

PREA AUDIT: AUDITOR'S SUMMARY REPORT ADULT PRISONS & JAILS

PREA AUDIT REPORT Interim Final

Date of report: September 1, 2017

Auditor Information			
Auditor name: Douglas K. Lawson			
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Telephone number: 620-875-2728			
Date of facility visit: April 12-14			
Facility Information			
Facility name: Potosi Correctional Center			
Facility physical address:			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 660-646-4032			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Cindi Griffith, Warden			
Number of staff assigned to the facility in the last 12 months: 342			
Designed facility capacity: 902			
Current population of facility: 901			
Facility security levels/inmate custody levels: C-1 through C-5			
Age range of the population: 19 - 82			
Name of PREA Compliance Manager: Stan Payne		Title: Deputy Warden of Offender Management	
Email address: Stanley.Payne@doc.mo.gov		Telephone number: 573-438-6000	
Agency Information			
Name of agency: Missouri Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2729 Plaza Drive, Jefferson City, MO 65102			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-751-2389			
Agency Chief Executive Officer			
Name: Anne L. Precythe		Title: Director	
Email address: Anne.Precythe@doc.mo.gov		Telephone number: 573-526-6607	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: PREA Coordinator	
Email address: Vevia.Sturm@doc.mo.gov		Telephone number: 573-522-1634	

AUDIT FINDINGS

NARRATIVE

PRE-AUDIT

A Notice of PREA Audit was sent to Potosi Correctional Center (PCC) on February 22, 2017 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm and, then PCC PCM, Deputy Warden Jamie Crump. On February 23, 2017, Ms. Sturm responded via email that Deputy Warden Stanley Payne had since assumed the PCM responsibilities at PCC. 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 would be conducted on April 12-14, 2017. Additionally, I requested that the pre-audit questionnaire (PAQ) be sent to me no later than March 29, 2017. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of Nebraska, Kansas, Missouri, Kentucky and Louisiana. Both Ms. Sturm and DW Payne acknowledged receipt of the Notice of PREA Audit and request for completion of the PAQ.

On March 30, 2017, the auditor received a flash drive containing PCC's Pre-Audit Questionnaire via UPS. 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 April 10, 2017 a tentative agenda for the PREA audit was sent the Site Coordinator, DW Payne, and the Assistant PREA Coordinator for MDOC, Adam Albach. This agenda outlined when the auditors would be on site, the types of staff and inmates that would be interviewed, and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The auditor was accompanied on the site visit by a member of the Kansas PREA team, Terrill Brooks, and the Kansas Department of Corrections PREA Compliance Coordinator, Elisabeth Copeland. The team was greeted and given a history and the layout of the facility by Warden Cindi Griffith and Deputy Warden (Site Coordinator) Stanley Payne, as well as other Executive Team members. The agency Assistant PREA Coordinator, Adam Albach, was also in attendance throughout the audit process. After the initial meeting, a detailed tour was provided to the auditing team.

Warden Griffith and Site Coordinator Payne lead the onsite tour. The tour began with the medical department then moved to Housing Unit #1. From there, the tour continued to Housing Unit #4 which housed segregation inmates. The tour continued through the satellite kitchen, the chair factory, visitation, and the chapel before going to the gymnasium, education and library areas. Housing Unit #5 was visited along with the main kitchen/dining room.

The audit team viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders via control center operators. PREA reporting information was placed near offender phones in each living unit. It was noted that emotional support service information was missing in some places in the facility. In all living units, with the exception of the gymnasium, toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In the gymnasium the auditor found that cross-gender viewing could occur as the restroom located on the side of the gym floor had a half-door that allowed viewing directly to the toilet against the far wall. Since female staff may work in this area, this situation was discussed with the administrative staff and the assistant statewide coordinator. Prior to the end of that day the Mr. Albach provided a picture showing that an approximately 8" piece of metal had been welded to the top of the half door, thus obstructing a direct view of the toilet yet allowing staff to still view the upper area of an inmate who may be using the toilet.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish was found on every area and was clearly marked. Camera placements were also viewed. Camera views were checked in the kitchen and in the segregation/crisis level units. PCC has only male staff monitoring cameras and signs were posted in some living units letting the men know that female staff may be working in their area.

Prior to the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor randomly selected three staff from each shift, as well as established times to interview specialized staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected five inmates from each unit for a total of 40 inmates to be interviewed. The auditor divided the interviews between Lisa Copeland and himself. No inmates refused to participate in the audit process.

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

Auditors interviewed a total of 37 inmates that had various lengths of stay. The auditors interviewed a total of 27 staff to include the Warden, Site Coordinator, Investigator, Mental Health Staff, Human Resources staff, Intake Staff, as well as random staff from all three shifts and housing units.

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

POST AUDIT

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

On 09/01/2017 the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of PCC, as well as, the statewide PREA coordinator. The submission of this report was well beyond established PREA/DOJ guidelines, as acknowledged by the auditor, and the delay was not related to any action, or lack thereof, by Potosi Correctional Center or the Missouri Department of Corrections.

DESCRIPTION OF FACILITY CHARACTERISTICS

OVERVIEW:

The Potosi Correctional Center (PCC) is located in Mineral Point, Missouri. Additional information, including facility address, visiting hours, etc, can be found on the website <http://doc.mo.gov/DAI/>.

PCC receives offenders sentenced to the Missouri Department Corrections. Inmates may be received at PCC from one of the Reception and Diagnostic Centers or via transfer from another MDOC facility.

The current population at PCC is adult male offenders. During the past 12 months, 305 offenders have been admitted to this facility. Of this number, 303 admitted had a length of stay longer than thirty days. The age range of the current offender populations is 19 - 82 with custody levels being from minimum to maximum custody.

PCC has 342 employees who have contact with the offender population. This staff is responsible for the security of fifteen buildings, which include eight multiple occupancy housing units, six open bay/dorm housing units and a segregation unit. In addition to its 342 employees, PCC also has 77 volunteers and individual contractors who are currently authorized to enter the facility. There are 42 investigators across the State of Missouri with two investigators whose office is located at PCC.

PCC is comprised of six (6) multiple occupancy cell housing units, three (3) single cell housing units, plus one (1) open bay housing unit. They have 176 cells designated as segregation cells for administrative and disciplinary purposes.

1. INTAKE

When offenders are received at PCC they are photographed and assessed. Case management staff interview and evaluate the offenders, who are then subsequently assigned housing based upon the structure of their sentence, history, and individual needs.

2. GENERAL POPULATION

Once an offender is permanently assigned to PCC, he may be placed in a General Population Unit. Corrections Officers supervise the offenders and provide for the security and safety of the housing unit.

3. CLASSIFICATION

Each housing unit is supervised by a Functional Unit Manager (FUM) who supervised the staff and offenders in his/her housing unit. A clerical staff member assists the classification staff in each housing unit.

Each house has at least one Case Managers, some specialty units may have more. Classification staff maintains the offender's classification files to include filing documents and making appropriate chronological entries. They also complete regular Reclassification Analysis (RCA's) and update these as changes occur and process visiting applications.

4. MEDICAL

PCC has an onsite medical facility that provides most medical services with a 24 hour infirmary care. The Missouri Department of Corrections contracts with Corizon Health to provide medical care to the offender population. For PCC, medical services encompass Nursing, Doctors' Sick Call, Dental, Optometry, X-rays, and infirmary care. They are responsible for all medical requests the offenders need on a daily basis.

The medical unit is accredited by the National Commission on Correctional Health Care; however, it does not provide forensic sexual assault medical exams. All sexual assault medical exams are done at the Washington County Memorial Hospital or Parkland Health Center.

SUMMARY OF AUDIT FINDINGS

Potosi Correctional Center presents as an institution that 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, the actions of PCC leadership, as well as the knowledge the staff demonstrated of PREA. PCC leadership appeared confident in their abilities to provide a safe and secure environment for offenders. They asked appropriate questions concerning any areas of possible concern and reacted quickly when potential standards conflicts arose.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. They were also very adamant that male staff do not conduct pat searches or strip searches of the women at the facility. They did state that their case managers discussed PREA reporting with them. They reported that retaliation when making an allegation was not tolerated. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift and felt they had privacy when using the restroom, changing clothes, and using the shower. They also reported to seeing the cross gender signs in the dayrooms. Some inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The auditor reviewed five additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of PCC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was also very cognizant of how to appropriately work with female offenders. 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 PCC.

Interviews with specialized staff were 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 very open to any suggestions the auditors presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. PCC was found to be in compliance with all PREA standards.

Number of standards exceeded: 0

Number of standards met:

Number of standards not met: 0

Number of standards not applicable:

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

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

This same policy also includes specific definitions of offender-on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment.

PCC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A)(3): "The department has zero tolerance for all forms of offender abuse and retaliation." In III (B)(1), it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

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

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

During the interviews with offenders at PCC, the auditor asked, "Do you feel that staff takes reports of sexual abuse and sexual harassment seriously?" The response from the offenders ranged from a simple "yes" to "they take it almost too seriously." When asked to explain what they meant by "they take it almost too seriously," the inmates explained that once a report is made staff is quick to "snatch" up everyone involved. They stated they are removed from the housing unit and talked to by investigators."

Through the tour of the facility, the auditor noticed signage in every living unit, recreation areas, dining halls, education building that stated sexual abuse is not tolerated at PCC. Signage also included ways offenders could report such abuse.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. The position of the PREA Coordinator is listed in the MDOC's organizational chart and is under the department's General Counsel. In addition, PCC has also designated the Deputy Warden of Offender Management (Stan Payne) as the PREA compliance manager (Site Coordinator). This position is also listed in the facility's organizational chart and reports directly to the Warden of PCC. Both positions are required per policy D1-1.13, Offender Sexual Abuse and Harassment, Section III (A)(4) and (5).

The site coordinator (PREA Compliance Manager) states that he has adequate time to complete his duties. He also reported helping to provide annual PREA training and on-line basic training. He stated that Field Training Officers are also used to deliver PREA training.

The statewide PREA coordinator has worked closely with the state's facilities in preparing them for their upcoming audits. The site coordinator states the he receives good direction from Central Office and they work quickly to resolve issues.

During this interview, the site coordinator was able to walk the interviewer through PCC's coordinated response and gave examples of how

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this response has come into play at this facility.

115.11(c) N/A PCC only operates one facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

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

NOTE:

It should be noted that PCC's parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates.

The requirement of the parent agency to require any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (9), states, "All residential contractors shall adopt and comply with PREA standards as outlined in their contract with the department..." The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

Standard 115.13 Supervision and monitoring

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

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

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10)(11), states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing
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for all posts. The Division of Adult Institutions operates with an overall ration of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

The Warden states that staffing levels are constantly monitored by the security supervisors. There is a plan in place to collapse posts such as the recreation yard if inclement weather would lead to staff shortages. If necessary, PCC would require officers to work overtime hours to meet minimum staffing levels.

The site coordinator, DW Stanley reports that cameras have been added in several areas in order to reduce blind spots and assist with overall monitoring of the facility.

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

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

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

Auditor reviewed PCC's calendar year 2016 annual report. This report incorporates the review PREA cases, overview of the facility's handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staffing plan. The evaluation of camera and monitoring systems and the evaluation of the staff plan were completed on January 4, 2017.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, states, "Each facility shall ensure the intermediate-level or higher supervisors conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during audits as outlines in the facilities standard operating procedure."

PCC also provided copies of post orders for shift supervisor, assistant shift supervisor, relief lieutenant, zone 1 supervisor, and zone 2 supervisor. All post orders include the following directive in the Duties section:

- C. Conduct unannounced rounds to identify and deter offender sexual abuse and sexual harassment.
 - 1. Ensure that rounds occur periodically in all areas of the facility.
 - 2. In areas where sign in sheets are available, supervisors shall utilize the sign in sheets to document the rounds. For areas where log in sheets are not available, documentation shall be made on the shift chronological log.

Each post order also includes the following statement, "No staff member shall alert other staff members that an unannounced supervisor round is occurring."

The Auditor spot checked several logs throughout the living units and was able to verify that supervisors are conducting unannounced rounds. The living unit officers indicated that at least one supervisory staff visits their living unit unannounced during their shift.

The Auditor spoke with the Chief of Custody who indicated that he periodically monitors the log books to ensure that supervisors are conducting unannounced rounds.

Standard 115.14 Youthful inmates

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

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

115.14(a)(b)(c) PCC does not house youthful offenders.

NOTE: MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III, (C)(4), states, “A youthful offender shall not be placed in a housing unit which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters...”

This is also required by Missouri law: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

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

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), “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 procedure...Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks...Staff of the opposite gender shall announce their presence prior to entering an offender housing unit...Announcements shall be recorded...If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff...”

In the past 12 months there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the form, MO 931-4701, Cross Gender Search that provides documentation should this event occur.

115.15(b) N/A

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

Again, a copy of the form, MO 931-4701, was provided.

115.15(d) Policy D4-4.8 Security Camera Operations, Section III (B), states “As authorized by the CAO, stationary security cameras should be positioned where placement will enhance security operations as to view live monitoring of visual images in areas where offenders may be located...Security cameras may be placed in restroom/shower areas when barriers or camera positioning prevents the capture of images of genitals, buttocks, or female breasts.” Further, this same policy it states, “The CAO will designate authorized staff to review visual images at the original source as it relates to their assigned job duties as outlined in standard operating procedures. Access to visual images and recordings should be limited in order to maintain integrity and security. Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cells, etc., occur shall be designated as same gender posts with

the approval from the appropriate deputy division director.”

PCC provided an excerpt of IS 6-1.3 that states:

Offender Personal Appearance and Grooming:

A. OFFENDER CLOTHING

1. Offenders must be dressed at all times as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions.
2. Offender clothing shall be clean at all times and not worn in any manner or style to identify with or against a gang in accordance with institutional services procedures regarding offender conduct rules and sanctions.
3. Offenders may be required to have clothing laundered at other than normal times due to sanitation or medical needs.
4. Offenders should use privacy barriers provided when using the restroom and when changing clothes.

Auditor reviewed a memo dated February 18, 2016 addressed to all wardens in Missouri from Dave Domire, Director, Division of Adult Institutions. The subject of this memo was “PREA Announcement – Revision.” The memo reads, “When a cross gender staff member is assigned to the living quarters for the duration of the shift, the cross gender announcement shall be made at the beginning of the shift. If no cross gender staff members are assigned to a living quarters, an announcement shall be made every time a cross gender staff member enters the area. All announcements must be logged on the chronological log by the person making the announcement.” This memo further reads, “If a circumstance arises to where a cross gender announcement could comprise the safety, security, and good order of the facility, then the shift supervisor may declare the circumstance to be exigent and grant the authority to wave the announcement. All exigent circumstances shall be documented by the shift supervisor. When immediate assistance is needed such as a 10-49 or a 10-5, prior approval is not necessary from the shift supervisor...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.”

A review of post orders shows that they contain the following directive: “Ensure that appropriate announcements are made regarding female staff/visitors in the unit, at the beginning of shift if a female officer is assigned to the unit, or as necessary when female staff enter the unit during the shift.” During the tour and subsequent visits to the living units, female staff were heard making announcements of their presence upon enter the unit OR the area control center staff would make the announcement via intercom system. Log books contained notation of those announcements. Inmates who were interviewed acknowledged that female staff “always” announce their presence when entering a living unit. Both male and female staff reported receiving training in cross-gender announcements and stated that they make the announcements as applicable upon entering an area where inmates may be using the restroom or in a state of undress.

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The policy D1-8.13, Offender Sexual Abuse and Harassment, Section III, (C) (7c) states, “Staff members shall not perform strip – or pat-down searches or conduct physical examination for the sole purpose of determining an offender’s genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center.”

This is also prohibited in policy IS 11-34.1 Health Assessment and/or Physical Examination at Reception, and in IS 20-1.3 Searches. This policy reads, “The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning the information as part of a broader medical examination conducted in private by the responsible physician.”

Currently PCC has no transgender or intersex offenders housed at the facility. Staff also stated they were not allowed to pat or strip search an inmate to determine their genitalia. Intake staff stated if there was a question on the genital status of an inmate, medical staff would conduct the physical search.

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

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated May 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, “As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search of a female offender will only occur during an exigent circumstance. Policy IS 20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.” At this point of the lesson plan, participants watch two training videos: “Thorough

Female on Male” (7:40 minutes) and “Thorough Male on Female” (7:58 minutes).

Transcript for the Thorough Female on Male Pat Search can be found on pages 14 -16 and the Transcript for Transgender, Intersex or Gender Unknown Searches can be found on pages 20 -21 of the curriculum. The lesson plan reads, “Another unique search is a search involving a transgender, intersex or gender unknown offender. PREA requires the Missouri have a standard in place for pat search of transgendered and intersex offenders. Policy IS20-1.3 states that when pat searching a transgender male offender, male staff will utilize the female search technique when searching the offender’s upper torso. If the gender of the offender is unknown, a female staff member will be assigned to perform the pat search.”

PCC provided training records showing that 424 participants were trained in this curriculum from January 1, 2014– December 31, 2015.

Staff interviewed readily recalled receiving the aforementioned training and implementing it as prescribed.

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

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

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

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

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

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

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

There was one hearing impaired inmate at PCC during the audit visit.

PREA posters were located throughout the facility in English and Spanish. Acknowledgement forms were provided for various languages, including Chinese, Vietnamese, Russian, and Japanese, among others.

Auditor reviewed the following contracts: Sign Language Interpretive Services (8/19/2016), Verbal Language Interpretation Services (6/14/2016).

Random staff interviews indicated that staff was aware of other staff member that could be used as interpreters. PCC provided a listing of staff interpreters (dated April 2016) within the Missouri DOC for various languages, including: Russian, French, Polish, German, Afrikaan, Spanish, Tagalog, Bosnian, and many others.

It should also be noted that as part of all institutional basic training, staff receive a two hour course on special needs offenders. This course

focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

115.16(c)

The following statement is contained in policy D1-8.13, Offender Sexual Abuse and Harassment: “Offender interpreters will not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first responder duties, or the investigation.” The PCC Coordinate Response states, “If an offender interpreter is utilized during this exigent circumstance, the shift commander will note such on the Notification Checklist.” NOTE: No inmate interpreters have been used in this type of circumstance in the preceding 12 month period.

Standard 115.17 Hiring and promotion decisions

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

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

PCC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate. These are found in the “D2” section of their facility policies.

115.17(a) Policy D2-2.2 Background Investigations, states that, “Individuals being interviewed for positions within the department shall be notified that a background investigation will be completed prior to his employment with the department.” It also states that employment checks will be with “...all past and/or present institutional employers pertaining to information on sustained allegations of offender or resident sexual abuse and/or harassment.”

In reference to active employees, D2-2.2 states the following for:

1. Promotional and Other Appointments:
 - a. Background investigations for final candidates for promotional, other appointments and voluntary demotions shall include education, employment, and military service.
 - b. A check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for sustained allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is promoted or considered for other appointments.
2. Transfer:
 - a. Background investigations for final candidates for transfer shall include checking previous employment only.
 - b. Background investigations for class transfers shall include education, employment, and military service.

PCC provided a copy of an email from the State HR Director dated 12/1/2014 to all facility Human Resources divisions outlining ineligibility of applicants with substantiated allegations or resigned during an investigation.

PCC provided evidence of background checks that were completed on both pre-employment candidates via Application for Employment and for promotional appointments. The Application for Employment asks these questions: (1) Have you previously or do you currently work in or volunteer for a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility, or other correctional facility (public or private)?, (b) While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?, (2) Have you pled guilty to or been found guilty of engaging in sexual activity or attempted sexual activity involving force or inflicted

upon a person unable to consent? This includes but is not limited to, suspected imposition of sentence (SIS) or the following crimes:

- Forcible Rape (or attempted forcible rape)
- Statutory rape (or attempted statutory rape)
- Sexual Assault
- Forcible sodomy (or attempted forcible sodomy)
- Statutory sodomy (or attempted statutory sodomy)
- Child molestation
- Deviate sexual assault
- Sexual misconduct involving a child
- Sexual contact with a student
- Sexual misconduct
- Sexual abuse
- Sexual contact with a prisoner or offender,

(3) Have you been found to have engaged in a sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

115.17(b) In addition to Policy D2-2.2 containing information on promotional appointments, Policy D2-2.8, Promotional Appointments, states:

4. Prior to approval of a promotional appointment, regardless of the salary range, a check will be conducted of the employee's official personnel file through central office human resources. This check will be performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations will be considered by the department before an employee is promoted.

115.17(c)

The human resource director at PCC states that criminal background checks are done for all newly hired and returning employees.

115.17(d) D2-2.2, Background Investigations, defines Staff Member as:

Any person who is:

1. Employed by the department on a classified or unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri's payroll system;
2. Contracted to perform services on a recurring basis within a department facility (such as, medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been issued a permanent department identification card;
3. A volunteer in corrections;
4. A student intern; or
5. Issued a permanent department identification card or special access in accordance with department procedure regarding staff identification.

The policy specifically lists:

3. Contract Staff/Volunteers/Student Interns:
 - a. Contract staff, volunteers, and student interns shall have a background investigation conducted that consists of the criminal history check and any violations that have been reported to pertinent professional licensing and/or certification organizations if applicable.
 - b. The criminal history check shall be conducted at the worksite by the CAO or designee.

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

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

A random selection of employee files reviewed by the auditor found that PCC practice is consistent with policy requirements.

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

The human resource director stated that it specifically listed on their applications that all arrests are to be reported to the facility.

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

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

Standard 115.18 Upgrades to facilities and technologies

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

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

115.18(a) N/A Potosi Correctional Center has not had any substantial expansions or modifications since the last PREA audit.

115.18(b) The PCC PREA Annual Report was reviewed and it contains the following information:

Evaluation of camera and monitoring systems:

Completion date: January 4, 2017

Completed by: Cindy Griffith, Warden; Jamie Crump, Deputy Warden/PREA Site Coordinator; Greg Dunn, Chief of Custody; Darren Lawson, PPS III; Stan Payne, Deputy Warden; and Travis Crews, Assistant Warden.

NOTE: The evaluation of camera and monitoring systems is a fluid process which is discussed as needed during the daily morning meetings.

Needs identified: Yes No

If needs were identified, action taken: Areas were identified that are in need of additional camera coverage. The areas include: Chapel / IAC area to point from the Chapel toward the IAC office, Laundry to cover the rear of the laundry area, and the Chair factory to cover the rear of the shop and the hallway from the shop to the exit door. Maintenance states they have five (5) cameras ordered and will install them as time allows.

Progress has been made in electronic monitoring for this reporting period. Six (6) additional cameras were added to the existing monitoring system and twenty five (25) cameras were replaced with the newest model of Pelco cameras. The following is a least of the added cameras and updates to the electronic monitoring system

- Three (3) new cameras added to Zone 2 dining
- One (1) new camera in the Chapel

One (1) camera in the hallway to the Warden's office which is monitored by the Warden's Senior Office Support Assistant.

- One (1) camera added to the rear of the MSU
- Old Ameba DVR(s) replaced with Pelco Digital Encoders
- Pelco DX8100 in Housing Unit 5 replaced with a Pelco Digital Encoder
- Pelco Digital Encoder installed in the Chapel area
- Installed battery backups to ensure video coverage during power outages
- Replaced 25 older model cameras with the newest model of Pelco cameras
- Added storage to the remaining DSSRV(s)

Installed PC(s) in the Housing Unit Control Rooms to allow Control Room Officers to monitor activities inside the Housing Unit.

Additionally, Missouri DOC policy D4-4.8 Security Camera Operations states:

C. ASSESSMENT:

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

DW Payne stated that the facility took a "proactive rather than reactive approach" when utilizing cameras and their placements.

While touring the PCC it was noted that the facility had excellent camera coverage. Camera placement along with direct supervision of the staff reduced blind spots and enhanced the safety of the offenders housed at this facility.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

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

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

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

115.21(a) Auditor reviewed an email from the State PREA coordinator that, "We utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations"."

Additionally, she reports, "We didn't use a specific source; we follow the national standards based on training received."

Evidence collection is handled according to MDOC policy

Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDOC. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon. On pages 42 and 43 of the contractual requirements, it reads "Corizon will comply with the Prison Rape Elimination Act of 2012 and will follow and enforce the MDOC's D1-8.14 Offender Sexual Abuse and Harassment policy with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Corizon's medical and behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC

administrative staff, information pertinent to the well-being of the offender(s) of for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center.”

During the interviews of random staff most stated they would secure and separate the offenders. However, one staff noted that he They explained they would not allow anyone to shower, get a drink or change clothes. They stated they would secure the scene and notify their supervisor. While some of the staff was not sure who was responsible for conducting the sexual abuse investigations, they all knew their role in preserving evidence.

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

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

PCC utilizes Washington County Memorial Hospital in Potosi, MO. (approx. 3 miles from the facility) for all SANE/SAFE’s. In the past 12 months, no exams have been performed.

115.21(d)(e) In addition, policy D1-8.13, “Offender Sexual Abuse and Harassment,” Section III (K), addresses Advocacy. It states, “Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt shall be documented and advocacy services shall be sought from a community based organization qualified to provide such services. When the facility cannot successfully enter into a memorandum of understanding with an outside community service provider for offender victim advocacy services, a qualified staff victim advocate shall be provided. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services.”

PCC has a Memorandum of Understanding with the Southeast Missouri Family Violence Council to “provide victim advocates to offender victims of sexual abuse or sexual misconduct...”

During the tour of PCC information about outside emotional support services, such as Just Detention International, was posted throughout the facility.

The auditor interviewed one inmate who claimed he reported a PREA allegation against staff involving himself and another inmate. He claimed that his report was not taken seriously and was handled internally by PCC staff. He stated that PCC staff will not allow such allegation to go to Central Office (“Jeff City”). During the interview he appeared very paranoid and indicated that staff may be listening to him. Upon further inquiry, he revealed that neither his nor the other inmate’s allegation involved the staff member acting for sexual gratification. He stated that the officer in question was just “mean” and doing pat searches more thoroughly than others. A subsequent file review revealed that the officer was found to be completing thorough pat searches and was acting within the scope of sound security practices.

115.21(f) The Inspector General’s Office conducts all criminal investigations for the MDOC. Each facility has investigators assigned to them. PCC currently has two investigators. PCC is responsible for administrative investigations. In addition, the Department has an agreement with the Washington County Sheriff to conduct criminal investigations related to PREA in “extenuating circumstances.”

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

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

115.22(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, 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...”

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

During the past twelve months, PCC received a total of 98 allegations of sexual abuse and sexual harassment. Of these cases 57 resulted in administrative investigations and 41 were referred for criminal investigations.

115.22(b) Policy D1-8.1 Investigation Unit Responsibilities and Actions define offenders’ sexual harassment by a staff member and staff member sexual misconduct. This policy reads, “The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment. If the department receives notification from another agency that an offender alleges to be a victim of sexual abuse or harassment while incarcerated in the department, an investigation or inquiry may be conducted in accordance with investigation unit responsibilities and actions or administrative inquiries procedures.”

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

Standard 115.31 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

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

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. “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 does not receive training, the department’s PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training.”

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA (September) 2016 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

All staff interviewed during this audit was able to describe major portions of the training they received on PREA.

115.31(b) Policy D1-8.13 Offender Sexual Abuse and Harassment also reads, “All new staff member who shall be placed at a female facility will receive Working with the Female Offender training prior to being placed on post. A staff member shall receive additional training if they are reassigned from a facility that houses only male offender to a facility that houses only female offenders. A staff member shall receive additional training if they are from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional training occurred more than two years prior to the time of assignment.”

A memorandum from the Site Coordinator dated March 6, 2017 reiterates that PCC does not house female inmates.

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

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) reads, “All staff members shall complete refresher training every two years to ensure knowledge of the agency’s current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department’s PREA coordinator shall provide current information on sexual abuse and sexual harassment policies.”

Auditor was also advised, “The department utilizes several avenues to ensure staff are kept informed about sexual abuse policies and practices between trainings. The department’s policy and procedure unit is responsible for forwarding all new and revised policies to all staff. MDOC ensures the PREA intranet page is kept up to date. This page is readily available to all staff and contains all things PREA.” (Auditor was provided an example of what this page looks like.)

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “All completed PREA trainings shall require a PREA Acknowledgement form or PREA basic training acknowledgement 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 acknowledgement form to the central office human resources personnel for retaining in the employee’s personnel file...”

Auditor reviewed training records of random staff found signed acknowledgments in each file.

Standard 115.32 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

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

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

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections Basic Training (2 hour course)
 - PROGRAM OVERVIEW

Professionalism, customer service and ethical behavior are the focus of this program, as participants work together to discover the requirements of the Missouri Department of Corrections. The five step decision making model is introduced and participants will have the opportunity to apply the concepts addressed in this module.

- Offenders Work Release Procedures Training (3 hour course)
 - PROGRAM OVERVIEW

This program was written as a guide to aid work release supervisors. It will give them information to effectively supervise an offender work release crew and keep order to ensure the offenders perform their jobs correctly and receive valuable job training. This class is designed to provide guidelines for professionally appropriate relationships between the supervisors and offenders, and ways to protect the supervisors from being manipulated by the offenders. This training will also serve as an introduction to the new PREA standards and how they apply when working with offenders.

While interviewing contract staff, they reported they not only received PREA training from the facility, they also received PREA training from their employers.

115.32(c) Auditor was provided several signed training acknowledgement sheets to show staff received PREA information in Basic and Annual training cycles. Additionally, PCC provided copies of contractors signed acknowledgement sheets showing that site supervisors had received PREA training.

Standard 115.33 Inmate education

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

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

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

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

Intake staff stated that PREA information is provided to all offenders on the day they arrive at PCC even though they have up to 72 hours. They do not leave intake without watching the PREA video. They are also given a brochure at this time.

When talking with inmates at PCC, all stated they watched the PREA video and received PREA information upon arrival. When the auditor asked them what they remembered about the video they stated that the environment portrayed did not reflect what they experienced at PCC. The offenders stated that they saw the video “immediately”, “before I left orientation” or “the first day I was here.” It appears from their statements that the offenders are given the required information.

115.33(b) Auditor reviewed a memo from the Site Coordinator. It was titled, “PREA Offender Education.” The memo reads, “Offender PREA education is provided at PCC through the “Offender Brochure” and “Speaking Up” video the brochure is distributed and video is shown during receiving and orientation with a Case Manager reviewing the lesson plan. In addition, the video is played on the institutional television channel on regular basis. In addition, PREA posters throughout the institution are posted in Spanish and English.”

In the past 12 months, a total of 305 inmates received PREA education. This was done in the form of the educational videos and brochures. In addition, information posters were found throughout the facility.

115.33(c) Auditor reviewed an email sent out to all Site Coordinators from the Statewide PREA Coordinator on August 12, 2013. This email contained the following directive: “Don’t forget that sometime between August 8 and August 13, every offender in your facility must receive a PREA brochure and sign the acknowledgement form. I have attached the memo that you received during the meeting that will outline how to order additional brochures or acknowledgment form. Also...we learned during the DAI meeting that everything can be purchased with canteen funds.”

115.33(d)(f)

Policy D1-8.13 states:

6. Offender Education:

- a. 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.
 - (1) Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language.
 - (A) 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.
 - (B) If the documents are unable to be translated in 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.
- b. The PREA site coordinator shall be make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment

PCC provided examples of PREA brochures and posters in the following languages: English, Japanese, Serbo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There is also a written transcript of the video “Speaking Up for Male Offenders” in English.

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

115.33(e) PCC provided copies of signed acknowledge forms indicated that they had both received the PREA brochure and attended an orientation where they received information about PREA.

115.33(f) PCC provided copies to the auditor of posters that are on display throughout the institution. These posters speak to zero-tolerance for sexual abuse/harassment, advocate reporting, and provide contacts/phone numbers to report information.

Standard 115.34 Specialized training: Investigations

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

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

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

115.34(a) PCC provided the auditor the lesson plan for "PREA Specialized Investigator Training." The overview of the four (4) module program states: This is the (# of module) of a multi-part program addressing the investigation of allegations offender sexual abuse in confinement settings. The Missouri Department of Corrections is making a focused, pro-active effort to train for the investigative response to charges of staff or offenders who have engaged in illegal contact with the Missouri offender population. Designed in accordance with the Prison Rape Elimination Act (PREA), this training program is designed for staff conducting investigations into sexual abuse and harassment allegations.

115.34(b) In addition to the initial training (115.34(a)), investigators attend a six (6) part training entitled "Investigating Offender Sexual Abuse in Confinement Settings." The program overview states: This is the (module #) of a multi-part program addressing the investigation of allegations offender sexual abuse in confinement settings. The Missouri Department of Corrections is making a focused, pro-active effort to train for the investigative response to charges of staff or offenders who have engaged in illegal contact with the Missouri offender population. Designed in accordance with the Prison Rape Elimination Act (PREA), this training program is designed for the investigative staff of the MDOC Inspector General office.

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

115.34(c) PCC provided a roster of investigators with a list of trainers to verify that agency investigators have been trained in the two training courses listed above. The auditor was able to review the rosters showing that the investigators assigned to PCC have received the required training between 1/1/2013 and 9/4/2014.

Standard 115.35 Specialized training: Medical and mental health care

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

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

PCC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. They do not provide forensic examinations.

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

The auditor was provided the lesson plan for “PREA- Specialized Medical/Mental Health Professionals Training.” The overview of this two-hour course, dated May 2015, states: This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse.

A copy of an email from Stephanie Griner, Training Academy, explains why the course was reduced from the prior length of 4 hours.

115.35(b) A memorandum provided to the auditor, dated September 22, 2016, states: “Corizon, the Department’s medical provider, now has certified Sexual Assault Nurse Examiners. These nurses are on a rotation schedule by region. Included in this file, you will find a list of our certified SANE nurses, an overview of the curriculum and one example of the SANE Competency Skills. If you would like additional information, please let me know and I will have the information available to you during the onsite audit.”

In addition, the auditor was provided copies of the list of certified SANE nurses, an overview of the curriculum, and one example of the SANE Competency Skills as stated in the memorandum.

115.35(c)(d) PCC provided copies of training rosters to show that medical/mental health staff have completed both specialized training and contractor training as required by standard and department policy.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

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

115.41(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), states “Facilities shall 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...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival.”

The time frame for administering the Internal Risk Assessment is also found in IS 5-2.3, Offender Internal Classification. Section C. 1. states, “Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy, in Section D. 2., it states, “CCM’s will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score.”

Additionally, Section F. 1. states, “Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention.”

Intake staff advised that the risk assessment tool is given to all arrivals within 72 hours, unless they sign the refuse to participate form. Intake staff also report that these inmates are also reassessed at the 30 day mark to see if any changes have occurred. (Auditor did reviewed an example of “Refusal to Participate” form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told that no sanctions will be given for refusal to participate.)

Inmates that were interviewed states they remembered being asked a “bunch of questions” at when they were at intake. They reported they were asked about prior sexual abuse, if they had ever been incarcerated before and if they were lesbian or bisexual.

There were 305 inmates entering PCC within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. This auditor reviewed the tracking form used to track the inmates date admitted to PCC, the date of the 72 hour assessment, 30 day review and the date the 30 day review was completed. Most assessments were completed in a timely manner and according to standards. A discrepancy in documentation was noted during a couple of file reviews. Once brought to the attention of Mr. Albach, the necessary documentation was provided and immediate corrective action was implemented to resolve any future discrepancies.

115.41(c)(d)(e) Auditor reviewed PCC’s Adult Internal Risk Assessment screening tool and found all 10 elements in this standard were covered. Auditor also reviewed random assessments within the prior calendar year that were completed within 72 hours of intake and another random sample of 30 day reassessments. This tool has been adopted by MDOC and is used in all of their state operated facilities. A memorandum from the Director of the Division of Adult Institutions dated August 27, 2014 was provided showing the implementation of the risk assessment and the changes from the prior tool.

During the interview with a staff member who performs screening for risk of victimization and abusiveness, they reported the screening tool takes into account medical issues, disability, have they been a victim, have they been in prison/jail before, their age, weight, and type of offenses they have committed. They stated this assessment is done when inmates arrive at intake.

115.41(f)(g) Policy IS 5-2.3, Offender Internal Classification, reads, “CCM’s will complete a second internal classification within 30 calendar days of the offender’s arrival to the facility...”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C)(1), pages 10, states “The offenders risk level shall be reassessed when warranted due to referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offenders risk of sexual victimization or abusiveness.”

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

A copy of an Offender Management Information System transfer sheet was provided showing that assessments were done within 72 hours of admission on the five inmates selected.

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment.”

The Adult Internal Risk Assessment Manual also states, “...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manger should note in sections requiring offender response “refused to participate” and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions...”

115.41(i) Policy D1-8.13, Offender Sexual Abuse and Harassment outlines how the internal classification scores will be documented. In Section (F) it states, “(1) Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. (2) CCMs will enter the offender's internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual.”

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

The Site Coordinator reported only case managers have access to the information found on the risk assessment. He reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

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

PCC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. In the past twelve months there has been three transgender inmates assigned to PCC. PCC provided memorandums showing that all three inmates were reviewed by the facilities transgender committee.

115.42(a)(b) Policy IS 5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 1, states "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines." On page 2 of this same policy reads, "Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities."

In this same policy on page 3, housing based internal classification is addressed. It states, "Upon completion of the internal classification, the offender will be housed according to his score in accordance to the internal classification manual. Whenever possible, sigmas should be celled with sigmas and alphas with alphas. If an offender does not have an internal classification score he should be housed with a kappa with similar demographics until the offender internal classification instrument is completed."

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

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

Additionally, Policy D1-8.13 Offender Sexual Abuse and Harassment, "All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments."

Site Coordinator stated that information from the assessment tool is used to determine housing, education and programs. He stated it is the policy and practice of PCC not to house potential victims with potential aggressors.

An example of housing assignments was found in a memo dated March 25, 2106 from PCC Assistant Warden to all staff responsible for offender cell assignments. The subject of the memo was "CDV #7 Cell Assignments." The memo states, "Effective immediately, offenders who have been found guilty of a CDV #7.1 Forcible Sexual Misconduct will be housed accordingly. We must make every effort to assign offenders with others who have compatible risk scores. In an effort to do this, please ensure offenders who are classified as Alpha are not celled with an offender whose Adult Internal Risk Score is Sigma. It is possible to run a report in OPII that will indicate all offenders at PCC who have received and been found guilty of a CDV#7.1. Please ensure that you run this report on a weekly basis and that all offenders who have been found guilty of forcible sexual misconduct are celled appropriately as outlined above..."

A memorandum with attachments from Thomas Pearson, FUM, described how PCC uses the assessment tool to assign jobs, determine housing, etc. The attachments provided examples of how this tool is used in various housing units. Housing units' rosters were also reviewed to verify that this practice was currently being followed.

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

Policy D1-8.13, Offender Sexual Abuse and Harassment, states "Housing assignment for transgender and intersex offenders shall be made on a case-by-case basis by the institutional transgender/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 and the probation and parole procedure regarding risk assessment and housing assignments."

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

The Site Coordinator reported that PCC does not have a designated wing to house transgender or intersex inmates. He stated that if a transgender or intersex inmate would be assigned to their facility, they would be offered separate shower times.

Standard 115.43 Protective custody

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

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

PCC has policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, there has been **no** inmate placed in involuntary segregation.

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

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

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

The following PCC directive was supplied to the auditor: Involuntary Segregated Housing for Protective Custody
The memo states:

A. Following the initiation of the Coordinated Response or if an offender is assessed as being at high risk of victimization the Shift Commander will assess the offender to ensure the offender is housed in the least restrictive housing available to ensure safety.

1. The Shift Commander will assess the offender for appropriate least restrictive housing.
 - a. Options to ensure the safety of the offender and the security of the institution include:
 - i. Return to assigned housing
 - ii. Temporary reassignment of staff
 - iii. Assignment to another housing unit
 - iv. TASC for PC which should not be considered as the first option
 - b. If assessment is due to an alleged PREA event the Shift Commander will notate on the PREA Notification Checklist the recommended housing option.
 - i. If involuntary segregation is recommended for protection and the subject is placed on TASC, the shift commander will note on the PREA Notification Checklist the reason no alternative means of housing is available to ensure safety of the alleged victim.
 - ii. The shift commander will ensure the alleged victims and perpetrators are separated by sight and sound while housed in the Administrative Segregation Unit.
 - iii. Complete a Special Order noting that the two offenders involved in the alleged event should be kept sight and sound separated to the extent possible.
 - c. If the assessment is due to an offender being viewed as being in substantial risk of victimization, in the absence of an allegation of offender sexual abuse, and TASC is recommended to ensure the offender's safety, the shift commander shall note on the TASC order "PREA risk".

Some inmates interviewed believed that reporting a PREA violation would result in a segregation placement for the reporter/victim. The auditor could not find documentation to support this claim. Files reviews did not indicate that segregation placement is the preferred practice for housing an inmate reporting a PREA violation.

115.43(b) IS 21-1.1 Temporary Administrative Segregation Confinement, lists reasons that an inmate may be placed in segregation following a PREA allegation. Those reasons are:

an offender is an immediate security risk;

or

there is an urgent need to separate the offender from others for his/her own safety or that of others;

115.43(c) PCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(d) PCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(e) PCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

Standard 115.51 Inmate reporting

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

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

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

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

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Reporting Sexual Abuse or Harassment, states, "Each facility CAO's or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse , to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit. All 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."

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

Staff was able to articulate the various ways inmates can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report. They advised this information was in their employee handbook.

Inmates interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. Although they were aware of the PREA hotline, many felt that it was not anonymous. They also reported they felt most staff took reports seriously and they felt safe at PCC. Two inmates interviewed by the auditor believed that PCC staff listened all phone calls and read all correspondence going out of and coming into the facility. However, there was no evidence to suggest this was occurring. When questioned further, it became clear to this auditor that the inmates were reporting as PREA allegations what would be more appropriately classified as staff misconduct.

Information was posted on bulletin boards throughout the facility and in the housing units advising inmates on how to make reports of sexual abuse. The PREA hotline number was clearly posted above all phones.

115.51(b) Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety’s responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

115.51(c) D1-8.13, Offender Sexual Abuse and Harassment, states, “All 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.”

Auditor reviewed a PREA Notification made by an anonymous report and one made through a third party report. PCC initiated their coordinate response promptly according to their policy and PREA national standards.

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

Standard 115.52 Exhaustion of administrative remedies

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

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

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

PCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, one grievance has been filed. This grievance was handled in a timely manner and the was determined to be unfounded by investigators.

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

Time limit

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

Informal Process

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

Against a Staff Member

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

Grievance Process

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

Third Party Reporting:

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

Emergency Informal Resolution Requests

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

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

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, 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...nor impose a time limit”

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

DI-8.13 Offender Sexual Abuse and Harassment, addresses exhausting administrative remedies. It 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 on when an offender may submit 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, administrative inquiries, and investigation unit responsibilities and actions. The department shall ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions.”

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

115.52(d) As of March 14, 2017, PCC has not had any grievances where a final decision was not reached within 90 days during the prior year.

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

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

Standard 115.53 Inmate access to outside confidential support services

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

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

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

115.53(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, contains the following:

M. ADVOCACY

1. 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.
 - a. 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.

- b. 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.
 - c. 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.
 - (1) All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates.
 - (2) 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.
2. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization.
 3. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services.
 4. 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.
 - a. 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.
 5. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include:
 - a. Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution.
 - b. 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.
 - c. 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.
 6. 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.
 - a. The facility will enable reasonable communication between offender victims and these organizations.
 - b. A list of the above will be maintained in the library and/or other common areas of every facility.

Inmates in all areas PCC may contact JDI, RAINN as well as Missouri Department of Public Safety. They are given the addresses and are instructed they do not have to place their return address on the envelope.

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

Most of the inmate's interviewed were aware of the advocacy posters that were posted throughout the facility. Some were able to explain what role a victim advocate would play during a sexual assault case.

115.53(c) PCC's MOU with the Southeast Missouri Family Violence Council includes services for emotional support. The MOU states: "Roles and Responsibilities of Southeast Missouri Family Violence Council include the following... 3. Respond to offender victims on the same basis as existing community standards providing direct services including crisis intervention, emotional support..."

Standard 115.54 Third-party reporting

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

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

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

115.54(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), states, "All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure."

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

Standard 115.61 Staff and agency reporting duties

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

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

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

115.61(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, "The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. 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 of the practitioner's duty to report at the initiation of services. 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."

PCC supplied a copy of Missouri Revised Statutes, Chapter 217, Section 217.410. The statute states, in part, "When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director."

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

Staff members interviewed reported they have a duty to report. They also reported are just as liable for failing to report sexual abuse and sexual harassment as they would be for failing to report any crime.

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

The auditor reviewed three PREA Allegation Notification Checklists showing inmates reported sexual assault/harassment allegations to medical/mental health professionals. In each instance, once the medical/mental health staff received the inmate report, they reported the allegation to custody staff who initiated the coordinated response.

115.61(d) Policy IS11-32 Receiving Screening Intake Unit, addresses procedure if the alleged victim is under the age 18 or considered to be a vulnerable adult. The policy states, “Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

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

PCC also included a copy of Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, which 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.”

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

115.61(e) D1-8.13, Offender Sexual Abuse and Harassment,” states, “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. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until and outside interpreter can be arranged.”

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

Standard 115.62 Agency protection duties

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

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

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

115.62(a) A copy of the Segregated Housing for Protective Custody portion of the coordinated response was provided that states in section E:

Alleged victims of offender sexual abuse or offenders veiwed as being at risk of victimization, in the absence of an allegation of offender sexual abuse, should not typically be assigned to Administrative Segregation for Protective Custody for no longer than a 30-day period.

- a. If the offender is a alleged victim of offender sexual abuse and was assigned to administrative segregation for protective

custody, the committee will:

- i. Review the offender's placement in segregated housing every 30 days to determine whether there is a continuing need for separation from general population and document the following on the Classification Hearing Form:
 - i. The basis for the facility's concern for the offender's safety,
 - ii. The reason no alternative means of separation can be arranged, and
 - iii. Work and programming assignments that the victim was participating and is now unable to attend due to Administrative Segregation assignment.

D1-8.13, Offender Sexual Abuse and Harassment, states:

F. SEGREGATED HOUSING IN INSTITUTIONAL SETTING

1. Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety.
 - a. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk.
 - b. Least restrictive options to ensure safety of the offender and the security of the institution include:
 - (1) Return to assigned housing.
 - (2) Temporary reassignment of staff members.
 - (3) Assignment to another housing unit.
 - (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).
 - c. The assessment shall consider the allegation or threat and the safety of the victim and institution.
3. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.
4. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement.
5. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days.
6. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody.

The Warden and Site Coordinator stressed the importance of providing security for the alleged victim while utilizing an isolated environment (segregation) as a last resort and only until the inmate could safely be housed elsewhere.

Random staff reported that if such an incident would occur they would immediately separate the alleged victim from the alleged perpetrator for safety purposes and contact their supervisor.

Standard 115.63 Reporting to other confinement facilities

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

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

Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

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

116.63(a)(b)(c)(d) D1-8.13 Offender Sexual Abuse and Harassment, states, “Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department’s PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours. A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections.”

PCC supplied documentation showing an inmate had reported an alleged sexual assault that had occurred at another MDOC facility in 2012. Additional documentation showed that PCC had contacted the facility in question and that an investigation was initiated by the Inspector General. The results of the investigation were that the allegation was unsubstantiated. However, the reporting and investigation follow the MDOC policy. Also supplied were three documented incidents of MDOC staff contacting outside agencies following an allegation reported to MDOC staff. However, none of these three incidents occurred at PCC and were not further reviewed.

Interview with facility administration revealed that any notification PCC receives is sent to the site coordinator when then sends information to the Inspector General. Administration advises that the Inspector General will make the determination if an investigation will be opened.

Standard 115.64 Staff first responder duties

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

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

PCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard. PCC reported they had 48 allegations reported where security staff members responded to reported allegations where the victim and perpetrator had to be separated and evidence was collected. They also advised they had zero allegations reported where a non-security staff was the first responder and secured potential evidence on the victim.

115.64(a) Auditor reviewed PCC’s Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, “Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions’ 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.
- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.”

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

Auditor reviewed 6 documented examples of a coordinated response. This included reviewing notifications made by security staff and PREA Audit Report

medical/mental health staff. Each notification included date and time of incident, location of incident, name and custody information of victim as well as the alleged perpetrator. Notifications also included a description of the event, date and time of persons to be notified and recommendation for housing placement. If a forensic exam was required, location of the examination as well as date and time victim was sent out and then returned to the facility.

Staff all stated that as a first responder their responsibility is to separate the victim from the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control. Each

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

Standard 115.65 Coordinated response

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

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

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

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

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol (differentiating between PREA events and “official duties” reports).

Administrative staff articulated all components of the facility's coordinated response to sexual abuse and harassment. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed. From the review of supplied Notification Checklists that were completed at PCC, it appears clear that allegations are addressed in accordance with the coordinated response.

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

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

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

PCC has a labor agreement with Missouri Corrections Officers Association that began on 10/1/2014 and ends 9/30/2018.

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

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

Standard 115.67 Agency protection against retaliation

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

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

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

In the past twelve months there have been no reports of retaliation against staff or inmates.

115.67(a)(b)(c)(d) The following excerpt from D1-8.13 Offender Sexual Abuse and Harassment describes facility efforts to guard against retaliation from reporting:

- 8. Protection Against Retaliation:
 - a. 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.
 - b. Immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:
 - (1) The alleged victim and reporter of offender sexual abuse or harassment shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
 - (A) For offender victims and offender reporters, monitoring shall include face-to-face status checks by staff members a minimum of every 30 days.
 - (B) The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - (C) If the victim or reporter 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.
 - (2) The PREA site coordinator or designee shall monitor all staff reporters of offender sexual abuse or harassment for a minimum of 90 days. Monitoring shall include but is not limited to monitoring for changes that may indicate retaliation, negative performance reviews, or reassignments.
 - (A) The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - (3) The PREA site coordinator or designee shall ensure all witnesses receive an initial assessment utilizing the assessment/retaliation status check form.
 - (A) Witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring.
 - (B) The witness shall sign the assessment/retaliation status check form showing they have no concerns regarding potential retaliation.
 - c. The PREA site coordinator shall report all evidence of retaliation to the CAO to ensure an inquiry or investigation is initiated in accordance with department procedures.
 - d. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual.
 - e. The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation and/or possible victims of retaliation be offered emotional support services.
 - (1) Emotional services for offender victim, reporters, or witnesses include but are not limited to, case management or

- referral to mental health, chaplain, or advocacy when appropriate.
- (2) Emotional services for staff reporters or witnesses included but are not limited to, employee assistance program, peer action and care team referral, and/or chaplain referral.
- (3) All action taken to remedy retaliation or services offered victim or suspected victim shall be noted on the assessment/retaliation status check form.
- f. In the event that a victim, offender reporter, or a witness is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment/retaliation status check form to the PREA site coordinator in the receiving institution.
 - (1) The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure.
 - (2) The PREA site coordinator shall ensure the completed assessment/retaliation status check form is returned to the originating institution to be filed in the PREA incident file for future audits.
 - (A) If released to a community confinement facility monitoring will continue.
 - (B) If released to a field probation and parole office, monitoring will stop.
- g. In the event the allegations are determined to be unfounded the agency shall terminate monitoring.

PCC provided an example of “Assessment/Retaliation Status Checklist” form and also provided examples of cases monitored. Completed checklists were attached showing various circumstances and reports of retaliation. It appears from this auditor’s review of these checklists that periodic intervals of 30, 60, and 90 days, as prescribed, are followed. Information is shared with the Site Coordinator who requests investigation through the IG as warranted. Additionally, the State PREA Compliance Coordinator is forwarded information on retaliation events.

Standard 115.68 Post-allegation protective custody

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

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

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

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

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

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being

in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

A memo from the Site Coordinator states, "Potosi Correctional Center did not place a victim in involuntary segregated housing."

Standard 115.71 Criminal and administrative agency investigations

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

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

The Inspector General conducts all criminal case investigations at PCC. Administrative agency investigations are also conducted at PCC.

115.71(a) Policy D1-8.1 Investigation Unit Responsibilities/Actions, Section III (A) (2) (3) states, "The department maintains a zero tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law."

This same policy also states, "The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment."

Further in the policy, Section H outlines the investigators responsibilities. The policy states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee. Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible. Administrative investigations shall include an effort to determine whether staff member actions or failures to act, contributed to the behaviors being alleged. The departure of the alleged abuser or victim from employment or control of the department shall not provide a basis for terminating the investigation. When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

Policy D1-8.4, Administrative Inquiries, further "establishes guidelines concerning the scope and depth of administrative inquiries in the department." Particularly, there is guidance on investigation of staff sexual misconduct involving inmates.

115.71(b) Auditor reviewed the training roster from “PREA Specialized Investigator Training” dated January 1, 2013 through September 20, 2014. The roster showed that 56 investigators statewide received this training during that time frame. In October of 2014, 17 investigators also attended this training. These included those who are assigned to PCC investigations.

115.71(c) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office.”

In the past 12 months there have been no investigations involving a SANE exam other evidence at PCC.

115.71(d) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney’s office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated.”

According to the Site Coordinator, PCC referred one case to the Washington Co. (Mo.) Public Attorney in 2015. The court declined to hear the case. No cases were referred to the PA in 2016.

115.71(e) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as an offender or employee.”

115.71(f) Policy D1-8.4 Administrative Inquiries, Section III, (A) states, “Any staff member having direct or indirect knowledge of a potential category I or IV behavior shall immediately notify the CAO by submitting a report of incident, or memorandum, through the chain of command. A copy of all reports of harassment, sexual misconduct, discrimination, or retaliation should be sent to the employee relations supervisor. Staff members must fully cooperate with all administrative inquiries and must fully and truthfully relate their knowledge of all facts pertaining to the alleged behavior under review. Staff members who are the subject of a criminal investigation are not required to provide incriminating information about their own misconduct. However, in all other cases, staff members must fully cooperate with any investigation or administrative inquiry and truthfully relate their knowledge of all facts.”

Additionally, this policy discuss when an administrative inquiry may be conducted. This policy states, “An administrative inquiry may be conducted when a staff member may have been engaged in category I behaviors, or an offender may have been engaged in category IV behaviors. When the CAO receives information that a staff member may have been engaged in category I behavior, the CAO shall review the information and determine the appropriate course of action... The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment. Based on the circumstances of the allegation, the CAO may immediately remove or reassign the staff member from having contact with the offender pending the outcome of an investigation, or the determination of whether and to what extent discipline is warranted, or if there is reason to believe the offender is being retaliated against by the staff member.”

Administrative staff report all administrative cases are assigned by the Warden. Administration advised that requests for investigations are referred to the inspector general’s office and they in turn make the determination if an investigation is going to be opened

Auditor reviewed thress administrative investigation: one case of substantiated inmate on inmate sexual harassment; one case of unfounded staff on inmate sexual harassment; one case of unfounded inmate on inmate sexual harassment. The investigations were well written and thorough using form MO 931-4680. They included interviews with the victim and alleged perpetrator as well as witnesses. These investigations were concluded within 45 days of the date the report was received.

115.71(g) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, “Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible.”

115.71(h) PCC has referred one case for prosecution in 2015 and none in 2016.

115.71(i) Auditor reviewed the Agency Records Disposition Schedule and found that records are retained for 50 years.

115.71(j) PCC provided copies of three investigative packets related to PREA allegations. All three involved staff on inmate sexual harassment. Two of the investigations involved one corrections officer who was terminated from employment for illicit drug usage. However, the investigation of the PREA allegations continued and was concluded after the termination date. The other investigation involved an inmate who was released from PCC. The investigation continued and was concluded after the date of release of the inmate.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

115.72(a) Policy D1-8.4 Administrative Inquiries, Section III (C) (9) states, “No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated.”

PCC also provided examples for this auditor to review. Auditor reviewed two cases of PREA allegations; one inmate on inmate sexual harassment and one staff on inmate sexual abuse. Both reports were well written and thorough. They included interviews with the victim, alleged perpetrator and witnesses. All cases were closed within 60 days.

Standard 115.73 Reporting to inmates

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

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

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

The Inspector General’s office conducts all criminal investigations and PCC conducts administrative investigations.

115.73(a)(c)(d)(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, “Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department’s PREA coordinator 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 or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded.

In the event that the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. 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:

- (1) Staff perpetrator is no longer assigned to the housing unit.
- (2) Staff perpetrator is no longer employed at the institution or department.
- (3) The staff perpetrator has been indicted on a charge related to sexual abuse within the institution.
- (4) A disposition of charges exists related to sexual abuse within the institution.

Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs.

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

The departmental PREA coordinator 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. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases.

Three copies of the PREA Alleged Sexual Abuse by Offender Notification and three copies of the PREA Alleged Sexual Abuse by Staff Member forms were supplied to the auditor. Each showed that the offender was notified of the outcome of the investigation and were acknowledged through the offender's signature and staff signature (witness). Additionally, a spreadsheet was supplied that tracks the investigation to include notation of the inmate's notification of the outcome.

115.73(b) N/A PCC is responsible for conducting administrative investigations and the Inspector General's Office has investigators inside the facility to conduct criminal investigations of alleged sexual abuse and sexual harassment.

Standard 115.76 Disciplinary sanctions for staff

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

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

PCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. In the past 12 months, there has been one staff member disciplined under this policy. They received a letter of caution in January 2016.

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

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), 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.”

115.76(b) PCC Site Coordinator states via memorandum, “Potosi Correctional Center has not had any terminations, resignations, or other sanctions for violation of the sexual abuse or harassment policy.”

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

PCC’s site coordinator states via memorandum, “Potosi Correctional Center has not had any substantiated investigations involving contractors or volunteers.”

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment states, “Corrective action for contractors and volunteers: 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 shall consider whether to prohibit further contact with offenders in the case of any other violations.”

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

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

Staff interviewed stated that all contractors and volunteers are subject to the same policies as regular employees when it comes PREA. Volunteer and contractors are expected to abide by the zero-tolerance culture of the facility. They would not be allowed to work at the facility pending the outcome of the investigation. If substantiated, the contractor or volunteer would not be allowed entry into the facility.

Standard 115.78 Disciplinary sanctions for inmates

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

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

At PCC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action.

115.78(a)(b)(c)(d)(e)(f)(g) D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), 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 conduct violations and disciplinary sanctions. 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 conduct violations and disciplinary sanctions. 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 conduct violations and disciplinary sanctions. The mental health notification memo (Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Policy IS 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) states, "If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction." This policy also defines sexual activity as "Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature."

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

PCC provided a copy of a memo dated August 1, 2013 that was addressed to all Wardens and the subject was "PREA Protocols." The memo stated, "The date for full compliance with PREA standards is rapidly approaching. When fully implemented, our facilities will be better equipped to detect, prevent, and respond to incidents of offender sexual abuse and harassment. During our DAI Staff meeting yesterday, we discussed the PREA protocols that will move the department towards compliance with the PREA standards. While the procedure revisions are pending, we are implementing the PREA protocols, which were provided to you yesterday, as outlined below: To be implemented for PREA incidents that occur from this day forward: Segregated Housing for Protective Custody, Disciplinary Sanctions and Mental Health..."

PCC supplied copies of database pages (AS400) that show sanctions imposed for two inmates involved in separate instances of sexual acts within the facility. A copy of the disciplinary sanctions guidelines (see 116.78(c)) were provided giving direction for mental health services to be consulted once an inmate is found to have engaged in sexual activity. Additionally, a blank copy and a completed copy of mental health services referral forms were supplied. The completed form indicates that mental health services were requested for the inmate prior to his hearing with the Adjustment Hearing Board.

PCC states that inmates are not punished for making a PREA allegation especially if it is made in good faith. Administration reported this is in MDOC policy. The Site Coordinator stated via memorandum, "There have been no disciplinary actions taken against offenders for sexual contact with staff."

116.78(c) Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, "PREA mandates that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process it also states that an

offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded.”

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

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

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

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

115.81(a)(c)(d) IS 11-32 Receiving Screening – Intake Center, Section III (B) states, “If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.”

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

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

Interviews with inmates stated they knew if they wanted mental health assistance due to a PREA allegation they can request it through their Functional Unit Managers (FUM’s.) Inmates stated they have never been denied access to mental health at this facility.

115.81(b) PCC also provided copies of the “PREA Report Assessments at PCC” for March 1, 2016 and March 1, 2017. This log tracks all mental health referrals from coordinated responses and information obtained from the risk assessment on particular questions related to prior victimization or prior perpetration. During that span, one inmate who had reported victimization requested mental health services. The same inmate reported sexual perpetration and requested mental health services in that respect.

115.81(e) PCC Site Coordinator reports, “Per Carolyn Polk, ICMHS, there have been no events claimed that have occurred outside of the institutional setting to report.” The PCC Health Services Administrator reports via memorandum dated 3-23-17, “As of this date, there have been no PREA events claimed by an offender that have occurred outside of the correctional facility.”

A tracking log was supplied that showed mental health services were offered to an inmate in 2016 who’s Risk Assessment indicated a need for services. After reviewing the log, it appears services were offered and contact made by a MH professional within 24 hours in each instance.

Standard 115.82 Access to emergency medical and mental health services

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

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

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

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

**** The offender will remain in the medical unit until the investigator has determined whether or not the offender needs to go on medical out count.

When a forensic out count is indicated:

a. Health services staff members should contact the shift commander and the community emergency room to arrange transportation in accordance with institutional services procedures regarding offender transportation and specialized ambulatory care. The offender will be held in medical when possible until the arrival of the investigator. Through communication with the hospital, health services staff shall determine when the offender should arrive at the hospital to ensure prompt services. If the offender refuses a forensic exam, medical staff members will educate the offender on importance of forensic exams. If the offender continues to refuse a forensic exam, documentation of the refusal will be noted on the refusal of treatment - no show form.

**** A copy of the refusal is to be sent to the PREA site coordinator.

Any emergency treatment provided should be documented, in SOAP format, in the applicable department computer system. Health services staff members should interact with the alleged victim in a neutral and non-judgmental manner. Health services staff members should ask the alleged victim for details of the incident that are important for the provision of health services. The health services related documentation of the alleged assault should be released only to the CAO or designee and the institutional investigator. Alleged victims of offender sexual abuse that consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis should 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. If initial disclosure of offender sexual abuse is made to health services staff members, notification should be made to the shift commander to initiate the coordinated response to offender sexual abuse in accordance with this procedure.

**** Health services staff are to also notify the PREA site coordinator. The reported perpetrator's health record will be reviewed by the health services administrator or designee and referred to the physician for appropriate communicable disease diagnostic testing.

Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. If the allegation involves penetration and the offender is being out counted for a forensic exam and/or treatment, a QMHP will assess the victim within two hours of the offender returning to the facility. If the allegation involves penetration but the offender is not being out counted due to the amount of time that has elapsed since the time of the incident, a QMHP will assess the offender within two hours of receiving notification from the shift commander. If the allegation involves non-penetration, mental health staff members will receive a referral and screening note - health services from the shift commander and assessment will be offered within the next business day unless emergent events warrants a more immediate response by mental health staff members. During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender's acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment/ no show form.

**** A copy of the refusal of treatment form will be forwarded to the PREA site coordinator to be placed in the PREA event file. If the offender requests an advocate, the QMHP will notify the site advocacy liaison.

**** A QMHP will notify the PREA site coordinator in writing or email when victim requests an advocate. PREA site coordinator will subsequently notify the investigative staff of victim's request for advocate. When the victim is out counted to MOSAIC Life Care for a SANE exam the hospital will contact the YWCA for advocacy services. When advocacy hours provided by the YWCA have been exhausted, the PREA site coordinator will notify the chaplain of the victim's request for an advocate. Institutional chaplain will meet with the victim and document the meeting, forward documentation to the PREA site coordinator to be placed in the PREA event file. If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 72 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. Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include 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. 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."

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

For a penetration event:

Medical will:

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

Mental Health:

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

For a non-penetration event:

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

PCC provided three examples of responses to PREA allegations involving sexual abuse via "penetration events." These included coordinated response checklists indicating notifications and following of protocol. Also included were notifications made to Mental Health staff.

Contracted medical staff provided an email response to the state compliance coordinator stating, “ As a follow-up to our discussion regarding this afternoon. I have the following information to offer:

- At intake, all patients are tested for HIV and syphilis.
- Other STD testing is completed at intake and throughout incarceration based on patient symptoms
- Nursing Protocols are available to guide the nurses in the event of a reported sexual assault
- One protocol is used when the report is received and another when the patient returns from the ER (both are attached)
- The providers are contacted and they use their professional, clinical judgment to determine if and what prophylaxis is indicated

115.82(d) Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon’s obligations when obtaining medical care services from hospitals. Pages 42 – 45 outline Corizon’s experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct. Corizon will not charge victims for any services provided.

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

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

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

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

115.83(a)(b)(c)(d)(e)(f) D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) states, “Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include 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. 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. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services.”

PCC is a male only facility.

The Site Coordinator reports, “All offenders who have been victims of sexual penetration are offered testing for sexually transmitted infections.”

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

115.83(h) Auditor reviewed an example of “Referral and Screening Note – Mental Health/Medical Service.” This referral note had documented observed behaviors, the reason for referral, screening results as well as actions taken by mental health and medical. PCC had supplied additional examples for documentation in other standards (115.82) indicating that this is standard practice and policy is complied with

Standard 115.86 Sexual abuse incident reviews

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

115.86(a) D1-8.13 Offender Sexual Abuse and Harassment, Section III (I) 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."

115.86(b) D1-8.13 Offender Sexual Abuse and Harassment states, "Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, and assistant division director."

115.86(c) D1-8.13 Offender Sexual Abuse and Harassment states, "The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigator, 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 written report will be prepared by the PREA site coordinator.

115.86(d) Auditor reviewed four reviews of sexual abuse incidents documented on form 931-4695. This review included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations. These reviews were also included in the facility's annual report.

Administration stated that they review each case and look for ways that can be done to make it better for the inmate and for the facility. They use these reviews to their advantage to improve prevention of abuse. These reviews can justify the need for more cameras and can also justify the need for additional staff.

115.86(e) D1-8.13 Offender Sexual Abuse and Harassment states, "The facility shall implement the recommendations for improvement, or shall document its reasons recommendations shall not be implemented. The completed report shall be stamped confidential and shall be submitted to the assistant division director with a copy to department's PREA coordinator. The assistant division director shall forward the report to the division director. A copy of the report shall be filed in the institutional PREA event file for future audits."

Corrective action in the four incidents reviewed included anything from staff termination to single-cell mandate for an inmate to increasing storage capacity for DVRs.

Standard 115.87 Data collection

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

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

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

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment states, “Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year’s data and corrective actions with those from prior years, and an assessment of the facility’s progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include a comparison with prior year’s data, corrective actions, and an assessment of the department’s progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.”

Auditor reviewed the MDOC Aggregated Data report from 2016. This spreadsheet documents all MDOC PREA cases with date of the event, findings, and date case closed in addition to the demographic information of the inmate such as location and name. Also, the auditor reviewed the PREA 2016 Allegations by Facility and Incident Type table. It contains information on the entire MDOC (to include Parole).

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

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

115.87(f) PCC completes the SSV each year.

Standard 115.88 Data review for corrective action

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

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

115.88(a)(b)(c) D1-8.13 Offender Sexual Abuse and Harassment, “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 coordinator by the last working day in March. The report shall include: (1) identified problem areas, (2) recommendations for improvement, (3) corrective action taken, (4) if recommendations for improvements were not implemented, reasons for not doing so, (5) a comparison of the current year’s data and corrective actions with those from prior years, and an assessment of the facilities’ progress in addressing sexual abuse, (6) an evaluation of the need for camera and monitoring systems, (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to the:

- (A) the staffing plan,
- (B) the deployment of video monitors, and
- (C) the resource availability to adhere to the staffing plan.

The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

Agency Report: The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include: (1) a comparison with prior year’s data, (2) corrective actions, and (3) an assessment of the department’s progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.

PCC provided a copy of their 2016 PREA Annual Report which was reviewed by the auditor. This report analyzes potential problem areas, identifies corrective action, states accomplishments for the current year, and establishes goals for the upcoming calendar year. The report appeared complete and was easy to read.

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

115.88(d) D1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/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.”

Standard 115.89 Data storage, publication, and destruction

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

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

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

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

115.89(b) (c) D1-8.13 Offender Sexual Abuse and Harassment states, “The department’s annual PREA report shall be made available to the public on the department’s internet website.”

D1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/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.”

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 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/Documents/PREA/2015_PREA_Data.pdf.

AUDITOR CERTIFICATION

I certify that:

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

/s/ Douglas K. Lawson

07/27/2016

Auditor Signature

Date