

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: August 30, 2020

Auditor Information

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Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 713-818-9098	Date of Facility Visit: July 16, 2020

Agency Information

Name of Agency: Missouri Department of Corrections			
Governing Authority or Parent Agency (If Applicable): State of Missouri			
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
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 Website with PREA Information: http://docintranet.ads.state.mo/Division/OD/PREA.htm			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Hannibal Community Supervision Center

Physical Address: 2002 Warrant Barrett Drive

City, State, Zip: Hannibal, MO 63401

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Facility Director

Name: Kevin Knickerbocker

Email: kevin.knickerbocker@doc.mo.gov

Telephone: 573-248-2450

Facility PREA Compliance Manager

Name: Darin VanMeter

Email: darin.vanmeter@doc.mo.gov

Telephone: 5730248-2450

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

40

Current Population of Facility:

11

Average daily population for the past 12 months:	16
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18 - 59
Average length of stay or time under supervision	91 days
Facility security levels/resident custody levels	Field Supervision
Number of residents admitted to facility during the past 12 months	73
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	71
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	63
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	43
Number of staff hired by the facility during the past 12 months who may have contact with residents:	4
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2, including storage shed
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	0
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	2
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>10</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>1</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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 Hannibal Community Supervision Center (HCSC) on June 14, 2020 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on July 16 – 17, 2020

On June 16, 2020, this Auditor received a flash drive containing HCSC'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 July 10, 2020, a tentative agenda for the PREA audit was sent the Statewide PREA Coordinator for MDOC to be distributed to the facility. 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 agenda also outlined which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Assistant Director (Site Coordinator) Darin Van Meter. After the initial meeting, a detailed tour was provided to the Auditor.

Site Coordinator Darin Van Meter lead the onsite tour for the Auditor and the Statewide PREA Coordinator. The tour began with the day room/dining area. The tour also included the kitchen, program rooms, living areas, showers and restrooms, outside recreation and the officer control post. The Auditor viewed camera placements and observed cross-gendered announcements being made to residents who remained onsite.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters and discussed the situation at HCSC during the pandemic. Due to the COVID-19, HCSC had limited staff onsite. The Auditor then randomly selected staff who were available to be interviewed.

The Site Coordinator also provided the Auditor with a list of HCSC residents. Again, due to the COVID-19 pandemic HCSC had only six (6) residents assigned to the center. Of these six residents, four were offsite attending Drug and Alcohol counseling and one (1) was asleep as he works the night shift. This left only one resident available for interview. HCSC had no targeted resident population assigned to

the center. HCSC did provide a confidential location for the Auditor to interview the one available resident.

HCSC also provided appropriate accommodations for the Auditor to conduct staff interviews. Center staff was great to work with and were very accommodating. The Site Coordinator was readily available to answer any questions and assist in any way. The HCSC Director was offsite during this portion of the audit; however, arrangements were made for the Auditor to conduct a phone interview and to discuss concerns the Auditor found while onsite. Specifically, the lack of PREA signage throughout the center and responses staff provided the Auditor during their interviews.

The Auditor was able to interview a one (1) resident. In addition, the Auditor interviewed a total of seven (7) to include the Director, Site Coordinator, Investigator and Custody Staff. It should be noted staff at HCSC wear many hats when it comes to responsibility. Custody staff are also responsible for intake and PREA education as well as conduct the risk screening tool. The Director and Assistant Director are also responsible for human resources, monitoring for retaliation, and are members of the debrief team. There are no medical or mental health services available onsite.

There was an exit interview conducted at the end of the site visit with the Site Coordinator.

POST AUDIT

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

On August 30, 2020, the PREA audit report was submitted to the PREA Resource Center and a copy was sent to MDOC's statewide PREA coordinator, Vevia Sturm.

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 Hannibal Community Supervision Center (HCSC) is in Hannibal, Missouri. The Community Supervision Centers target high-risk clients who need intensive programming in several areas and who are at risk of revocation. It focuses on incentives and sanctions as clients complete each of the four phases, with the referring Probation and Parole officer supervising the client while he or she is a CSC resident. Programs are targeted to each client's assessed needs. Clients must complete core programming components before they can receive passes into the community for employment or other purposes.

HCSC consists of one main building and a storage shed. The current population at HCSC is six (6) adult male residents. During the past 12 months 72 residents have been admitted to this center. The average age of the current resident populations is 91 days.

HCSC has 43 employees who have contact with the resident population. This staff is responsible for the security of all buildings located at HCSC. In addition to its 43 employees, HCSC also has 12 volunteers and six (6) contractors who are currently authorized to enter the building.

HCSC is not located within a secure perimeter. The facility has the official capacity to house 40 residents.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (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

115.211 (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

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/HCSC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment toward individuals placed in its custody.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of

individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "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.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "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.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under “Definitions” in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, “To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation.” The agency wide PREA Coordinator is in MDOC’s Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC’s organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

The Auditor was provided a copy of MDOC’s organizational chart outlining the Statewide PREA Coordinator position. HCSC also provided the Auditor with a copy of their organizational chart. This chart outlined the Site Coordinator (the Assistant Director) reporting directly to the Director.

Based on the evidence provided through policy, staff and resident interviews, and the tour of the center, HCSC is found to have exceeded the standard for zero-tolerance.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

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

115.212 (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 residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA

standards.) Yes No NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) 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.

HCSC does not contract with other agencies/facilities to house residents assigned to HCSC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 - Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
 - Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes 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.

MDOC/HCSC developed and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.

a, c) Since the last PREA audit in 2017, HCSC average daily number of residents has been 16. While HCSC has a design capacity of 40 residents, the staffing plan for HSCS is predicated on average daily population (ADP) of 16. The average length of stay at HCSC is 91 days.

MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 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 population, and the prevalence of substantiated and unsubstantiated offender sexual abuse 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.” (page 6)

MDOC Board of Probation and Parole, Policy and Procedure Manual, Community Supervision Centers, P4-4.2, dated August 19, 2013 states, “A staffing plan which protects the clients against sexual abuse shall be developed and documented in an SOP that includes the following: the physical plans of the center, video monitoring systems, and a means of documentation and justification when the center is unable to comply with the established staffing plan.” (Page 9)

The Auditor was provided a copy of HCSC’s 2019 Staffing Plan Evaluation filed by HCSC showing compliance with this standard.

b) N/A HCSC has had no staffing plan deviations.

The Director stated, “A daily log is completed by each shift. It outlines who and how many are shift. The log also documents any exceptions. Supervisors then review the logs to make sure we are complying. The minimum number of custody staff is two.”

The Site Coordinator states, “The Hannibal CSC has not fallen below Minimum Critical Staffing numbers. Staff are mandated to stay from previous shifts to ensure staffing levels.”

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, HCSC is found to have met the standard for supervision and monitoring.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (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 residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (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 residents 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.

(a)(c) MDOC/HCSC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

HCSC SOP states, "Frisk Search/Pat Search: Gender specific as trained (cross gender searches are not authorized). Search of a clothed person that includes the skimming of the body with either the hands. Examination should include pockets, shoes, mouth, hair and any article that the person has in their possession at the time of the search...STRIP SEARCHES: Directed strip searches will be conducted only upon approval of the CSC Unit Supervisor, District Administrator or District 3 Unit Supervisors. A strip search will be conducted when there is reasonable suspicion that a resident is concealing dangerous contraband and an immediate search is necessary to prevent the introduction of said items into the facility. Strip searches WILL only be conducted by staff of the same gender. Strip searches are visual inspections only."

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, 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; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall 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 shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

HCSC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have also been no incidents where medical staff have conducted such searches.

The one resident interview supported this practice.

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

d) MDOC/HCSC has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them.

HCSC's SOP states, "Residents are allowed to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances. Residents must dress in assigned areas – Females: in the bathroom with the door closed, Males: In the shower area or in a closed bathroom stall in the Male bathroom. No dressing is permitted in the open dorms. The PREA Announcement will be made in the male and female dorm at the beginning of each shift. Once the announcement has been made other announcements are not required for the remainder of the shift. Announcements shall be recorded on the 2nd page of the Chrono. If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff member shall knock and verbally announce their presence to the residents to allow the residents to seek privacy from the staff member viewing the offender's buttocks, breast, or genitalia."

MDOC policy D1-8.13 states, "Offenders shall 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, institutional services, and probation and parole procedures regarding searches." (Page 12)

While touring HCSC the Auditor heard cross gender announcements when entering living areas where a resident was present.

The resident interviewed reported announcement were made when female staff are on duty.

While observing the shower and restroom areas in the living areas, the Auditor found the following:

- In the main dorms, the restroom and shower areas are located at the front of the dorm. The restroom area contains single stalls with swinging doors for privacy. The shower area is separated by swinging metal doors. Again, to allow for privacy.
- The Honor Dorm contains a single shower and single toilet. Shower and the toilet are in individual stalls behind a metal swinging door.

Strip searches must be approved by the Assistant Director (Site Coordinator) and must be supervised by a shift supervisor.

Interviews with staff supported this practice.

e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a 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.” (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, “If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender’s genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members.” (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, “The facility will 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 that information as part of a broader medical examination conducted in private by the responsible physician.

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were no transgender or intersex residents at the center. This information was confirmed through interviews with administration, random staff and resident.

(f) MDOC policy D1-8.13 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.” (Page 13)

HCSC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and resident interviews, and the tour of the facility, HCSC is found to have met the standard for cross-gender viewing and searches.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

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

115.216 (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 residents 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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes 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.

MDOC/HCSC has established procedures to provide disabled residents and residents who are limited English proficient (LEP) equal opportunity to participated in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a) MDOC policy D1-8.13, "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." (Page 10)

This same policy also states, "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." (Page 12)

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interprettek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

HCSC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at HCSC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "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 it is not possible to translate the documents to the offender's native language the department's 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 PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

HCSC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

There are no residents assigned to HCSC who have been identified as visually and hearing impaired, physically disabled or have cognitive disabilities.

CONCERN: During the tour of HCSC, the Auditor observed no PREA information was posted throughout the center. This was brought to the Director's attention as a concern and possible compliance issue.

ACTION TAKEN BY HCSC BEFORE COMPLETION OF FINAL REPORT: On July 28, 2020, the Auditor received pictures of bulletin boards located in the Dorms, Honor Dorms, Dining Room, Lobby, and medical corridor. Posters containing zero-tolerance and ways to report sexual abuse were present in English and in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall 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." (Page 15)

All HCSC staff interviewed supported this this practice.

There are no residents assigned to HCSC who are identified as LEP.

Based on the evidence provided through policy, staff and documentation review, HCSC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

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

115.217 (c)

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

115.217 (d)

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

115.217 (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 residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

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

115.217 (g)

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

115.217 (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.

a, f, g) MDOC policy D1-8.13 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 institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or 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." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also 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 who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

The MDOC Employee Handbook 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. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being

arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence.” (Page 18)

c, d, e) MDOC policy D1-8.13 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 in accordance with the department procedure regarding background investigations.” (Page 7)

g) The Director stated, “Any inquiries about former employees are not handled at this level. This is referred to Central Office.”

Based on the evidence provided through policy, staff interviews, and documentation, HCSC is found to have met the standard for hiring and promotional decisions.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (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 residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (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 residents 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.

a) HCSC has not acquired a new facility or made a substantial expansion to the existing center since the 2017 PREA audit.

b) MDOC policy D4.4.8, Security Camera Operations, dated November 23, 2019 states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the security camera committee will conduct an annual assessment of the entire facility and submit a report to the CAO indicating the status of the camera system and recommend changes and additions. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. A copy of this document will be forwarded to the security intelligence unit. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring shall be augmented to supplement supervision by staff members in accordance with department procedures regarding serious incident reporting and debriefing. All changes will be shared with the security intelligence unit." (Page 3)

The Director stated, "We have added one 360-degree camera inside control which views the medical hallway and another hallway."

Based on the evidence provided through policy and the tour of the facility, HCSC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (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

115.221 (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

115.221 (c)

- Does the agency offer all residents who experience 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

115.221 (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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (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

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a)

through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (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 *always* makes a victim advocate from a rape crisis center available to victims.) 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 is responsible for conducting administrative and criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

a, b, c) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All exams are offered at no costs to the residents.

Missouri Revised Statutes, 191.0225.1 states, "All appropriate medical provider charges for eligible forensic examinations shall be billed and paid by the department of health and senior services. No

appropriate medical provider conducting forensic examinations and providing medical treatment to victims of sexual offenses shall charge the victim for the forensic examination...”

All HCSC staff interviewed were able to explain to the Auditor MDOC’s requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

In the past 12 months, there have been zero forensic medical exams, SANE/SAFE’s, or exams performed by qualified medical practitioner on residents assigned to HCSC.

All SANE’s/SAFE’s are conducted at the Hannibal Regional Hospital in Hannibal, Missouri. There are no medical services provided onsite.

d, e) MDOC policy D1-8.13 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. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. 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. The 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 office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to 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. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

MDOC entered a Memorandum of Understanding (MOU) with Avenues to provide victim advocates from a community-based crises center for victims of sexual abuse at HCSC. This MOU was signed in 2015 and is ongoing until either party terminates the agreement.

There were no residents onsite to be interviewed who had reported sexual abuse in the past 12 months.

f) N/A MDOC is responsible for administrative and criminal investigations of sexual abuse at HCSC.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, HCSC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (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

115.222 (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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (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.

MDOC/HCSC ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident and staff sexual misconduct).

a, b) a, b) MDOC policy D1-8.13 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." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "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." (Page 3)

There have no allegations of sexual abuse or sexual harassment at HCSC since the last PREA audit in 2017.

c) N/A MDOC is responsible for administrative and criminal investigations of sexual abuse at HCSC.

Based on the evidence provided through policy and documentation review, HCSC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents 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

115.231 (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.

a, c) HCSC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall 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>." (Page 7)

CONCERN: While all staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers, further conversations with staff revealed they struggled how to apply certain aspects of the training. For example, one staff person shared he had to talk to a resident about PREA because he caught him trying to smell the hair of a female staff person without her knowledge. This staff person stated he talked to the resident about how “a PREA could be filed against him for doing that.” Other staff persons provided similar examples of misunderstanding the foundation of PREA versus a resident’s behavior issue that needed to be addressed. These concerns were shared with the Director.

ACTION TAKEN BY HCSC BEFORE COMPLETION OF FINAL REPORT: On August 5, 2020, the Director and the Statewide PREA Coordinator, Vevia Sturm, conducted a staff training titled, “PREA: Connecting the Pieces.” This training was provided to all custody staff (signed rosters were provided to the Auditor). This training covered topics such as: what is PREA, definitions, searches, and responsibilities.

b) While HCSC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, “All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall 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 assignment.” (Page 8)

d) MDOC policy D1-8.13 states, “All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee’s personnel file.” (Page 8)

HCSC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed two staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for employee training.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (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.

a, b) HCSC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors' acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

Based on the evidence provided through policy, interviews, and documentation review, HCSC is found to have met the standard for volunteer and contractor training.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes 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.

a, b, c, d) HCSC reports 73 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 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 it is not possible to translate the documents to the offender's native language the department's 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 PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

All staff state every resident is given a PREA flyer when they first come into the center. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Staff also advise the PREA orientation video is then shown 24 hours later.

The resident interviewed reported receiving PREA information the first day he arrived at HCSC.

HCSC documents all inmate education. The Auditor was provided examples of signed resident acknowledgments.

e) During the tour of HCSC, the Auditor observed no PREA information was posted throughout the center. This was brought to the Director's attention as a concern and possible compliance issue.

ACTION TAKEN BY HCSC BEFORE COMPLETION OF FINAL REPORT: On July 28, 2020, the Auditor received pictures of bulletin boards located in the Dorms, Honor Dorms, Dining Room, Lobby, and medical corridor. Posters containing zero-tolerance and ways to report sexual abuse were present in English and in Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, HCSC is found to have met the standard for resident education.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (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 115.221(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 115.221(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 115.221(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 115.221(a).)
 Yes No NA

115.234 (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 115.221(a).)
 Yes No NA

115.234 (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.

a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. The investigator was able to discuss various topics covered in the training they received.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for specialized investigation training.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) Yes No NA

115.235 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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

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a, b, c, d) N/A HCSC does not have medical or mental health professionals onsite.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (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 resident's detriment by staff or other residents? 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.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c, h) MDOC policy D1-8.13 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...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Pages 8 and 9)

MDOC Board of Probation and Parole, P4-4.2, states, "Prison Rape Elimination Act (PREA). Upon the client's arrival, the CSC staff member, as designated in the Standard Operating Procedure (SOP), shall complete the intake process with the client, which shall include the following...The client shall be assessed utilizing the [Risk of Victimization and Abusiveness Screening Tool](#) form (Attachment C) to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the client's arrival at the CSC. Clients will be reassessed utilizing the [Risk of Victimization and Abusiveness Screening Tool](#) form (Attachment C) within 30 days from the date of initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Staff must inform clients before they begin the screening that they are not required to answer any of the questions. Clients shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form." (Pages 7 and 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at HCSC.

The resident interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

MDOC Board of Probation and Parole, P4-4.2 echoes this same language.

HCSC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. The Auditor reviewed the records of three residents and found all residents had their initial assessment and 30-day assessment completed within the required timeframe.

i) MDIC/HCSC has appropriate controls on the dissemination within the center of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only supervisors and administration staff have the security level to access the questions on the AIRA. Custody staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for screening for risk and abusiveness.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

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

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) 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.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 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. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. 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." (Page 2)

MDOC Board of Probation and Parole, P4-4.2, states, "The screening information shall be used to guide housing, work detail, education, and program assignments with the goal of keeping separate clients at risk of being sexually victimized from clients at risk of being sexually abusive. The CAO/designee shall make individualized determinations about how to ensure the safety of each client based on the screening review." (Page 8)

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC Board of Probation and Parole, P4-4.2, states, "Staff shall provide heightened protection to clients identified to be at risk of victimization. This shall include increased direct sight and sound monitoring, and placement in a housing area actively monitored on video by staff sufficiently proximate to intervene, unless no such option is determined by CAO/designee to be feasible. When making assignment decisions for a transgender or intersex client, the CAO/designee shall consider the following: the client's gender self-identification, and assessment of the effects of placement on the client's health and safety and that of other clients. Transgender and intersex clients shall be given the opportunity to shower separately from other clients." (Page 8)

The Director stated, "We have two cameras in our open bay dorm. It is a high visibility area. If needed, we can move those who are more vulnerable to beds closest to the door. We would also use more frequent walk throughs. We can also move them to a smaller dorm with less people for safety."

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. 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 transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6-month meeting. The report 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 PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. 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 and 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 shall 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 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." (Page 11)

There were no transgender inmates assigned to HCSC during the onsite portion of this audit. This was confirmed through interviews with staff and administration.

h) HCSC does not have dedicated dorms to house gay, bisexual, transgender or intersex residents.

Interviews with staff, administration and a resident confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for use of risk screening information.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? 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.

a, b, c, d) MDOC/sHCSC has multiple ways for residents to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. 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 shall be treated as confidential mail and not subject to examination. Facilities shall 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. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

HCSC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways residents could report sexual abuse.

The resident interviewed reported they knew of multiple ways to report sexual abuse including writing a note and telling an officer.

d) This same policy also 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." (Page 13)

HCSC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor.

Based on the evidence provided through policy, staff and resident interviews, and documentation review, HCSC is found to have met the standard for resident reporting.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident 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

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes 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

115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

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

115.252 (f)

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

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) 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.

a) MDOC/HCSC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit 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." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

d) MDOC policy D5-3.2 states, "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. 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. 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. 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. 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." (Page 17)

HCSC has had no grievances filed alleging sexual abuse in the past 12 months.

The grievance process is also found in the HCSC Resident Handbook.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "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." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy and documentation review, HCSC is found to have met the standard for exhausting administrative remedies.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (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 residents 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.

a, b, c) MDOC policy D1-8.13 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. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. 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. The 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 office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to 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. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will

enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

MDOC entered a Memorandum of Understanding (MOU) with Avenues to provide victim advocates from a community-based crises center for victims of sexual abuse at HCSC. This MOU was signed in 2015 and is ongoing until either party terminates the agreement.

The Director stated, “Phone calls are not monitored, and residents are allowed to leave facility and regularly have access to their own cell phones.”

There were no residents onsite to be interviewed who had reported sexual abuse in the past 12 months.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for residents’ access to outside confidential resources.

Standard 115.254: Third-party reporting

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

115.254 (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 a resident? 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.

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

HCSC now has posters in the lobby that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and documentation review, HCSC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (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 residents 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

115.261 (b)

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

115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (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

115.261 (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.

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

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, 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. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

b) This same policy 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." (Page 6)

All staff interviewed state “confidentiality” and “zero-tolerance” are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for staff and agency reporting duties.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes 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.

a) MDCO policy D1-8.13 states, “When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. “If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.” (Page 17)

MDOC Board of Probation and Parole, P4-4.2 states, “If a staff member has a reasonable belief that a client is subject to risk of sexual abuse, or a third party or anonymous report is received, then action shall be taken to protect the client.” (Page 9)

The Director stated, “I expect my staff to keep the resident safe and notify a supervisor immediately.”

All staff interviewed reported they would notify their supervisor immediately if they learned of a resident who may be in imminent danger.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for agency protection duties.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (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.

a) MDOC policy D1-8.1 states, "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." (Page 9)

HCSC has not received a report for sexual abuse from another confinement facility since the last PREA audit in 2017.

The Director stated either he or the Assistant Director (Site Coordinator) would be responsible for making the report to the other facility.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for reporting to other confinement facilities.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (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.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. 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 shall take the following steps. (1) Ensure the safety of the victim. (2) 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. (3) 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 shall 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 shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

HCSC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, HCSC is found to have met the standard for staff first responder duties.

Standard 115.265: Coordinated response

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

115.265 (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.

a) HCSC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13, and MDOC P4-4.2.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for coordinated response.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

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

115.266 (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.

a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for the preservation of ability to protect residents from contact with abusers.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (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 residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes 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 resident 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 resident 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 resident 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

115.267 (d)

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

115.267 (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

115.267 (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.

a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall 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 shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall 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 shall 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 shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status 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 shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Director and Site Coordinator are responsible for monitoring retaliation at HCSC. Since the last PREA audit of 2017, HCSC has not any allegations of sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for monitoring retaliation.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (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 115.221(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 115.221(a).) Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (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

115.271 (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

115.271 (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 resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (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

115.271 (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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(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.

The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, 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 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." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator.

Since the last PREA audit of 2017, HCSC has not any allegations of sexual abuse or sexual harassment.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

The interview with the investigator reported they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for criminal and administrative investigations.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (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

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a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

The investigator interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (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

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a) MDOC policy D1-8.13 states, " Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

The investigator interviewed reported notification is made to all residents in the case of sexual abuse. They advise if the resident leaves the center the attempt at notification is still made.

b) N/A MDOC is responsible for conducting administrative and criminal investigations of sexual abuse and sexual harassment.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): 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." (Page 21)

HCSC had no residents who reported sexual abuse onsite to interview during this portion of the audit.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall 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." (Page 21)

HCSC had no residents who reported sexual abuse onsite to interview during this portion of the audit.

e, f) MDOC D1-8.13 states, "The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall 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." (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (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

115.276 (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

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HCSC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? 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

115.277 (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 residents? 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.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Director stated, "We have not had that happen. However, we would restrict them from the center while there were being investigated."

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (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 resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

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

115.278 (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

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes 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.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable

offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

c) This policy states, “ The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

d) MDOC policy states, “Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

e) This same policy 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 offender accountability program.” (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, “The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 24)

Based on the evidence provided through policy and documentation review, HCSC is found to have met the standard for disciplinary sanctions for residents.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?

Yes No

115.282 (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 § 115.262? Yes No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident 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

115.282 (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.

HCSC does not have medical or mental health services onsite.

a) MDOC policy D1-8.13 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." (Page 17)

b) This same MDOC policy 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 shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

The Director stated, "Local mental health issues are referred to Mark Twain Behavioral Health or Hannibal Regional Hospital. Medical issues are referred to the hospital or local medical providers. We do not provide onsite services."

c) This same policy 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 shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate.” (Page 18)

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.283: 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

115.283 (a)

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

115.283 (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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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. *Note: in “all-male” facilities, there may be*

residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) Yes No NA

115.283 (f)

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

115.283 (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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes 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.

a, f) HCSC offers medical and mental health services and treatment to all residents who have been victims of sexual abuse.

MDOC policy D1-8.13 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 shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

The Director stated, “Local mental health issues are referred to Mark Twain Behavioral Health or Hannibal Regional Hospital. Medical issues are referred to the hospital or local medical providers. We do not provide onsite services.”

b, h) HCSC offers follow up medical and mental health services as needed to all residents who have been victims of sexual abuse.

MDOC policy D1-8.13 states, “Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody.” (Page 17)

c) This same policy also states, “Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services.” (Page 17)

d, e) N/A HCSC is an all-male facility.

g) All medical and mental health services are offered at no cost to the resident or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (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

115.286 (b)

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

115.286 (c)

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

115.286 (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 §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (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.

HCSC has had no allegations of sexual abuse investigation during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

Based on the evidence provided through policy and staff interviews, HCSC is found to have met the standard for sexual abuse incident reviews.

Standard 115.287: Data collection

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

115.287 (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

115.287 (b)

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

115.287 (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

115.287 (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

115.287 (e)

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

115.287 (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.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall 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 shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall 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 shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) N/A Neither MDOC nor HCSC contracts for placement of inmates in their custody.

f) N/A DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in

January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department.”

The Auditor reviewed the 2016, 2017, and 2018 MDOC's PREA Annual Reports and the 2017 Survey of Sexual Victimization. In addition, the Auditor was provided copies of HCSC's 2019 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for data collection.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (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

115.288 (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

115.288 (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.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall 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 shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2016, 2017, and 2018 MDOC's PREA Annual Reports and the 2017 Survey of Sexual Victimization. In addition, the Auditor was provided copies of HCSC's 2019 PREA Annual Report.

The PREA Site Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for data review for corrective action.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes 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.

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

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2015, 2016, 2017 and 2018 PREA Annual Report. These reports contained information on the progress the department made in the previous years 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>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall 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 shall indicate the nature of the material edited.” (Page 25)

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

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents 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.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of HCSC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor did not receive and letters from HCSC residents.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, HCSC is found to have met the standard for frequency and scope of audit.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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.

HCSC believes 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 and the actions of HCSC leadership. HCSC leadership was quick to address concerns raised by the Auditor during the onsite portion of this audit. They were very open with the Auditor and wanted the Auditor's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

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

Interviews with administration completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was open to any suggestions the Auditor presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. HCSC

was found to follow all PREA standards.

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 resident 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.

Elisabeth Copeland

August 30, 2020

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.