

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Final Report		
Name of facility: Algoa Correctional Center (ACC)		
Physical Address: 8501 No More Victims, Jefferson City, Mo. 65101-4567		
Date report submitted: March 10, 2016		
Auditor Information		
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Telephone number: (402) 522-7013 / (402) 595-2000		
Date of facility visit: August 17 – 19, 2015		
Facility Information		
Facility mailing address: (if different from above)		
Telephone number: (573) 751-3911		
The facility is:		
<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
<input type="checkbox"/> Private not for profit		
Facility Type: <input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison		
Name of PREA Compliance Manager: Bill Schmutz	Title: Deputy Warden	
E-Mail Address: Bill.Schmutz@doc.mo.gov	Phone Number: (573) 751-3911	
Agency Information		
Name of agency: Missouri Department of Corrections		
Governing authority or parent agency: (if applicable) State of Missouri		
Physical address: 2729 Plaza Drive, Jefferson City, MO 65102		
Mailing address: (if different from above)		
Telephone Number: 573-751-2389		
Agency Chief Executive Officer		
Name: George Lombardi	Title: Director of Corrections	
E-Mail Address: George.Lombardi@doc.mo.gov	Telephone Number: 573-751-2389	
Agency-Wide PREA Coordinator		
Name: Vevia Sturm	Title: PREA Coordinator	
E-Mail Address: Vevia.Sturm@doc.mo.gov	Telephone Number: 573-751-2389	

AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA Audit of the Alcoa Correctional Center (ACC) was conducted on August 17 – 19, 2015. The PREA audit team consisted of Trish Brockman-Bernhards, NDSC/ DOJ Certified PREA Auditor, Brad McDonnell, NDSC/DOJ Certified PREA Auditor, Stephanie Huddle, NDSC/DOJ Certified PREA Auditor, Deanna Johnson, NDSC/DOJ PREA Auditor. During the pre-audit phase, the team divided and reviewed standards and completed a large portion of the file review prior to the site visit.

An entrance meeting was held at the beginning of our on-site visit. The following ACC staff attended: Scott A. Lawrence, Warden, Bill Schmutz, Deputy Warden/PREA Compliance Manager, Louisa Bolinger, Deputy Warden, Sandra Jimmerson, Assistant Warden, Major Vallier, Chief of Security, Bryan Skiles, Administrative Inquiry Officer (AIO) and 18 additional staff members. The audit team shared what our plan of action was going to be for the next three days. We discussed what areas of the facility we needed to tour and explained we would be interviewing inmates and staff.

After the entrance meeting, the tour of the facility occurred. During the tour it was noted that each housing unit had adequate information regarding PREA and the contact information for the audit chairperson. Each area was properly supervised by either staff and/or video monitoring. Additional documentation review was conducted.

Offenders interviewed were chosen randomly from rosters obtained by the audit team. Offenders related an awareness of the agency and facility zero tolerance policy and indicated PREA information is made available to them. Offenders also related they were aware of the avenues available to report an incident of sexual abuse or sexual harassment. The team interviewed 35 offenders, including 30 random inmates from each living unit; (2) had disclosed sexual victimization during risk screening; (1) inmate who identified as gay, bisexual or transgender; (1) Spanish speaking inmate; (1) inmate who had reported sexual abuse.

A total of 27 random staff interviews were completed in addition to all specialized staff interviews. Interviews were conducted with the Director of the Division of Adult Institutions, the facility administration to include the Warden, the PREA Compliance Manager, Medical and Mental Health staff, segregated housing staff, the Agency Contract Monitor, staff responsible for retaliation monitoring, Case Managers, Investigators, and Security staff from each of the three shifts. There were (4) volunteers and contractors also interviewed. Staff and volunteers were knowledgeable of ACC and agency policy in regards to their responsibilities in the event of a sexual abuse or a sexual harassment incident.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Alcoa Correctional Facility is a minimum security institution located in Jefferson City, Missouri that houses adult male offenders. The population during the time of the audit was 1530 male offenders. ACC Does not house youthful offenders. The average age range is 19-71. The facility has 11 living units and numerous other buildings to include several maintenance buildings, shop areas, food service, education, chapel, etc. Cameras are located throughout the facility and have been increased over the last decade.

SUMMARY OF AUDIT FINDINGS:

All staff interviewed was knowledgeable, particularly with their reporting requirements and the immediate action needed in order to ensure inmate safety. Inmates were familiar with PREA and knew the various reporting methods offered to them. PREA posters and information was readily available throughout the facility.

During the on-site audit, there were four standards that were not met. These standards were 115.15, 115.43, 115.68, 115.71. A 180-day corrective action period was initiated that allowed ACC to submit documentation and construct privacy barriers in the living units. For Standard 115.15 the facility provided documentation that brought this standard into compliance. For Standard 115.43 the facility provided further documentation indicating that inmates are transferred as an alternative to Protective Custody. They also provided documentation showing further administrative segregation issues existed if an inmate was kept in restrictive housing. In regards to Standard 115.71, the facility provided revised MDOC Procedure that indicated documentation would be retained for 90 years. This would meet the intent of the standard. With these corrections and modifications ACC is now in full compliance with all PREA standards.

Each individual standard will have comments and further documentation that will reflect how/why compliance/noncompliance was determined.

Number of standards met: 41

Number of standards not met: 0

Number of standards exceeded: 1

Number of standards not applicable: 1

115.11	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>ACC has policy outlining their zero-tolerance standard regarding sexual abuse in confinement. While not every standard is written in policy, those that are required to be are in policy and the facility meets the standards in practice and procedures. An agency-wide PREA Coordinator position has been established and she is actively involved with the facility's efforts towards compliance. A facility PREA Compliance Manager has been identified; he demonstrates excellent knowledge of the standards and his compassion and conviction are evident in the work he does.</p>	

115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF OFFENDERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Documentation indicates MODOC does not enter into contracts for the confinement of offenders.</p>	

115.13	SUPERVISION AND MONITORING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>ACC complies with a staffing plan that ensures safety and security is maintained. Deviations from the plan are documented. Documentation was provided showing the PREA Coordinator is actively involved in the review of staffing plans and all elements required by the standards are taken into consideration. Supervisors conduct unannounced rounds on all shifts throughout the facility.</p>	

115.14	YOUTHFUL OFFENDERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard ACC does not house youthful offenders. Therefore, this standard is not applicable.	

115.15	LIMITS TO CROSS GENDER VIEWING AND SEARCHES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard ACC staff does not conduct cross gender strip or body cavity searches. No cross gender strip or body cavity searches had been conducted in the past 12 months. Transgender offenders are not searched for the sole purpose of determining genital status, and all staff is trained to conduct cross gender pat searches in a respectful manner while still keeping security needs in mind. Documentation from the Director and facility Post Orders indicate proper procedure are in place regarding cross gender announcements being made on living units. Documentation was provided that procedure is being followed. Photographs indicate that barriers were installed to limit cross gender viewing in living units, visiting dress out and the multi-purpose building restroom.	

115.16	OFFENDERS WITH DISABILITIES AND OFFENDERS WHO ARE LIMITED ENGLISH PROFICIENT
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard Policy is in place to ensure offenders with disabilities have equal access to PREA information. Information is also available in formats to provide such information. ACC does not rely on offender interpreters, however, staff and offender interviews indicate the use of offender interpreters does occur. It was recommended that all staff be reminded that the use of offender interpreters should not be relied upon except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-responders duties.	

115.17	HIRING AND PROMOTION DECISIONS
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>ACC does not hire or promote individuals who have engaged or been convicted of sexual abuse/assault in a confinement setting or in the community, or who have been civilly adjudicated of such an incident. Occurrences of sexual harassment are taken into consideration when determining whether or not to promote a staff member. Potential employees undergo a thorough background check, as do contractors who may have contact with offenders. Potential employees are asked about any prior incidents of sexual abuse/assault with the understanding omitting or falsifying information may result in termination. Background checks are conducted every year on current employees in conjunction with birthday.</p>	

115.18	UPGRADES TO FACILITIES AND TECHNOLOGY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>ACC takes offender safety very seriously. PREA is a component of expanding any portion of the facility and also when determining what, if any, additional video monitoring and other technology should be utilized. The facility has had a substantial increase in the use of video surveillance over the last 10 years.</p>	

115.21	EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>ACC conducts administrative investigations internally. Criminal investigations are conducted by the Agency Inspector General (IG). Forensic exams are conducted off-site by SANES/SAFE's in Columbia Mo. and provided at no cost to the victim. The on-site Chaplain serves as Victim advocates and is available to offender victims at no charge. This person is trained and procedures are outlined in agency policy.</p>	

115.22	POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
All allegations meeting PREA criteria are investigated, either internally through the Administrative Inquiry Officer (AIO) or through the IG for criminal investigations. All allegations within the past 12 months were investigated. The MODOC website provides information regarding the MODOC's responsibility to investigate criminal allegations.	

115.31	EMPLOYEE TRAINING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
ACC is responsible for training all of their staff. The required elements of the training are met. Employees are trained in PREA on an annual basis and it can be verified the training was completed and understood.	

115.32	VOLUNTEER AND CONTRACTOR TRAINING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
All volunteers and contractors receive appropriate training. Documentation of such training is maintained.	

115.33	OFFENDER EDUCATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard Offenders receive comprehensive education within 1-2 days upon arrival at the facility, which is significantly above the 30 day requirement. During the past 12 months, 1749 offenders received the comprehensive education. All offenders who were previously on-site received the same information. Education is provided in formats accessible to all offenders. Although posters were present, they were not highly visible during the tour; it is recommended that more colorful posters be placed in living units and other common areas used by the offenders.	

115.34	SPECIALIZED TRAINING: INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard Investigators complete training specific to conducting PREA investigations. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria required to substantiate an administrative case. Documentation is maintained showing staff attended the training. MODOC has 56 staff that has completed the required training.	

115.35	SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard In addition to the regular PREA training, all full and part time medical and mental health care practitioners receive training in how to detect and assess signs of sexual abuse/harassment, how to preserve physical evidence of sexual abuse, how to respond in a professional and respectful manner and how to report incidents/suspicions. All medical and mental health care practitioners who work there on a regular basis; 100% of these staff have received the required training. Documentation of the training is maintained.	

115.41	SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Offenders are assessed upon intake for their risk of being sexually abusive or abused within 24 hours of their arrival at the facility. ACC assessment form indicates not all offenders were reassessed within 30 days. It was recommended that the form be modified to include a column to clarify why these offenders exceeded the 30 day time frame.	

115.42	USE OF SCREENING INFORMATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Information from screening is used when placing offenders in housing, work or programming assignments. Individual determinations regarding individual safety, staff interviewed who are responsible for risk screening ensured this does take place. Any housing/programming for transgender offenders is decided on a case-by-case basis; policy is in place ensuring placement of transgender and intersex offenders is reviewed at least twice each year. Policy also ensures transgender offenders' own views regarding their safety will be given consideration and they are given the opportunity to shower separately.	

115.43	PROTECTIVE CUSTODY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Policy is in place prohibiting the placement of offenders at high risk for sexual victimization in involuntary segregation/protective custody. Reviews of segregation status for sexual safety are done every 30 days. Documentation was provided that indicated that individuals placed in segregated housing were not placed solely for the purpose of involuntary segregation/protective custody. Inmates who did request protective custody were transferred to another MDOC facility as an alternative to the segregation placement.	

115.51	OFFENDER REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Offenders have multiple methods to report allegations of abuse/harassment. During interviews, all offenders were aware of how they could report an incident. Offenders have both an outside reporting mechanism and an anonymous hotline available to them. Staff is required to accept all reports, and expressed understanding of this policy during interviews. Staff was also aware they could call a reporting hotline in order to report an allegation privately.	

115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES	OFFENDER REP
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
Auditor comments, including corrective actions needed if does not meet standard		
ACC has policy regarding grievances dealing with sexual abuse, upon which no time limit is imposed. Offenders are not required to first use an informal grievance process or attempt to resolve the issue with staff. Offenders may submit grievances to staff other than those involved with the grievance; the grievances are not referred to the staff member who is the subject of the complaint. Third parties may assist offenders with filing grievances; there were no such grievances within the past 12 months. Policy exists regarding emergency grievances; there were no emergency grievances files at ACC pertaining to risk of sexual abuse within the past 12 months.		

115.53	OFFENDER ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	OFFENDER REP
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
Auditor comments, including corrective actions needed if does not meet standard		
Offenders have access to outside victim support services. The provider of these services was interviewed and was able to clearly articulate procedures for assisting incarcerated victims. Flyers and posters, observed during the tour, were also readily available at the facility. Offenders understand the confidentiality requirements of these services.		

115.54	THIRD-PARY REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Third parties can report allegations through a telephone hotline. Information is on the agency website.	

115.61	STAFF AND AGENCY REPORTING DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
All staff is required to immediately report any incident or allegation of sexual abuse or retaliation; staff interviewed was very familiar with these requirements. They were also aware of the need for discretion. Medical and mental health staff was familiar with their reporting requirements and limitations on confidentiality and informed the offenders of such during initiation of services. MODOC is considered a mandatory reporter under Missouri law for anyone under age 18. All allegations are referred for investigation and given to investigative staff.	

115.62	AGENCY PROTECTION DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Policy is in place regarding immediate protection of offenders. All staff interviewed were extremely knowledgeable about these requirements and knew what to do if an offender reported an allegation to them.	

115.63	REPORTING TO OTHER CONFINEMENT FACILITIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Policy is in place requiring notification to another facility in the event an allegation is made while at ACC. This notification occurs within 72 hours and is documented. ACC received no notifications within the past 12 months from other facilities.	

115.64	STAFF FIRST RESPONDER DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
ACC has policy regarding actions taken by first responders. There were 4 allegations an offender was sexually abused in the past 12 months. Of these, the alleged victim and perpetrator were separated by the first security staff member on scene. There were no allegations where staff was notified within a time period allowing for evidence collection.	

115.65	COORDINATED RESPONSE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
ACC has a written plan that was provided prior to the on-site audit outlining responsibilities of first responders, medical/mental health practitioners, investigative staff and facility leadership.	

115.66	PRESERVATION OF ABILITY TO PROTECT OFFENDERS FROM CONTACT WITH ABUSERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
ACC has not entered into or renewed any collective bargaining agreement or other agreement that would limit the agency's ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.	

115.67	AGENCY PROTECTION AGAINST RETALIATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The PCM is responsible for monitoring retaliation and was able to articulate how he does this and what he does to ensure incidents of retaliation are not occurring. Multiple protection measures are employed. Staff and offenders are monitored for a minimum of 90 days but will be extended if necessary. There were no occurrences of retaliation within the past 12 months.	

115.68	POST-ALLEGATION PROTECTIVE CUSTODY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Existing policy prohibits placing offenders who allege they suffered sexual abuse in involuntary segregation/protective custody unless no other reasonable means to ensure safety can be determined. Any offenders exceeding 30 days are documented by the facility regarding concern and the reason(s) why no alternative separation could be arranged. An offender's status is reviewed every 30 days.	

115.71	CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy is in place regarding both administrative and criminal investigations. All staff who investigates sexual abuse/harassment is required to take specialized training. A review of a sample of investigations showed all elements required by the standard are in place. Any substantiated cases of criminal conduct are referred for prosecution by MODOC. The PCM described the cooperation between ACC and the IG and how the facility remains informed of criminal investigations. There were no such investigations since August 2012. The retention schedule was changed to reflect that all reports and investigations are held for 90 years.</p>	

115.72	EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy ensures preponderance of the evidence is the standard of proof in determining whether allegations of abuse or harassment are substantiated. The AIO articulated how he reaches such decisions with his investigations.</p>	

115.73	REPORTING TO OFFENDERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Offenders are notified of the results of the investigation into their allegations. Offenders are also notified of the status of offender or staff perpetrators, including whether or not there is an indictment or conviction as a result of the investigation; all notifications are documented. Although the standard is met, the recommendation is being made for the facility to be consistent with Federal Law and PREA standards utilizing Substantiated, Unsubstantiated, and Unfounded verbiage.</p>	

115.76	DISCIPLINARY SANCTIONS FOR STAFF
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Policy is in place regarding staff disciplinary sanctions. In the past 12 months, 2 staff violated sexual abuse/harassment policy; one staff was terminated/resigned prior to termination, the other had resigned prior to the allegation being made. Policy is in place to ensure actions that may be criminal are reported to IG and relevant licensing bodies.	

115.77	CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Policy ensures contractors and volunteers who sexually abuse offenders are prohibited from contact with them and referred to relevant licensing bodies, as well as IG when the alleged act may be criminal in nature. Appropriate remedial measures are taken for other violations of PREA policy.	

115.78	DISCIPLINARY SANCTIONS FOR OFFENDERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Offenders are subject to discipline for perpetrating sexual abuse and harassment. There were no instances of substantiated administrative or criminal findings an offender perpetrated sexual abuse. Sanctions are commensurate with past history, the nature of the offense and comparable sanctions given to other offenders for the same type of misconduct, along with consideration to an offender’s mental health status, including the consideration of therapy. Offenders are not disciplined for having sexual contact with staff, unless the staff member did not consent to the contact. Offenders are not disciplined for making reports in good faith, even if the allegation is determined to be unfounded. ACC policy does prohibit consensual sexual contact/activities between offenders.	

115.81	MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Offenders are offered a follow-up meeting with medical or mental health staff within 14 days if they disclose prior sexual victimization or perpetration during risk screening. In the past 12 months, 100% of offenders who disclosed such victimization were offered the follow-up meeting. Information is kept as confidential as possible, with information shared for the purpose of housing/living, programming and work assignments.	

115.82	ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Offender victims receive timely access and information regarding treatment and available treatment options, including emergency contraception and sexually transmitted infections. All treatment is provided at no cost to the offenders.	

115.83	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
All offender victims, regardless of whether abuse occurred at ACC or another confinement facility, are offered medical and mental health evaluations, including testing for sexually transmitted infections. Such treatment includes plans for follow-up care in the event they are transferred to another facility or released from custody. All treatment is provided at no cost to the offenders. ACC has policy in place ensuring staff attempt to conduct a mental health evaluation of offenders who abuse other offenders.	

115.86	SEXUAL ABUSE INCIDENT REVIEWS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Sexual abuse incident reviews are conducted by the appropriate staff within 30 days upon the closing of an investigation for all allegations determined to be substantiated or unsubstantiated. The PREA Compliance Manager, Chief of Security and Assistant Warden, medical/mental health staff are involved in these reviews. All required elements are taken into consideration.	

115.87	DATA COLLECTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Data is collected and aggregated annually and the Survey of Sexual Violence is submitted within the time frame outlined by the governing agency of that form. Data is maintained and collected from documents, investigations, incident reviews and other available reports.	

115.88	DATA REVIEW FOR CORRECTIVE ACTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Collected data is reviewed to identify problem areas, make corrective action plans (when needed). Said data is used in annual reports for individual facilities and the MODOC. Data will be compared from the previous year in order to assess progress and concerns. These reports are approved by the Commissioner and are available on the MODOC website; in the event the reports contain identifying information, it will be redacted prior to publication.	

115.89	DATA STORAGE, PUBLICATION, AND DESTRUCTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
All collected data is securely retained. Annual reports pertaining to this data are available on the MODOC website; identifying information, if any, is removed prior to being published. Data is retained at least 10 years.	