicated by the Chief of Custody/Shift Supervisor Inspection Schedule. Record the inspection results on the Shift Supervisor Weekly Institutional Inspection Worksheet and submit it to the chief of custody by the end of the assigned week. Items to check are the fire hazards, cleanliness, safety/security issues, etc. Conduct impromptu supervisory rounds to ensure offender safety. Record these rounds (area, date, time) on the Shift-Supervisor Weekly Institutional Inspection Worksheet in the PREA Rounds section of the form. The facility prohibits staff from alerting other staff when supervisory rounds are being conducted.”

CTCC provided six security inspection forms in their pre-audit documentation that demonstrated unannounced rounds by supervisors. These summaries covered the following shifts and dates: November 17, 2016 (2nd shift), November 20, 2016 (3rd shift), November 30, 2016 (1st shift), April 26, 2017 (1st shift), April 13, 2017 (2nd shift) and April 16, 2017 (1st shift).

While onsite the audit requested security inspection forms for the following dates and shifts; August 3, 2017 (1st shift), August 19, 2017 (2nd shift) and August 20, 2017 (1st shift). Each of these inspection forms had documentation demonstrating that unannounced rounds by supervisors had occurred.

Three upper level CTCC supervisors were interviewed. All indicated that security inspections are done per CTCC SOP. One supervisor stated, “A checklist is completed and it includes our PREA checks. We do them every shift.”

When asked about the consequences for staff alerting other staff that supervisors were making rounds both stated that this behavior was unacceptable. One supervisor stated, “The first time it happens I would do an informative log note. I would also refer them back to their post orders, specifically that

alerting other staff is not allowed.” Another supervisor reported, “I would confront them immediately and remind them of our policy and SOP.”

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC does not house youthful inmates. D SOP 1-8.13, Offender Sexual Abuse and Harassment, Section III (C) (4), page 10, states this fact.

While CTCC does not house youthful inmates, its parent agency, MDOC does. The following information is how MDOC complies with 115.14.

115.14(a) (b) Policy D1-8.13, Offender Sexual Abuse and Harassment, defines a youthful offenders as, "An offender under the age of 18 that has been adjudicated as an adult by the courts and sentenced to the department." This policy also states in Section III C4, page 10, "A youthful offender will not be placed in a housing unit in which he will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Staff members will avoid placing youthful offenders in isolation to comply with this provision. If sight and sound separation is not possible, staff members will provide direct supervision. Staff members will provide direct supervision when youth and offenders may have unavoidable contact. General population youthful offenders will be housed separate from offenders 18 years and older in accordance with the institution's standard operating procedure for the offender housing assignments. "

IS5-3.1, Offender Housing Assignments, Section III, (A)(2)(f), page 2, states "Youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made."

Missouri law also requires this: Chapter 217, Department of Corrections, Section 217.345 (2) (3), dated August 28, 2016 states, "Correctional treatment programs for offenders who are younger than eighteen years of age shall be established, subject to the control and supervision of the director. By January 1, 1998, such programs shall include physical separation of offenders who are younger than eighteen years of age from offenders who are eighteen years of age or older. The department shall have the authority to promulgate rules pursuant to subsection 2 of section 2.17.378* to establish correctional treatment programs for offenders under the age of eighteen. Such rules may include: Establishing separate housing units for such offenders and providing housing and program space in existing housing units for such offenders that is not accessible to adult offenders."

115.14(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, "Youthful offenders who are placed in segregated housing, assigned to disciplinary segregation, or to the infirmary will only be housed with another youthful offender or in a single cell in accordance with the institutional services procedure regarding administrative segregation confinement. To the extent possible, youthful offenders will have access to work, programs, and/or activities in accordance with department and institutional services procedures."

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15(a) CTCC is a male only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months, there has been no cross-gender strip or cross-gender visual body cavity searches of inmates.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (E) (1), page 12 states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches will be documented as outlined in the department, institutional services and probation and parole procedures regarding searches."

Policy IS SOP 20-1.3, "Searches", Section III C (2) (d) (1) page 7, states, "Strip searches will be conducted by staff members of the same gender, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons."

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

115.15(b) N/A CTCC is a male only facility.

116.15(c) Policy IS SOP 20-1.3, "Searches," Section II C (2) (A) (1), page 7 also states, "Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross gender search form and supporting documentation as deem appropriate."

In the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity search.

115.15(d)

Policy D1-8.13, "Offender Sexual Abuse and Harassment", Section III E (2) page 12 -1 3 states, "Offenders will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with divisional and institutional services procedures and community supervision and community release centers procedures regarding searches. Offenders will be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with department, institutional services, and probation and parole procedures regarding searches. Staff members of the opposite gender will announce their presence prior to entering an offenders housing unit. If an opposite gendered staff member is assigned to the housing unit, the announcement will be made at the beginning of the shift. If there is no opposite gendered staff member assigned to the housing unit, an announcement will be made each time an opposite gendered staff member enters the housing unit. Each time a cross gender announcement is made it will be recorded in the housing unit chronological log. If a circumstance arises to where a cross gender announcement could comprise the safety, security, and good order of the facility, the shift supervisor may declare the circumstances to be exigent and grant the authority to waive the announcement. All exigent circumstances will be documented by the shift supervisor in the chronological log. To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present. If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff member will verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff member viewing the offender's buttocks, breast, or genitalia. "

Auditor reviewed memo dated July 15, 2013 addressed to all wardens from Dave Dormire, Director of Division of Adult Institutions, regarding "PREA Privacy Barriers." The memo states, "During the May 2013 DAI Staff meeting, discussion occurred on installing privacy barriers/screens in order to comply with PREA standards. I appreciate your review and analysis of this matter. Be advised that you should move forward with installing privacy screens/barriers and have them installed by August 18, 2013. If you do not have sufficient institutional funds to install permanent privacy screens/barriers, you may install temporary privacy screens/barriers. It is my intent to request a new decision item to cover costs associated with PREA implementation, which could include cost to install permanent privacy screens/barriers. Thank you."

Auditor also reviewed a CTCC memo dated November 14, 2013 by then warden, Cindy Steuber, regarding “no nudity in assigned rooms. This memo states, “Effective immediately, any clothing changes by an offender that will result in the offender being totally nude is only allowed in the shower room. Offender may change their clothes in their assigned rooms only if boxers are not being changed. Staff; please add to Offender Handbooks, on Page 14, as they are being issued: **Housing Unit Rule 2.20 Offenders are not allowed to be nude in their assigned rooms. Any clothing changes resulting in total nudity (removing of boxer shorts) must be completed in the shower room.**”

CTCC has had no exigent circumstance that have prevented cross-gender announcements in the past 12 months.

CTCC provided logs of cross-gender announcements in their pre-audit documentation. Those logs covered the following dates and shifts: June 7c, 2017 (1st shift), June 10, 2017 (2nd and 3rd shifts), June 18, 2017 (3rd shift), June 28, 2017 (1st shift), and June 30, 2017 (2nd shift). Pre-audit documentation also included wing announcement logs from 1W from April 6 – 12, 2017 and May 4 – 11, 2017.

NOTE: It was learned on the tour of CTCC that each wing has a log that hangs outside the entranceway to the living area. In addition to making the cross-gender announcements, female staff are to log each time they enter the wing.

While onsite, the auditor requested to see one month of wing logs for the month of August 2017 for wings 1E and 2E. Upon review of this documentation, the auditor located multiple entries covering each day and each shift for the month of November.

Seventeen random inmates were selected to be interviewed using the random inmate interview protocol. Every inmate interviewed stated that they were never in front of staff and stated female staff announce their presence before entering their living areas.

One inmate did express concern about the lack of privacy in their rooms. He stated, “We have no privacy in our rooms. You have to go to the shower or restroom to change clothes.” (It should be noted that this practice is the policy of CTCC.) Every inmate interviewed also stated staff do not enter the shower area and if they do, they knock and announce they are coming in.

Twelve random staff were selected to be interviewed using the random staff interview protocol. Every staff person interviewed echoed the reports the auditing team received from the inmates. Staff reported that inmates were never naked in front of staff and they had privacy to shower and use the restroom. The reported that female staff must announce their presence before entering the living area in the wings and must document that announcement on the clipboard hanging on the wall.

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The policy D1-8.13, Offender Sexual Abuse and Harassment, Section III, (E) (3), page 13 states, “Staff members will not perform strip or pat-down searches or conduct physical examination for the sole purpose of determining an offender’s genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center.”

This is also prohibited in policy IS & SOP 11-34.1 Health Assessment and/or Physical Examination at Reception, page 5 and in IS & SOP 20-1.3 Searches, page 16. This policy reads, “The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the

offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning the information as part of a broader medical examination conducted in private by the responsible physician."

Currently CTCC has zero transgender or intersex inmates housed at the facility.

Staff interviewed stated that no inmate would be searched to determine their genital status. All 100% of staff interviewed stated this was in policy.

115.15(f) Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in D1-8.13 Offender Sexual Abuse and Harassment, Section E (4) page 13. This policy states, "Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs."

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated October 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, "As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search a female offender will only occur during an exigent circumstance. Policy IS20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility." At this point of the lesson plan, participants watch two training videos: "Thorough Female on Male" (7:40 minutes) and "Thorough Male on Female" (7:58 minutes).

Transcript for the Thorough Female on Male Pat Searches can be found on pages 16-17; the lesson plan reads, "Have the offender face you and have them open their mouth while examine it for contraband. Have the offender show you the front and back of their hands. Have the offender remove any loose braids or bunched hair and have the offender lean forward, as they run their hands/fingers through their hair for visual inspection. If the offender does not provide you with an acceptable inspection you may, with the use of protective gloves, search the offender's hair. Have the offender show you the front and backs of their hands again; this will help prevent the movement of contraband between these areas. Have the offender turn around and approach the offender from behind, positioning yourself in a defensive stance at approximately 45 degrees angle. Instruct the offender to place their feet shoulder width or wider apart. Before you begin your search, you must also remember to keep a visual on the offender and be mindful of your safety. Whenever searching an offender, no matter the gender, it is important to always be in a defensive stance and keep one hand placed on the back, shoulder or lower back of the offender. By keeping your hand on the offender, you have a quicker reaction time to any sudden movements and the possibility of the offender becoming violent. Begin your search at the collar sliding the hand over the material. Using the palm of the hand, search the shoulder area and proceed along the top of the arm to the end of the shirtsleeve. Upon reaching the end of the sleeve, use the back of the hand to search the underside of the arm. Slide the back of the hand along the under arm to the armpit. Using the back of the hand, slide it down to the offender's waist. From the armpit, use the back of your hand and search down the offender's side to the waistband. At the waistband, rotate the hand while simultaneously sliding it along the offender's waistband until the fingers come to rest in the center of the back just above the waistband."

Auditor also reviewed the Divisional Searches Manual distributed by the Missouri Department of Corrections Training Academy to all new staff. This manual includes diagrams and step-by-step instructions on how to conduct proper pat searches. This manual is dated October 2014.

Of the twelve random staff member interviewed, only one did not conduct pat searches. The remaining 11 stated they were trained to conduct cross-gender pat searches and pat searches on transgender inmates during their Basic Training and, again, through their CORE training. (NOTE: Core training is a series of annual trainings that every staff member must attend.)

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.16(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6 page 10 states, "The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders,. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment."

Policy D5-5.1, Deaf and Hard of Hearing Offenders, Section III (G) (1), page 6 states, "Qualified interpreters shall be made available for offenders who are hard of hearing and use sign language under the following qualifying circumstances...formal investigations conducted by department staff to include PREA related claims."

D5-5.2 Disabled Offenders, Section III D (a, page 5, states, "The identification process will be an interactive process which will include staff observations, offender reports, and/or medical assessment of an offender's disability. All newly received offenders will be screened at the reception and diagnostic centers by reception and orientation staff during the diagnostic evaluation process. If an offender appears to have or claims to have a disability, he will be provided with the Notice of Rights for Offenders with Disabilities (Attachment B).

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

Transcripts of the video, "Speaking Up," from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

Auditor reviewed the following contracts for sign language interpreters and verbal language interpreters:

- Sign Language Interpretation Services -- April 1, 2016- March 31, 2018
- Verbal Language Interpretation Services – July 1, 2015 – June 30, 2018

PREA posters were located throughout the facility in English and Spanish.

Currently CTCC has two staff members who have consented to act as an interpreter if needed one staff member for Arabic one staff member for Pashto/Dari "Farsi."

Currently, one inmate at CTCC is limited English proficient. An interpreter was onsite for the auditing team to utilize when interviewing this inmate. Spanish is his first language. He confirmed that he received PREA education in Spanish and that an interpreter is with him while participates in programming.

CTCC also had one inmate who was identified as some who is hearing impaired. In talking with this inmate, he did not require an interpreter and was able to communicate effectively with the auditing team.

NOTE: It should also be noted that as part of all institutional basic training, staff receive a two-hour course on special needs offenders. This course focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

115.16(c) Policy D5-5.1, Deaf and Hard of Hearing Offenders, reads, “The deaf or hard of hearing offender shall be offered the assistance of qualified interpreters and have other auxiliary aids expressed to them during the diagnostic process. The methods for requesting accommodations or modifications shall be reviewed with the offender. Deaf or hard of hearing offenders shall be advised of the request for reasonable accommodation from and how to obtain it. The waiver of certified and licensed interpreter will be reviewed with the offender. Medical staff shall complete the medical verification section of the request for reasonable accommodation form and consult with the caseworker and the Americans with Disabilities Act site coordinator to determine the appropriate accommodations for the offender.”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III G (2 page 15 states, “Offender interpreters will not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first responder duties, or the investigation.”

In regards to conducting the risk assessment tool this same policy states in Section III C (1) (e) page 9, states, “Offender interpreters or offender readers will not be utilized.”

Staff interviewed reported that inmate interpreters were never used for a PREA allegation. They were aware that an interpreter is available and would be used. One staff member reported, “Sometimes offenders will report things for other offenders.”

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 states, “Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutions; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or, has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse.”

A blank copy of the application for employment for CTCC was provided to the audit team. The audit team was able to locate these three questions:

- While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?
- Have you pled guilty to or been found guilty of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to give consent?
- Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

CTCC provided pre-audit documentation of background checks done on six hires and vendors who will have contact with offenders.

While onsite, the auditor reviewed three employee files and found background checks completed on all three employees.

115.17(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (2) page 7 further states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor...”

The HR Administrator advised when asked about considering any incidents of sexual harassment when hiring or promoting staff stated, “Yes, we do. We also have them complete a reference check.”

On the copy of the blank application (appendix 1) given to the audit team it reads, “Effective August 2013, the Department of Corrections must be compliance with final standards implementing the Prison Rape Elimination Act (PREA), issued by the U. S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.” (The questions listed are cited under documentation for 115.17(a).)

115.17(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Before hiring new employees the human resources staff members or designee shall perform a criminal background records check and contact all prior institutional employers when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse...”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The HR Administrator advised, “Yes, we go through MULES for new hires and for promotions. Corizon does their own checks on contracted staff.”

115.17(d) D2-2.2, Background Investigations, defines a staff person as any person who is employed by the department on a classified or unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri’s payroll system; contracted to perform services on a recurring basis within a department facility (such as medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been issued a permanent department identification card; a volunteer in corrections; a student intern; or issued a permanent departmental identification or special access card or special access in accordance with department procedure regarding staff identification.”

CTCC provided four examples of background checks done on contractors with their pre-audit documentation.

While onsite, the auditor review three files of contractors and found three verifications of background checks being conducted.

The HR Administrator advised, “Yes, we go through MULES for new hires and for promotions. Corizon does their own checks on contracted staff.”

115.17(e) D2-11.14 Annual Employment Requirements reads, “Each calendar year, in the month following each staff member’s birth month, specific employment requirements verifications should be conducted; a criminal history check shall be conducted to include outstanding warrants...” The policy goes on to read, “Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record log/printout. When adverse findings are not, the CAO will be notified and copied on the criminal history printout.”

Policy D2-2.2 Background Investigations reads, “A check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for substantiated allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is considered for other appointments.”

CTCC provided five examples of annual background checks being completed on employees in the pre-audit documentation.

While onsite, the auditor requested to see annual background checks being conducted on all employees with the birth month of June. The auditor was provided a log sheet of ten employees born in June and the corresponding annual background check with MULES for the month of June 2017.

The HR Administrator stated, “We do yearly background checks on current employees through MULES. Central Office is responsible for those checks.”

115.17(f) The auditor also reviewed the employee handbook. On page 18, “Employee Conduct – Reporting Criminal Misconduct (Arrest)” states, “Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation.”

On page 45 of the employee handbook, “Employee Discipline,” it states, “Appointing authorities of the Department are authorized by state law to discipline employees. Disciplinary action may consist of a written reprimand, suspension, demotion, or dismissal. The appointing authority may discipline an employee based upon unsatisfactory performance of job duties or misconduct...In addition to these actions while on duty, an appointing authority may discipline an employee for off duty misconduct, especially misconduct that is unprofessional or criminal. Employees who have been charged with a criminal offense may be suspended while the charge is pending.”

HR Administrator reported that all employees have a duty to report. She adds, “Failure to report will result in termination.”

115.17(g)

Policy D2-2.2 Background Investigations, Section III A (5) (a) page 3 states, “Falsification of any employment application may be grounds for disciplinary action in accordance with the department procedure regarding discipline and/or disqualification for consideration of the position. False information regarding substantiated allegation of offender or resident abuse and/or harassment on employment applications shall be grounds for termination.”

115.17(h) Policy D2-5.1 “Maintenance of Employee Records”, page 7, Section (III)(K)(3) states, “A verification of information, other than public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contracting central office human resources.”

HR Administrator stated, “We refer them to Central Office for PREA checks on former employees.”

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) N/A CTCC has not acquired a new facility or made a substantial expansion to the existing facility since August 20, 2012. CTCC last PREA audit was January 2015.

NOTE: CTCC is currently operating at an offender population reduction of 30 due to a large HVAC project, which started in May 2017 that requires one housing wing to be closed throughout the project. The anticipated completion date is November 2017.

115.18(b) CTCC has installed and updated their video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit. CTCC's last PREA audit was January 2015.

CTCC provided meeting minutes from December 20 16 discussing the addition of 21 cameras and numerous cameras that have been replaced.

Tour: Cameras were added to the hallways, stairways, gym and dayrooms. With the addition of facility camera placement along with direct supervision of the staff, there are reduced blind spots and enhanced the safety of the offenders housed at this facility.

The Site Coordinator states, "We knew we had blind spots and are thankful we could add cameras."

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

Qualified Staff who are trained as victim advocates are made available to all victims.

115.21(a) Auditor reviewed CTCC's "Evidence Procedure Manual." Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received."

Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDCO. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon. On pages 42 and 43 of the contractual requirements, it reads, "Corizon will comply with the Prison Rape Elimination Act of 2012 and will follow and enforce the MDOC's D1-8.14 Offender Sexual Abuse and Harassment policy with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Corizon's medical and behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC administrative staff, information pertinent to the well-being of the offender(s) of for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center."

All staff interviewed were aware of the coordinated response and was able to walk through the steps from separating the victim from the perpetrator and to not allowing any of them to shower, take a drink, change clothes, etc.

Staff were also aware that investigators from the Central Office PREA Unit conducts all sexual abuse investigations. While one staff member stated he thought the Site Coordinator initiated the investigation, he was quick to add that the Site Coordinator would contact the PREA Unit.

115.21(b) Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received." The State Coordinator also reports this protocol is appropriate for youth.

115.21(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, pages 17 – 20, states “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks or vulva, of any kind, however, slight, by hand finger, object instrument or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation, hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.”

Corizon has trained several of their nurses to conduct SANE exams in specific regions of Missouri. To date Corizon has 32 certified SANE nurses – CTCC has one of these nurse assigned to the facility. The auditor reviewed the following information from the SANE Planning and Implementation Team Report:

“The SANE Planning and Implementation Team was impaneled to ensure the agency’s coordinated response to sexual abuse is revised, staff from all divisions are aware of their role and responsibility when responding to allegations of sexual abuse and that the SANE protocol is successfully implemented in prisons across the state.

SANE Nurses:

- Corizon will maintain a list of SANE nurses by region: Northwest, Central and Southeast. The PREA Unit will post the most recent listing on the PREA intranet page and email the list to the facilities.
- All SANE nurses will be issued a “Special Access” identification to alert security staff that the nurse as been approved for work at multiple prisons.
- When arriving at a prison to conduct a forensic exam, the SANE will have a clear tote, which contains materials necessary to conduct the forensic exam. The tote will have a laminated list of its contents on the top of the tote. The PREA Unit will post the most current list of the SANE tote contents on the PREA intranet page and email the list to the facility.
- Consent from the victim is required to conduct a forensic exam. If the victim does not consent to the exam, the victim will receive be offered medical, mental health and advocacy services. The investigation will proceed.
- The SANE will conduct the forensic exam, which includes details of the abuse, digital photographs of any injuries noted during the exam, collections of biological evidence utilizing a sexual assault evident collection kit and the completion of the State of Missouri’s Sexual Assault Forensic Examination Program Report.

- It should be noted, that SANE Nurses will only collect forensic evidence from victims. Evidence from a perpetrator will be collected by the Office of the Inspector General by consent or court order.
- In the unlikely event that a staff person is the perpetrator, the victim will be transported to a community hospital for the forensic exam.

Forensic Exams and Security:

- If a victim is escorted to medical in handcuffs, the handcuffs will be removed unless the victim's behavior appears to present a safety concern for medical staff. In such a case, the shift commander has the discretion to require the offender to remain in cuffs during the procedure.
- Privacy screens will be utilized during the forensic exam. The screen will afford the victim a degree of privacy while still allowing officer to hear and provide security during the procedure.

Flow of events:

- An offender makes an allegation of penetration.
- The shift commander is immediately notified and the coordinated response is initiated. Shift commander notifies the following staff by phone: CAO of the facility, CO Duty Officer, Investigator and PREA Site Coordinator.
- The offender is escorted to medical.
- If the event is alleged to have occurred within 120 hours, the offender has not showered or a forensic exam is otherwise indicated, the SANE protocol will be initiated.
- Medical will ensure the on call SANE nurse is notified and request the nurse's ETA. The SANE is required by policy to report to the facility within 3 hours of notification.
- Medical will communicate with the shift commander the name of the SANE nurse and the nurse's ETA.
- Shift Commander will notify the investigator, mental health staff and the advocate of the ETA of the SANE nurse.
- Where applicable, the community advocate will be notified. If the community advocate is unavailable, the chaplain on rotation will be call to report to the facility.
- The advocate will provide support to the offender prior to the forensic exam and during if requested.
- The investigator will conduct a brief fact gathering interview with the victim prior to the exam.
- Following the forensic exam, the victim will be assessed by mental health.
- The SANE nurse will give the camera to the investigator who will transfer the photos taken of the injuries noted during the exam to DVDs for the medical file and the investigative file.
- The SANE nurse will provide the investigator copies of all reports completed during the exam."

Effective September 1, 2016, cases involving the need for a forensic exam will no longer be out counted.

NOTE: Forensic exams will be conducted on-site for offender on offender sexual abuse cases. Forensic exams will be conducted at an outside facility if a staff member is the perpetrator. CTCC's designated SANE/SAFE hospital is:

University of Missouri Hospital
1000 Hospital Drive
Columbia, MO 65201

In the past 12 months, CTCC has no incidents where SANEs were required.

115.21(d) CTCC currently does not have a memorandum of understanding with a local rape crises center. They provided emails with True North Crisis Center, who declined to participate in an MOU, with the pre-audit documentation.

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III M (1) (b) page 22, states, “If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution.”

Auditor reviewed curriculum “The Nature and Dynamics of Sexual Violence,” created by the Missouri Coalition Against Sexual and Domestic Violence (MDASDV) and provide to qualified staff members.

Auditor was also provided a blank consent form, “Consent for Facility Advocacy Services,” that must be signed by the offender.

The Site Coordinator stated, “We have nothing with the community as the PREA Unit was unable to reach an agreement with them. We do have on onsite PREA advocate. If he is not available, we would then reach to FRDC for assistance with an advocate.”

Currently, there are no inmates at CTCC that have reported being a victim of sexual abuse by another inmate or by staff. Several inmates were identified as reporting prior abuse during the risk assessment; however, during the interviews by the auditing team, they denied every making those reports.

115.21 (e) In addition, policy D1-8.13, “Offender Sexual Abuse and Harassment,” Section III (M) (1) (a) (2) page 22, addresses Advocacy. It states, “Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services.”

NOTE: CTCC used qualified staff member to act as an advocate if requested by a victim. The audit did review a blank “Consent for Facility Advocacy Services.” In addition, during the tour of CTCC information about outside emotional support services, such as Just Detention International, was posted throughout the facility.

The Site Coordinator stated, “We have nothing with the community as the PREA Unit was unable to reach an agreement with them. We do have on onsite PREA advocate. If he is not available, we would then reach to FRDC for assistance with an advocate.”

Currently, there are no inmates at CTCC that have reported being a victim of sexual abuse by another inmate or by staff. Several inmates were identified as reporting prior abuse during the risk assessment; however, during the interviews by the auditing team, they denied every making those reports.

115.21(f) N/A The Missouri Department of Corrections conducts all offender sexual abuse and harassment investigations. All allegations that appear to be criminal are investigated by the Prison Rape Elimination Act (PREA) Unit located under the Office of Professional Standards. Sexual harassment investigations as well as investigation regarding pat searches are investigated by the facility's Administrative Inquiry Officer (AIO) who reports to the warden.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

Policy D1-8.1, Office of Professional Standards, Section III E (3) (a) page 8 states, "PRISON RAPE ELIMINATION ACT (PREA) UNIT: All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt."

See also policy D1-8.4 Administrative Inquiries, page 6, reads "The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department's procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation."

During the past twelve months, CTCC received two (2) allegations of sexual abuse. Both cases were referred for criminal investigations.

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

Both investigators interviewed stated that every allegation is referred for investigation. One investigator added, "No matter how small."

115.22(c) N/A MDOC is responsible for conducting their own criminal and administrative investigations.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4) (b), page 7 states, “All staff members will receive initial PREA training during the department’s basic training.”

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA 2014 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

RECOMMENDATIONS: While the Refresher Training curriculum has information on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmate, the PREA Basic Training does not. Depending on when a staff member is hired, it could be up to year before they would receive this information in the Refresher Training. It is this auditor’s recommendation that MDOC update their PREA Basic Training to include information on communication with the LGBTI population.

While onsite, the auditor pulled one training record of a current staff member and found they had completed the PREA Basic Training in March 2017 as part of the basic training all new staff receive at the training academy.

All staff interviewed were able to discuss information they received on PREA in basic training. Each one reported they received PREA training when they are first hired and then received PREA training through an online course later. z

115.31(b) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III B (4) (f) page 8 also reads, “All new staff member who shall be placed at a female facility will receive Working with the Female Offender training prior to being placed on post. A staff member will receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff member will receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of the assignment. Staff members who have been away from the department due to a separation of service, deployment to the military, illness, or other leave for 2 years or more must attend the appropriate gender specific training applicable to the worksite requirements.”

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

No officers have transferred from any female facilities in the past 12 months to CTCC (a male only facility).

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) (c) page 7 reads, “All staff members shall complete refresher training every two years to ensure knowledge of the agency’s current sexual abuse and sexual harassment procedures. Years, in which an employee is required to complete training, the department’s PREA manager will provide current information on sexual abuse and sexual harassment policies via the department’s PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA/htm>.”

CTCC provided examples of six signed acknowledgements of employees who attended the 2016 Annual PREA Refresher in their pre-audit documentation. Complete rosters for this training were also provided. CTCC reported that 91 employees have received PREA training.

NOTE: It was discovered during random staff interviews that the Site Coordinator conducts random “table top trainings” with staff. During these trainings, staff are provided with PREA scenarios and are asked, “What would you do?” Staff shared with the auditor many positive statements regarding this type of training. One staff member reported, “They are great. It helps keep my skills up as we hardly ever have PREA concerns here.”

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III B (6) (a) page 8 reads, “All completed PREA trainings will require a PREA Acknowledgement form or PREA basic training acknowledgement form stating the staff member understood and completed the training. This form will be routed through the facility-training officer or regional training coordinator.”

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.32(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III B (4) (e) reads, "Part-time employees, volunteers and contract staff members, vendors: All part-time employees, volunteers, and contract staff member will receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors will be escorted by a staff member at all times or will receive PRA training prior to entering the facility. Contracted residential facilities will ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors will receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections Basic Training (6 hour course)
 - This course teaches volunteers to identify the characteristics of a PREA victims and perpetrator and how discrimination and harassment may affect the workplace.
- Offenders Work Release Supervisor Training (5-hour course)
 - This course teaches signs of offender sexual abuse and to identify appropriate responses to be taken by staff when there is an allegation of sexual abuse.
- The Profession of Corrections and PREA (2 hour course)

In addition to the above trainings a brochure titled, "What you need to know about the Prison Rape Elimination Act" is also distributed to volunteers, vendors and contractors. This brochure provides definitions of sexual abuse and harassment, red flags to be aware of, how to report sexual abuse and MDOC's zero tolerance in regards to sexual abuse and sexual harassment.

CTCC also provided examples of training records for eleven contract staff demonstrating they have all had the departments 2016 All Staff PREA Refresher Training.

One volunteer with CTCC was interviewed and they reported they did receive PREA training. They advised the training covered the zero tolerance policy and how they should report any information they receive or see.

Contracted staff at CTCC attend Basic PREA training with all new hires and are required to participate in annual PREA refreshers that are offered.

115.32(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (6) (a) (1) (2) (3) page 8 states, "Training Records: All completed PREA training will require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the

training. This form will be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator will send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file. Volunteer acknowledgment forms will be retained in the volunteer's file by designated facility staff members. Vending contractors acknowledgment forms will be retained in the vendor file by designated facility staff members.”

CTCC provide examples of six signed acknowledgements of contracted staff who participated in the 2016 All Staff PREA Refresher Training with their pre-audit documentation.

One volunteer with CTCC was interviewed and they reported they did receive PREA training. They advised the training covered the zero tolerance policy and how they should report any information they receive or see.

Contracted staff at CTCC attend Basic PREA training with all new hires and are required to participate in annual PREA refreshers that are offered.

While onsite the auditor pulled one additional training record of a volunteer and found a signed acknowledgement form showing participation in the Volunteers in Corrections training.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.33(a) Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that “Speaking Up” video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure “Offenders Sexual Abuse: What you need to know.”

CTCC advised, “New offender intake screening is completed by the corrections case manager the day offenders are transferred to CTCC. During this intake screening, offenders receive their initial PREA education: CTCC’s zero tolerance policy and methods for reporting sexual abuse. The entire screening process, including the initial PREA education is documented on the “CTCC Classification Screening and Intake Checklist.” The corrections case manager completing the intake must sign the form certifying they provided the information. The form is also reviewed and signed by the Assistant Warden.”

CTCC provided four intake-screening checklists completed in July 2017 as part of their pre-audit documentation.

While onsite the auditor pulled two random intake files from the month of September 2017 and found the signed classification screening and intake checklist.

The auditing team interviewed one staff member who does intake. When asked when inmates receive information on PREA, they stated, “They receive it during the intake process and the initial AIRA assessment. I provide them a copy of the PREA pamphlet and review it with them. I ask them if they have any questions or concerns. During orientation, we review the pamphlet again and they watch the PREA video.”

All inmates interviewed remembered receiving a pamphlet and watching the PREA video. All stated they received information the first day they arrived at CTCC.

In the past 12 months, 752 offenders have entered CTCC and received PREA education material.

115.33(b) CTCC advises that during orientation week, offenders view the PREA DVD and have discussion afterwards. A copy of the orientation schedule was provided to the auditor. This schedule shows that the PREA video is shown on day two of orientation. In addition, during the tour of the facility, orientation was taking place. The auditing team was able to observe a portion of orientation.

Intake staff at CTCC stated, “They each receive a PREA pamphlet that contains this information and there is information posted on the wings. The pamphlet is given to them the same day they arrive. Depending on when they arrived to the facility, it could be almost a week before they watch the video.”

All inmates interviewed remembered receiving a pamphlet and watching the PREA video. All stated they received information the first day they arrived at CTCC.

115.33(c) Policy IS SOP 5-1.2 Institutional Receiving and Orientation, Section III B (2) (dd) (ee) page 4 states, “After receiving an offender at an institution, designated reception and orientation staff member should ensure that offender are provided an orientation program that includes general information including, but not limited to the following: The Prison Rape Elimination Act (PREA), description of and reporting potential PREA events and crime time and PREA hotline information.”

The auditing team interviewed one staff member who does intake. When asked when inmates receive information on PREA, they stated, “They receive it during the intake process and the initial AIRA assessment. I provide them a copy of the PREA pamphlet and review it with them. I ask them if they have any questions or concerns. During orientation, we review the pamphlet again and they watch the PREA video.”

115.33(d)(f) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III C (6) (a), pages 10 – 11 states, “Offender Education: The department will provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency will be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department will make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee will utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator will make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment.”

Inmate education was found in the form of PREA brochures and posters in the following languages: English, Japanese, Serbo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There are also written transcripts of the video “Speaking Up for Female Offenders” in English and in Spanish.

Throughout the tour, the audit team viewed PREA informational posters in all living units and other areas inmates gathered. These posters were in English and Spanish.

115.33(e) CTCC provide two examples of signed inmate acknowledgements stating they received the Offender Sexual Abuse and Harassment brochure in their pre-audit documentation.

While onsite, auditor reviewed three random current inmate files and found three signed acknowledgements stating they received the Offender Sexual Abuse and Harassment brochure.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.34(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (4) (b) (c), page 7 states, "All staff members will receive initial PREA training during the department's basic training. All staff members will complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures."

In addition, in Section III B (5) (b) page 8 of this same policy states, "All new investigators or designees assigned to investigate offender sexual abuse allegations will receive specialized PREA training."

CTCC provided training records for one investigator as part of their pre-audit documentation. This investigator completed the specialized investigator training in 2012.

While onsite, the auditor requested the training records for the investigator who conducts the majority of the PREA investigations at CTCC. Training records were provided and this investigator has received all of the required training per national standards and MDOC policy.

Two investigative employees were interviewed. Both reported receiving MDOC's PREA training that all staff receive.

In regards to the specialized training, one investigator reported he had received this training. He stated, "It is geared towards substantive interviews towards victims, providing different methods, allowing victims to have an advocate during the interview, taking breaks during the interview if needed, and gathering enough information for preponderance of the evidence."

The second investigator is still relatively new and has not received this specialized training, He reported, "This training will happen in the future." He also reported that his main function now is to investigate sexual harassment cases. He advised, "The minute touching occurs, the other investigator is called in."

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

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

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

This training was revised in September 2014 and was reduced to four modules. It still contains all four elements of this portion of the standard.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (5) (b) page 8 states, “All new investigators or designees assigned to investigate offender sexual abuse allegations will receive specialized PREA training.”

CTCC provided training records for one investigator as part of their pre-audit documentation. This investigator completed the specialized investigator training in 2012.

While onsite, the auditor requested the training records for the investigator who conducts the majority of the PREA investigations at CTCC. Training records were provided and this investigator has received all of the required training per national standards and MDOC policy.

The investigator who has received the specialized training, stated, “We covered Miranda/Garrity and got some clarification when dealing with staff. We also discussed evidence collection, chain of command and how to tag it.” This investigator stated they also received evidence collection training through the Highway Patrol.

115.34(c) The auditor reviewed training logs from January 2013 through September 2014 and found that 33 investigators had been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training.

Currently there are 10 investigators assigned to the PREA Investigation Unit. This training roster included the investigators assigned to CTCC.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. They **do not** provide forensic examinations. Regional SANE nurses provide forensic exams from Corizon.

115.35(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (5) (a) page 8, states, "Medical and mental health staff members shall receive annual specialized PREA training."

Auditor reviewed curriculum “PREA Specialized Medical/Mental Health Professionals” dated April 2017. This course is worth two hours and covers the following topics:

- How to detect and assess signs of sexual abuse and sexual harassment (page 5)
- How to preserve and physical evidence of sexual abuse (page 8)
- How to respond effectively and professionally to victims of sexual abuse (pages 10 -12)
- How to and whom to report allegations and suspicions (page 6)

One medical staff person stated, “I attended the PREA training at the Basic Academy in Jefferson City and there is also an online refresher course. Corizon has a peer educator that provides a week-long training that we attend as well.”

115.35(b) N/A The medical staff at this facility do not conduct forensic exams.

115.35(c)(d) CTCC provided training information that 66 medical and mental health employees received the 2016 All staff PREA Refresher Training in their pre-audit documentation.

Auditor also reviewed eleven sign acknowledgments from medical staff stating they received and understood the “PREA Specialized Medical and Mental Health Training” in 2017.

NOTE: All training records are kept in the system and on file with Fulton Reception and Diagnostic Center (FRDC) as CTCC and FRDC share a HSA.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.41(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III C (3)(a) page 9 states, "All offenders will be assessed during intake and upon transfer to another facility for their risk of being sexually abused by other offenders or sexual abusiveness towards other offenders in accordance with the institutional services procedure regarding offender housing assignments and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities."

The period for administering the Internal Risk Assessment is also found in IS5-2.3, Offender Internal Classification. On page 3, Section C (1), states, "Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification.

The risk assessment tool is completed on all arrivals within 72 hours, unless they sign the refuse to participate form.

The auditing team interviewed one staff member who is responsible for administering MDOC's risk screening assessment, They stated, "I complete the AIRA individually with the inmate the same day they arrive. I also go over the PREA pamphlet with them."

All inmates interviewed reported they were asked various questions regarding whether this was their first time in prison, if they had every been sexually abused and their sexual orientation on either the first day of their arrival to CTCC or the very next day.

115.41(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III C (1) page 9 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival."

Policy IS5-2.3, Offender Internal Classification, on page 4 in Section D (2) also states, “CCM’s will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score.”

CTCC provided a data sheet from July 1, 2016 – June 30, 2017 with their pre-audit documentation demonstrating the date of arrival and the date the first assessment was completed. There were 760 inmates entering CTCC within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. All initial assessments were completed on the day of arrival and according to standards.

In addition to this data sheet, CTCC provided four examples of completed assessment done within the first 72 hours of arrival at CTCC.

While onsite the auditor randomly selected five current CTCC offenders and verified that an initial assessment had been completed. All five assessments were completed on the date the offenders arrived at CTCC.

All inmates interviewed reported they were asked various questions regarding whether this was their first time in prison, if they had every been sexually abused and their sexual orientation on either the first day of their arrival to CTCC or the very next day.

Intake staff at CTCC interviewed stated, “It is completed the same day they arrive. It makes no difference if I have five or 12 come in, they all get done before I leave.”

115.41(c)(d)(e) Auditor reviewed CTCC’s risk screening tool and found all 10 elements in this standard were covered. This tool has been adopted by MDOC and is used in all of their state operated facilities.

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

All offenders are assigned one of the three following scores:

- Alpha – high potential for sexual perpetration
- Kappa – not a high risk for either sexual victimization or perpetration
- Sigma – high risk for sexual victimization

Intake staff interviewed stated the instrument CTCC uses, “Covers sexual history, history of mental health, size, age, disabilities and looks at their offenses. We conduct the assessment the same day they arrive. I meet with them and ask these questions. If there are answers that needs more clarification, I will follow up with additional questions. If there are concerns about sexual abuse victimization or abusiveness, then I complete a mental health referral. I will email it and place the original in the box. If it urgent, I will make a phone call.”

115.41(f)(g) Policy IS5-2.3, Offender Internal Classification, Section III C (3) page 2 states, “A second internal classification will be completed within thirty calendar days of the offender’s arrival at the reception and diagnostic center, if they have not been transferred.”

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

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C) (1) (b) (c) pages 9 states, “Offenders will be reassessed within 30 days of arrival. The reassessment will consider additional relevant information received by the facility after the initial intake screening. The offender’s risk level will be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender’s risk of sexual victimization or abusiveness.”

CTCC provided a data sheet for the dates July 1, 2016 – June 30, 2017 in their pre-audit documentation showing the date the offender entered CTCC, the date they had received their initial assessment and their 30-day assessment. All assessments listed showed risk assessment tools were completed within the timeframe outlined by standards and MDOC policy. The pre-audit documentation also provided examples of four 30-day assessments completed on CTCC offenders.

While on site, the auditor pulled three current CTCC offenders files and found 30-day assessments had been completed on all of them.

Intake staff reported, “I conduct a 30-day follow up assessment and the CCA does it in my absence. Generally, the follow up assessment is completed during their third full week in the program.” In regards to confidentiality of the information in the assessment, the intake staff stated, “Generally myself, the CCA, Warden and Assistant Warden have access to the information in the assessment. No custody staff have access to this information.”

CTCC offender are reassessed at the 30-day mark to see if any changes have occurred unless they refuse to participate. (Auditor did reviewed an example of “Refusal to Participate” form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told no sanctions will be given for refusal to participate.)

Of the seventeen random inmate interviews conducted, eight have not had a 30-day reassessment. These reassessments have not be completed as these inmates are new arrivals and have only been at CTCC less than fourteen days.

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III C (1) (d) page 9 states, “The offender will not be disciplined for refusing to answer or not disclosing complete information during the assessment.”

The Adult Internal Risk Assessment Manual also states, “...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manger should note in sections

requiring offender response “refused to participate” and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions...”

Intake staff reported no inmate is every disciplined for refusing to answer any question of the assessment or for refusing to participate.

115.41(i) Policy IS5-2.3, Offender Internal Classification, Section III (F), page 3 states, “Upon completion of the internal classification process, a printout of the results will be placed in the offender’s classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. CCMs will enter the offender’s internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual.”

The Adult Internal Risk Assessment Manual also states, “Click on Assessment Listing (Do not print the final formed version of the assessment). Find the assessment in the Assessment Listing screen for the offender. Click on the file folder icon in the assessment line. This will bring up another window with the assessment summary. Click on the printer icon at the top of the assessment.

Only case managers have access to the information found on the risk assessment. It was reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

In regards to confidentiality of the information in the assessment, the intake staff stated, “Generally myself, the CCA, Warden and Assistant Warden have access to the information in the assessment. No custody staff have access to this information.”

The Site Coordinator states, “Specific information is restricted to certain staff: classification, administration, and probation/parole. All staff have access to the total score.”

The PREA Coordinator echoes this practice. “This is in policy.”

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. CTCC has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

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

CTCC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. **In the past twelve months, there have been no transgender inmates assigned to CTCC.**

115.42(a)(b) Policy IS5-2.3 Offender Internal Classification, Section III (A) (1) (2) pages 1 – 2, states “The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines.” On page 2 of this same policy reads, “Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities.”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III C (3) (b) page 9 states, “Housing, cell, bed, education, and programming assignments will be individualized utilizing the adult internal risk assessment with the goal of keeping separate those offenders identified at high risk of sexual victimization from offenders assessed at high risk of being sexually abusive. This will be in accordance with the institutional services procedures regarding offender-housing assignments, offender recreation and activities, and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities.”

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, “Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities’ supervisor prior to the offender’s start date at the required activity.”

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

CTCC advises, “Sigmas will be housed on the second floor and alphas will be housed on the third floor. Kappas can be housed anywhere, therefore they do not require special placement and will not be identified. The west wing on the first floor remains the designated wing for handicapped offenders.”

Interviews:

The Site Coordinator reported, “We use the risk assessment tool in determining housing, what work assignments they can be placed in, determine mental health needs to be referred – which they can choose to decline if they want.”

Intake staff reported, “If they are assessed as Sigma they are generally housed on the 2nd floor and the Alphas are placed on the third floor. There is always direct supervision when they are in a group setting.”

115.42(c)(d)(e)(f)(g) Policy IS & SOP 5-3.1, Offender Housing Assignments, also outlines the Transgender Committee. The policy reads, “Each institution shall convene a transgender committee to determine and review an offender’s classification on a case by case basis. A transgender or intersex offender’s own views with respect to his or her safety shall be given serious consideration. The transgendered committee should meet and have a written recommendation completed within 10 working days of the offender’s arrival at the facility. The recommendation should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the prison rape elimination act (PREA) coordinator for review and approval. A response should be made back to the transgender committee within 10 working days. The transgender committee’s approved written decision shall be maintained in the offender’s classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee will review the housing assignments every six months following the initial determination. Reassessments can be done more frequently as needed on a case-by-case basis. Transgender or intersex offenders shall be given the opportunity to shower separately from other offenders as outlined by SOP.”

SOP D1-8.13, Offender Sexual Abuse and Harassment, Section III (D) (2) page 11 states, “The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary.”

The policy also states, “The transgender committee meeting and subsequent written report shall include the following: offender’s view of his vulnerability within the general population, historical overview of the offender’s transgender/intersex status. Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender’s concerns and views regarding the transition process. Review of the offender adult internal risk assessment. The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender’s classification, the offender will be reassessed utilizing the adult internal risk assessment. Review of the offender’s institutional adjustment. PREA allegations/investigations. Review of programming assignments. Recommendations regarding the offender’s health and safety to include: housing assignment. Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but must consider the offender’s health, safety, and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender’s own views with respect to his safety shall be given serious consideration when determining housing. Showering: Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. Special needs: If the contracted mental health provider recommends hormone replacement therapy, the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor’s recommendation shall accompany the report.”

IS & SOP 5-3.1 Offender Housing Assignments, pages 4 -5 addresses Transgender Housing Assignments. It also states, “The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia by must consider the offender’s health and safety and the security of the facility through a review of the respective classification, medical and mental health records.”

The auditor also reviewed a copy of the template the Transgender Committee would use to determine housing.

The Site Coordinator reported, “We do not house our LGBTI inmates in special units. If inmates comes in and identifies themselves as transgender, we assemble a transgender committee to determine the needs and level of comfort. It would be the MDT decision on how to house them. He would have a normal assessment in which his own views of his safety would be taken into consideration. We reassess transgender inmates every six months.”

Risk screening staff reported, “There is a transgender committee that ensures the inmate’s needs are met and that they are allowed to shower separately. They are also pat searched differently.”

The PREA Coordinator also reported that a transgender committed will be convened at any facility where an individual is admitted and identifies themselves as transgender.

There were no transgender or intersex inmates in CTCC custody during the onsite portion of this audit.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC does not have administrative segregation. They report, "If an offender were to be assessed as needing protective custody due to be at risk for sexual victimization, he could be temporarily be placed in TASC for protect custody needs but would then need to be transferred to another location for placement in segregated housing." CTCC has one two-man cell designated as TASC (Temporary Administrative Segregation Confinement) cell.

In the past 12 months, there has been **no** inmate placed in involuntary segregation.

The following are MDOC's policies on segregated housing in institutional settings.

115.43(a)(b)(c)(d)(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Segregated Housing in Institutional Setting, pages 16-17 states, "Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

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

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

Policy IS21-1.1 "Temporary Administrative Segregation Confinement" states, "Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others..."

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours is zero.

On the day of the audit there were no inmates being held in segregation based on high risk for victimization. The auditor did review two PREA allegation notifications that have been completed in the past 12 months. In

looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Auditor reviewed the reporting information given to inmate's who enter restrictive housing. This brochure covers how to report a PREA allegation and provides address for advocates.

The auditing team interviewed on staff person who would be assigned to segregation if it is being used. They reported, "They can still receive homework and tasks to complete while in TASC. If they are being terminated from the program, they are then transferred." The staff member referred to being in TASC as being comparable to room restriction. This staff member went on to report, "As long as I have worked at CTCC, there have been no inmates placed in TASC for risk of sexual victimization or for having report sexual abuse. They are generally just moved to a different wing to ensure their safety. If for some reason, this was to happen they would only be in TASC for a very short amount of time. The longest would be five to seven days and that would only be if a weekend was involved."

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

On the day of the onsite portion of the audit, there were no inmates in TASC for risk of sexual victimization or who have alleged to have suffered sexual abuse.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, "Reporting Sexual Abuse or Harassment," Section III F (1) page 13 states, "Each facility's CAO or designee will provide multiple ways

for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to:

- a. informal resolution request (IRR), grievance process, or offender complaint,
- b. a staff member,
- c. PREA hotline, and
- d. advocacy agency.

Auditor reviewed the offender brochure on “Offender Sexual Abuse and Harassment” which is given out at intake. This brochure outlines the ways inmates can make reports of sexual abuse and sexual harassment. It reads, “Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department’s confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing “8” or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

The auditor was also provided a copy of the PREA brochure that given to any inmate placed in CTCC’s TASC cell.

CTCC staff interviewed were able to list several ways an inmate could report victimization. Their responses ranged from: calling the PREA hotline, telling a staff person, “fly a kite” or write a letter.

Inmates reported several ways they would report victimization. Reporting ranged from calling the PREA hotline, telling a CO , placing something in the PREA box or writing a letter to Jefferson City. Only one inmate reported that he would not make a report, “unless he was caught fighting.” When asked if there were other options than fighting, he reported, “I would go either to a CO or a counselor.”

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

115.51(b)

Policy D1-8.13 Offender Sexual Abuse and Harassment, “Reporting Sexual Abuse or Harassment,” Section III F (2) page 13 states, “Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit will be treated as confidential mail and not subject to examination. Facilities will maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity.”

Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety’s responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC

shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

The poster with the Department of Public Safety address also contains the following language, “Be advised that any correspondence sent to the Department of Public Safety regarding any PREA concerns that you might have will be considered confidential and will not be subject to inspection by institutional staff. You may seal the envelope and if it is addressed to the Department of Public Safety it will not be opened up by CTCC staff. It will be sent directly to them. Additionally, the name of the offender sending the mail will remain confidential and will not be reported to any other staff at CTCC by the staff member that handles the mail.”

The Site Coordinator reported, “They are given initial PREA information in a brochure. It tells them about the number they can call to report, how to tell staff and provides information on how to report to an outside agency (Department of Public Safety in Jefferson City). If they do report to Jefferson City, it immediately goes to Central Office and the investigators.”

CTCC staff interviewed were able to list several ways an inmate could report victimization. Their responses ranged from calling the PREA hotline, telling a staff person, “fly a kite” or write a letter.

Inmates reported several ways they would report victimization. Reporting ranged from calling the PREA hotline, telling a CO, placing something in the PREA box or writing a letter to Jefferson City. Only one inmate reported that he would not make a report, “unless he was caught fighting.” When asked if there were other options than fighting, he reported, “I would go either to a CO or a counselor.”

Inmates reported that they could remain anonymous if they wanted.

115.51(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, “Reporting Sexual Abuse or Harassment,” Section III F (3) page 13 states, “All allegations including anonymous, third party, verbal, or allegations made in writing will be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure.”

Per CTCC’s coordinated response, “PREA allegations, including third party and anonymous, will be investigated as outlined in this protocol, D1-8.13 Sexual Abuse and Harassment and D1-8.1.”

The Site Coordinator reported, “They are given initial PREA information in a brochure. It tells them about the number they can call to report, how to tell staff and provides information on how to report to an outside agency (Department of Public Safety in Jefferson City). If they do report to Jefferson City, it immediately goes to Central Office and the investigators.”

Inmates reported that they could remain anonymous if they wanted.

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

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III F (4) page 13 states, “Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct.”

Staff Tips Hotline posters are throughout the facility and are located in the officer work areas, staff newspaper and on the MDOC intranet home.

All staff reported they were aware of a hotline they can call to report a PREA event. It should be noted that while they knew of this number, a majority of them stated they would not remain anonymous if they reported inmate abuse.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

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

Time limit

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

Informal Process

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

Against a Staff Member

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

Grievance Process

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

Third Party Reporting:

- “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.”
- “When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.”

- “Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.”
- “When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.”
- “The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.”
- “If the offender declines to have the request processed on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.”
- “If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.”

Emergency Informal Resolution Requests

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

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III F (8) Page 14 states, “The department will not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department will not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of

sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards. The department will ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards.”

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

Auditor also reviewed the following training provided at statewide meeting regarding grievances, “PREA and the Grievance Process.”

Auditor also reviewed CTCC Grievance PREA Tracking Logs from 2015 and 2016.

115.52(d) At this time CTCC has not had any grievances where a final decision was not reached within 90 days.

115.52(e) CTCC reports they have had no third party grievances filed within the past year.

115.52(f) CTCC reports they have had no emergency grievances filed pursuant to this standard.

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

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 immigrant 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse by providing mailing addresses to Just Detention International (JDI) and Rape, Abuse and Incest National Network (RAINN). They also inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. CTCC was unable to enter a MOU with a community provider.

115.53(a) D1-8.13 Offender Sexual Abuse and Harassment, Section III M (1-5) page 22 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual

abuse in confinement settings. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders will be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution.”

This same policy in Section III I (15) on page 19 states, “During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender’s acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment - no show form. If the offender requests an advocate, the QMHP will notify the PREA site coordinator.”

Out of the 17 random inmates interviewed, only one stated he was aware of information on outside advocacy.

RECOMMENDATION: While this information is clearly posted on bulletin boards throughout the facility, it quite possible CTCC inmates are overwhelmed with information posted. It is recommend that a brief refresher should be given to CTCC inmates on what the PREA signage is providing – especially on services that Just Detention International can provide them. This refresher can be done during meetings with their counselor and does not require a formal inmate education process.

115.53(b) D1-8.13 Offender Sexual Abuse and Harassment, Section III M (6) page 22 states, “Offenders will be informed before being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.”

It should also be noted that the advocacy posters also state, “Be aware: Per department policy, mail will be subject to examination and phone call may be monitored.”

115.53(c) MDOC has attempted several times since 2014 to enter into an MOU with True North Crises Centers. CTCC has provided emails supporting these attempts.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.54(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III F (3), page 13 states, "All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure."

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

While onsite, the auditor also viewed third party reporting information posted in the visiting area of CTCC.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

CTCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

115.61(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (8) page 6 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors will immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members will inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes."

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

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

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

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

Every staff member interviewed stated they were required to report any suspicion or knowledge of inmate sexual abuse. They were able to state this was in CTCC policy.

115.61(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (9) page 6 states, “Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.”

Every staff member interviewed stated they were required to report any suspicion or knowledge of inmate sexual abuse. They were able to state this was in CTCC policy.

115.61(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (8)(a), page 6 states, “Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services.”

Policy IS11-32, Receiving Screening – Intake Center, Section III B (7)(d) page 3 states, “Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws”

Medical staff interviewed at CTCC stated, “I have an obligation to report if there is a threat to the inmate’s safety as we are mandated reporters. This also happens when information is received during an intake screening.”

115.61(d) Policy IS11-32 Receiving Screening - Intake Center, Section III B (7) (d) (1) page 3 states, “If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

115.61(e) Policy D1-8.13, Offender Sexual Abuse and Harassment,” Section III G (3) page 15, states, “All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist.”

The warden and the site coordinator both stated that all reports of sexual abuse are forwarded to the Central Office PREA Unit for investigation.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.62(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 20, under Segregated Housing in Institutional Setting states, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units."

CTCC reports there have been no incidents in the past 12 months where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. They advised, "If a report or determination was made that an inmate is subject to risk of imminent sexual abuse, we would assess the offender for the least restrictive housing. This should be done within 24 hours. If the offender requested protective custody, he would be housed in TASC until transfer arrangements could be made. If the offender did not want protective custody, some other alternatives would be to move him to the second floor (sigma floor) or arrange to transfer him to the Boonville Treatment Program."

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

116.63(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III G (4) page 16 states, "Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours."

CTCC reported that in the last twelve months they have received no reports from incoming or current inmates that abuse occurred at another facility.

CTCC stated, "In the past 12 months, CTCC has not had any offenders report allegations of being sexual abused while housed within another confinement facility. If an allegation of this nature were to be made, the shift supervisor would complete the coordinated response. If the alleged incident happened at another facility the normal notification process would be utilized. If the alleged incident happened while in a county jail, it would be forwarded to the DOC PREA coordinator at central office.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard.

115.64(a) Auditor reviewed CTCC's Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 16. This part of the policy states, "Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- The shift commander or shift supervisor will make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol.
- In the event of a non-penetration or harassment event the shift commander or shift supervisor will make email notifications as outlined in the applicable PREA notification checklist protocol.

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

The auditing team interviewed one security staff member who has acted as a first responder, they stated, "This is a step by step process in the Emergency Manuals in the Control Center regarding the coordinated response. On the report, we indicated that it is a 120 Treatment Offenders and that way the investigators know to make it a higher priority." (It should be noted this first responder was able to walk through every step of CTCC's coordinated response, including providing an advocate for the victim.)

The auditing team reviewed the two allegations filed at CTCC in the past 12 months and found that staff initiated the coordinated response in a timely manner and followed CTCC policy.

In interviewing staff at CTCC, each person was able to articulate the Coordinated Response.

115.64(b) All staff are considered to be first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.65(a) The coordinated response to offender sexual abuse covers the following topics:

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

Policy D1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response in Section III G on pages 16 and 17. It states, "The CAO or designee will coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the divisions' coordinated response to offender sexual abuse protocol. Offender interpreters will not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder will take the following steps.

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- The shift commander or shift supervisor will make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol.
- In the event of a non-penetration or harassment event the shift commander or shift supervisor will make email notifications as outlined in the applicable PREA notification checklist protocol.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.66(a) Policy D2-11.6, Labor Organization, page 4 states, “Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department’s ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”

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

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 residents 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

In the past twelve months there have been zero reports of retaliation against staff or inmates.

115.67(a)(b)(c)(d)(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III F (9) page 14 outlines the protection from retaliation for inmates and staff in the following manner:

“The PREA site coordinator will ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation. Following any reported incident of sexual abuse or harassment, monitoring for retaliation will be conducted in the following manner: The alleged victim of offender sexual abuse will be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring will include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form will be used during each of the assessment interviews. 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 PREA site coordinator or designee will ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation will not receive further monitoring. Reporters and witnesses will sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator will report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures. If possible retaliation is suggested, the PREA site coordinator will act promptly to remedy any such retaliation and protect the individual.

The PREA site coordinator will ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain

referral. All action taken to remedy retaliation or services offered to the victims or suspected victims will be noted on the assessment-retaliation status checklist form.

In the event that a victim is transferred during a period of monitoring, the PREA site coordinator will forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution will ensure monitoring continues as outlined in this procedure. The PREA site coordinator will ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring will continue. If released to a field probation and parole office, monitoring will stop.

In the event the allegations are determined to be unfounded the agency will terminate monitoring.”

The site coordinator is responsible for monitoring retaliation. He stated, “For inmates, you complete the retaliation checklist. I meet with them and ask them if they have experienced any retaliation. I look at conduct violations and if there changes in living situations. For staff, I ask them if they have experienced any retaliation and remind them to be mindful to report anything. Monitoring is every 30 days and 90 days; there is no further monitoring unless it would be necessary. Most offenders have been released from our custody before retaliation monitoring would be completed.” He stated the average length of stay for most inmates is twelve weeks.

The auditing team reviewed the two PREA allegations made in the past 12 months and found retaliation monitoring occurred in one of the cases. In the remaining case, the offender was released from custody before the initial 30-day monitoring could be accomplished.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.68(a) D1-8.13, Offender Sexual Abuse and Harassment, Section III H pages 16 - 17, under Segregated Housing in Institutional Setting states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

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

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event, the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. When an offender is believed to be in substantial risk of victimization, the shift commander will assess the offender to ensure housing in the least restrictive housing. If TASC is determined to be the least restrictive housing the shift commander will note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender will be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator will review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing will not ordinarily exceed a period of 30 days. Every 30 days, the offender will be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. 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. ***SOP: CTCC does not have a protective custody unit and all offenders assigned to TASC as a PREA risk will be evaluated initially via the TASC order and the PREA notification checklist. This will be repeated again with the offender within 72 hours by the administrative segregation committee and, if assigned to segregation, will be evaluated every 30 days by the administrative segregation committee. The administrative segregation committee should note on the Classification Hearing Form (SOP Reference A) the need for further separation and any programs, academic education, or services not provided during the period as a result of the offender's confinement in segregation."

The auditing team interviewed on staff person who would be assigned to segregation if it is being used. They reported, "They can still receive homework and tasks to complete while in TASC. If they are being terminated

from the program, they are then transferred.” The staff member referred to being in TASC as being comparable to room restriction. This staff member went on to report, “As long as I have worked at CTCC, there have been no inmates placed in TASC for risk of sexual victimization or for having report sexual abuse. They are generally just moved to a different wing to ensure their safety. If for some reason, this was to happen they would only be in TASC for a very short amount of time. The longest would be five to seven days and that would only be if a weekend was involved.”

CTCC reports, “There have two PREA allegation made at CTCC in the past 12 months. When we have an allegation, we complete the Coordinated Response and then asses the victim for the least restrictive housing. Most of the time the alleged victim is able to remain in general population and continue participating in the CTCC program. If the alleged victim requested protective custody, since that is not available at CTCC, he would be placed in TASC until he could be returned to FRDC or transferred to the Boonville Treatment Center if possible.”

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 (I)

- 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All investigations are referred to the PREA Investigative Unit in the Office of Professional Standards.

115.71(a) Policy D1-8.1, Office of Professional Standards, Section III E (3), pages 8 -9 states, "PRISON RAPE ELIMINATION ACT (PREA) UNIT: All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours."

Policy D1-8.4, Institutional Investigations, Section III B pages 3-4 states, "SCOPE OF RESPONSIBILITIES: An inquiry or investigation may be conducted by an institutional investigator when:

- an offender may have engaged in a violation of offender rules; or
- there is staff member on offender sexual harassment
 - Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol.

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (1) page 20 states, "The department will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website."

The auditing team interviewed two investigators. Both investigators stated that all investigations are initiated with 24 – 48 hours. One investigator reported, "If it is a penetration event then it would be the next business day and if it was a non-penetration event, it would start within several days." Both indicated that anonymous and third party reports would not be handled any differently than victim reported allegations.

115.71(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (2) page 20 states, "Investigators will receive specialized PREA investigation training prior to conducting an investigation involving offender sexual abuse."

CTCC provided training records for one investigator as part of their pre-audit documentation. This investigator completed the specialized investigator training in 2012.

While onsite, the auditor requested the training records for the investigator who conducts the majority of the PREA investigations at CTCC. Training records were provided and this investigator has received all of the required training per national standards and MDOC policy.

Two investigative employees were interviewed. Both reported receiving MDOC's PREA training that all staff receive.

In regards to the specialized training, one investigator reported he had received this training. He stated, "It is geared towards substantive interviews towards victims, providing different methods, allowing victims to have an advocate during the interview, taking breaks during the interview if needed, and gathering enough information for preponderance of the evidence."

The second investigator is still relatively new and has not received this specialized training, He reported, "This training will happen in the future." He also reported that his main function now is to investigate sexual harassment cases. He advised, "The minute touching occurs, the other investigator is called in."

115.71(c) Policy D1-8.4, Institutional Investigations, purpose is "This procedure establishes guidelines concerning the scope and depth of inquiries or investigations conducted by the department's institutional investigators."

The auditing team interviewed two investigators. One investigator stated in regards to the first steps of an investigation, "It depends. You can conduct the interview with the victim first or sometimes you have to process a crime scene first. You identify any witnesses to substantiate the victim's story, gather evidence to get complete picture before you approach the suspect." He went on to state in regards to collecting evidence, "Direct evidence is bagged, tagged and photographed. Circumstantial evidence involves the backgrounds of both victim and perp. You need to look at the big picture."

The other investigator reported, "You would secure evidence for the SANE if it is penetration event. For sexual harassment, you talk to the victim first, then witnesses, then the suspect last." When it came to collecting evidence, he stated, "I would assist the PREA investigators where needed. I would make sure clothing is bagged, sealed and placed in evidence."

115.71(d) Policy D1-8.1, Office of Professional Standards, Section III D (9) page 7 states, "When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall:

- in offender related cases: notify the CAO, who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the worksite should complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO should refer the incident to the appropriate prosecutor's office.
 - for investigations conducted by the PREA unit, OPS investigators will notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.
- in employee related cases: notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.

Both investigators stated they would contact with the prosecutor with any evidence before proceeding if a case was going to be referred for prosecution.

CTCC had no sustained allegations of offender sexual abuse referred for prosecution.

115.71(e) Policy D1-8.1, Office of Professional Standards, Section III D (8) page 7 states, "The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee."

The two investigators interviewed reported that all victims and witnesses are credible until proved otherwise. One investigator stated, "When looking at credibility, you have to look at each allegation separately. You need to look into their history and their mental health history."

115.71(f) Policy D1-8.4, Institutional Investigators, Section III C (3) page 4 states, "The institutional investigator will complete a written report at the conclusion of all inquiries and investigations and submit it to the CAO in accordance with the institutional investigator guidelines reference document."

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (3) page 20 states, "Administrative investigations will include an effort to determine whether staff member actions or failure to act contributed to the abuse."

Both investigators reported that reports are kept on all allegations. These reports track the date, time, who, what, when, where, why and how. One investigator stated, "They are written in plain English and in chronological order."

115.71(g)

The two investigators interviewed reported that all victims and witnesses are credible until proved otherwise. One investigator stated, "When looking at credibility, you have to look at each allegation separately. You need to look into their history and their mental health history."

The cases reviewed by the auditing team contained detailed reports and outlined every step the investigator took during the investigation.

115.71(h) Policy D1-8.1, Office of Professional Standards, Section III D (9) page 7 states, "When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall:

- in offender related cases: notify the CAO, who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the worksite should complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO should refer the incident to the appropriate prosecutor's office.
 - for investigations conducted by the PREA unit, OPS investigators will notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.
- in employee related cases: notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.

CTCC had zero sustained allegations of offender sexual abuse. No cases were referred for prosecution.

Both investigators report that not every allegation will be referred for prosecution. One investigative staff member stated, "It depends if it gets referred for prosecution. If a statute has been broken, it will be referred. If it's a conduct violation, it will be handled in-house."

115.71(i) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (6) page 20 states, "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."

115.71(j) Policy D1-8.1, Office of Professional Standards, Section III H pages 10 -11 states, "RESIGNATION WHILE UNDER INVESTIGATION: If a staff member resigns during an OPS investigation, the CAO shall notify the OPS immediately. The OPS will make every effort to conduct an interview prior to the staff member leaving the worksite. Every effort should be made to complete the investigation. Notification will be provided to the division director or designee when the matter is closed to determine whether the findings should be forwarded to the personnel office and noted in the staff member's permanent personnel file. In the event the employee or contractor holds a professional license or certification, notification will be made to the division of rehabilitation services that will make notification to the appropriate professional licensing and/or certification organizations. The departure of the alleged subject or victim from employment or control of the department shall not provide a basis for terminating the investigation."

Both investigators reported that investigations would continue even if the abuse leaves the facility or is released from MDOC. One stated, "I would make sure I have an accurate home address so that an interview can be completed." The other investigator reported, "I will still complete the investigation. If they are transferred to another institution, I would contact another investigator to conduct the interview."

115.71(k) N/A

115.71(l) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III J (5) page 20 states, "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. The PREA manager will request all responsible sheriff departments follow PREA standards when conducting offender sexual abuse investigations."

Investigators reported, "We would schedule the times for interviews and give them clearance. We would set up the interview rooms for them. Homicide is the only time an outside agency would assist on an investigation." The other investigator added, "We would assist them in collecting evidence."

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (4) page 20 states, “Administrative investigations will impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated.”

Both investigators stated they would use the preponderance of the evidence to determine guilt. One investigator stated, “Preponderance of the evidence is 51%.”

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.73(a) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (1) page 21 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager will make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form."

Both investigators stated they would not notify the inmate the outcome of an investigation, One reported, "This is not done by the investigator; but is the case manager's role."

The site coordinator stated, "I would complete a notification form and provide that information to the inmate."

In the past 12 months, CTCC advised two PREA investigations were conducted. Offender notification of allegation finding were not made due to the offenders being released from custody when the investigation was complete. This information is tracked using uploaded "closed cases" spreadsheet. The uploaded form in this section would be utilized to notify the offenders of the investigation findings if they were in custody."

115.73(b) N/A CTCC utilizes institutional investigators to conduct all investigations.

115.73(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (4) (a) page 21 states, "All subsequent notifications will be made when:

Staff member on offender allegations: following the completion of an inquiry or investigation, the offender will be notified when the following occurs (unless the inquiry or investigation is unfounded):

- The staff member perpetrator is no longer assigned to the housing unit.
 - The staff member perpetrator is no longer employed by the department.
- The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution.
- A disposition of charges exists related to sexual abuse within the institution."

115.73(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (4) (b) page 21 states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender will be notified when the following occurs:

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

115.73(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (4) (c) page 21 states, "The departmental PREA manager will forward the written notification to the offender via the PREA site coordinator.

- The PREA site coordinator will ensure that the written notification is provided to the offender in a confidential manner
- The original notification will be signed by the offender and witnessed by a staff member.
 - The offender will be offered a copy of the letter, but will have the right to decline the letter.
- The original notification will be forwarded to the department's PREA manager for tracking.
- (In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends.

CTCC provided the auditor a copy of a blank notification form titled, "PREA Alleged Sexual Abuse by Offender Notification."

DISCIPLINE

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. There have been no staff who have been disciplined, terminated or resigned for violating the agency sexual abuse and sexual harassment policies.

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

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (1), page 24 states, “Staff members will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures.”

115.76(b)(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (2), page 24 states, “Termination from the department will be the presumptive disciplinary action for staff members who have engaged in sexual abuse.”

115.76(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (3), page 24 states, “All terminations 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.”

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (4) page 24 states, "Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse will be prohibited from contact with offenders and will be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility will take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations.

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, "All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.

The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services..."

CTCC reports that any contractor or volunteer that is found to have engaged in sexual abuse of an inmate would be banned from the facility.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At CTCC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. If an inmate makes a report in good faith, there will be no disciplinary action.

115.78(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (1) page 23 states, "Offenders will be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Policy IS19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 1 and 2 state, "If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction." This policy also defines sexual activity as "Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature."

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

CTCC reported no instances of administrative findings of inmate-on-inmate sexual abuse in the base 12 months.

115.78(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (2) page 24 states, "Sanctions will be commensurate with the nature and circumstances of the abuse committed, the

offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

116.78(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (3) page 24 states, "The disciplinary process will consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, will be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

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

In the past 12 months, there have been no substantiated cases where an inmate's mental disability or mental illness contributed to his behavior when receiving sanctions during the disciplinary process.

115.78(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (4) page 24 states, "If found 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."

NOTE: CTCC does not offer any type of sex offender treatment.

115.78(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (5) page 23 states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

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

that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded.”

115.78(g) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (6) page 23 states, “The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and will be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.”

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? Yes No

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.81(a)(c) IS11-32 Receiving Screening – Intake Center, Section III B (8) (b) page 3 states, “If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening.”

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

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

Staff who conduct the risk screening stated, “If there are concerns about sexual abuse victimization or abusiveness then I complete a mental health referral. I will email it and place the original in the box but if it is urgent, I will make a phone call. Mental Health is available on Tuesday and Thursday but can be contacted immediately if a need arises.”

115.81(b) IS11-32 Receiving Screening – Intake Center, Section III B (8) (c) page 3 states, “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 meeting with a QMHP within 14 days of the intake screening.”

Staff who conduct the risk screening stated, “If there are concerns about sexual abuse victimization or abusiveness then I complete a mental health referral. I will email it and place the original in the box but if it is urgent, I will make a phone call. Mental Health is available on Tuesday and Thursday but can be contacted immediately if a need arises.”

115.81(d) IS11-32 Receiving Screening – Intake Center, Section III B (5-6) page 3 states, “When the intake mental health screening form is completed by health services staff members, the original of the form will be sent to the institutional chief of mental health services (ICMHS) or designee. A copy should be filed in the hard copy health services record when the department computer system has not been utilized as the documentation of this screening. The designated qualified mental health professional (QMHP) shall assign a disposition as outlined at the bottom of the intake mental health screening form and sign the completed form. The original of the completed form shall be filed with the copy in the offender’s health services record.

If an offender’s medical or mental health condition precludes placement in the designated area, the case management staff member should be notified immediately by the health services staff members identifying the need for a change of placement. Special housing unit recommendations will be made in accordance with institutional services procedures regarding communication on offender special health needs and communicated to the case management staff members. Health services staff members will document the information in the department computer system.”

115.81(e) IS11-32 Receiving Screening – Intake Center, Section III B (8) (d) page 3 states, “Health services staff members may obtain informed consent from offenders in accordance with institutional services before reporting information about prior sexual victimization. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

CTCC Medical Staff reported, “Because of HIPAA we are required to obtain a Release of Information.”

NOTE: CTCC does not house youthful inmates.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.82(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (1) and (17) pages 17 and 19 state, "Victims of sexual abuse will receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment."

"Victims of sexual abuse will be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate."

Auditor reviewed Corizon's Contractual Requirements. On page 43 it states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment."

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

For a penetration event:

Medical will:

- Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.
 - The listing of SANE hospitals can be found on the PREA intranet page. .
- If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
- Provide follow-up care upon offender's return from the medical out count.

Mental Health:

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

For a non-penetration event:

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

CTCC medical staff stated, "We can provide same date services as we are open from 5:30 a.m. to 10:00 p.m. In addition, there is always someone on call if we are needed during the night. We would also consult with the doctor immediately. We would take orders from him. Plus, SANE kits are kept onsite."

115.82(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (16) page 19 states, If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners."

115.82(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (8) page 18 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate."

Auditor reviewed Corizon's Contractual Requirements. On page 43 it states, "Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center."

115.82(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (18) page 19 states, "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any confinement settings. They also offer tests for sexually transmitted infections as medically appropriate. (NOTE: CTCC is a male only facility.)

115.83(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (19) pages 19 -20 state, "Each victim and abuser will be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals will be completed for continued care following their transfer to, or placement in, other facilities or their release from custody."

115.83(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (20) page 20 states, "Victims and abusers will be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services."

When CTCC medical staff was about the level of care being that same as the community, they reported, "Yes, definitely."

115.83(d)(e) N/A CTCC is a male only facility.

115.83(f) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (17) page 19 states, “Victims of sexual abuse will be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate.”

115.83(g) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (18) page 19 states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

115.83(h) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (11) page 19 states, “Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse.”

CTCC medical staff stated, “The perpetrator would be offered mental health services and would be given a head to toe assessment as well to determine if they have any injuries that need to be treated.”

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 manager? 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.86(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 24, Section III (I) states, "Each facility will conduct a sexual abuse incident debriefing at the conclusion of every substantiated and

unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.”

CTCC provided two examples of debriefings with their pre-audit questionnaire.

115.86(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III K (2) page 20 states, “Debriefings will be held within 30 days of the conclusion of a formal investigation or inquiry.”

CTCC provided two examples of debriefings with their pre-audit questionnaire.

115.86(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III K (3) page 20 states, “The review team for offender sexual abuse events will include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigators, and medical or mental health practitioners, when applicable.”

CTCC provided two examples of debriefings with their pre-audit questionnaire.

The warden advised the CTCC does have sexual abuse incident review team.

The Site Coordinator reported, “

115.86(d) CTCC provided a blank copy of the debriefing form

The Site Coordinator reported, “We still do a debriefing even if everyone has left CTCC. We utilized a standard form and it will go the Warden, the state PREA Coordinator and the Assistance Director for review. We look everything. We definitely use it as an opportunity to determine if staff visibility can be enhanced by camera coverage.”

115.86(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III K (4) pages 20 -21 states, “A complete written report will be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility will implement the recommendations for improvement, or will document its reasons why recommendations will not be implemented. A copy of the debriefing will be submitted electronically to the assistant director and the PREA manager. A copy of the report will be filed in the institutional PREA event file.”

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III Q pages 24 – 25 state, “Annual Site Report: Each facility will utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA manager by the last working day in March.

1. The report will include:

- identified problem areas,
- recommendations for improvement,
- corrective action taken,
- if recommendations for improvements were not implemented, reasons for not doing so,
- a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse,
- an evaluation of the need for camera and monitoring systems,
- in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to:
 - the staffing plan,
 - the deployment of video monitors, and
 - the resource availability to adhere to the staffing plan.
- The yearly report will be submitted to the division director and the department PREA manager no later than the last working day in March.

Agency Report: The PREA manager will prepare an annual report compiling each facility’s current year’s data and corrective actions.

1. The report will 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 will be forwarded to the department director for approval by the first of September.
- The CAO or designee, PREA manager or department director will edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility.
 - The CAO or designee, PREA manager, or department director will indicate the nature of the material edited.
- The department's annual PREA report will be made available to the public on the department's internet website.

Auditor reviewed the aggregated data for 2016. This data broke down PREA cases for each facility in the MDOC. It tracks location, event creation date, date of event, type, agency case number, even number, findings and date case was closed.

Auditor reviewed the MDOC 2016 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

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

115.87(e) N/A CTCC does not contract for the confinement of its inmates.

115.87(f) CTCC completes the SSV each year.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III Q pages 24 – 25 state, “Annual Site Report: Each facility will utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA manager by the last working day in March.

2. The report will include:

- identified problem areas,
- recommendations for improvement,
- corrective action taken,
- if recommendations for improvements were not implemented, reasons for not doing so,
- a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse,
- an evaluation of the need for camera and monitoring systems,
- in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to:
 - the staffing plan,
 - the deployment of video monitors, and
 - the resource availability to adhere to the staffing plan.
- The yearly report will be submitted to the division director and the department PREA manager no later than the last working day in March.

Agency Report: The PREA manager will prepare an annual report compiling each facility’s current year’s data and corrective actions.

2. The report will 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 will be forwarded to the department director for approval by the first of September.

- The CAO or designee, PREA manager or department director will edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility.
 - The CAO or designee, PREA manager, or department director will indicate the nature of the material edited.
- The department's annual PREA report will be made available to the public on the department's internet website.

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

Auditor reviewed the 2016 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2016 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

115.89(b) D1-8.13 Offender Sexual Abuse and Harassment, Section III Q (2d) page 25 states, "The department's annual PREA report will be made available to the public on the department's internet website."

Auditor reviewed the MDOC 2016 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov./OD/PREA/php>.

115.89(c) D1-8.13 Offender Sexual Abuse and Harassment, Section III Q (2c) page 25 states, "The CAO or designee, PREA manager or department director will edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director will indicate the nature of the material edited."

115.88(d) According the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 - Yes
 - No
 - NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

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, residents, 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.401(a)(b) MDOC currently has twenty-two state operate adult facilities and seven community supervision centers. During the first audit cycle, every state operated prison and community supervision center was audit. The following is a breakdown:

- 2014: 2 state prisons
- 2015: 14 state prisons, 3 community supervision centers
- 2016: 6 state prisons, 4 community supervision centers

For the next audit cycle, MDOC has had 11 state prisons audited in 2017.

115.401(h)(i)(m)(n) During the CTCC audit, the auditor had complete access to every facet of the facility. Every request for documentation was granted. Site Coordinator Scott Weber lead the onsite tour. Assistant PREA Coordinator Adam Albach also participated in the tour. The auditing team viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was missing in some of the units and they were quickly replaced by administration. In all living units, toilets and shower stalls all had appropriate coverings. The “Notice of PREA Audit” was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, and control posts were also toured. PREA reporting information in English and Spanish we re found on every bulletin board and were clearly marked.

CTCC provided confidential locations for the auditing team to interview inmates and staff.

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has published every PREA compliance audit on their website. The audits are arranged by year and are easy to view and navigate.

MDOC's PREA compliance audits can be found by clicking on the "Learn more about PREA" link on the MDOC's home page (<https://doc.mo.gov>). You will then be taken to this page, which contains links to the compliance audits and annual reports: <https://doc.mo.gov/OD/PREA.php>

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document

into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth Copeland

November 22, 2017

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.