

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility:	Crossroads Correctional Center		
Physical Address:	1115 East Pence Road Cameron, MO 64429		
Date report submitted:	January 28, 2015		
Auditor Information:	Mark A. Mora, Ron Baker		
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Date of facility visit:	01/12/2015 - 01/14/2015		
Facility Information			
Facility mailing address:	1115 East Pence Road Cameron, MO 64429		
Telephone number:			
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 checked="" type="checkbox"/> Adult		
Name of PREA Compliance Manager:	Terry Page	Title:	Deputy Warden
E-Mail Address:	Terry.Page@doc.mo.gov	Phone Number:	
Agency Information			
Name of agency:	Missouri Department of Corrections		
Governing authority or parent agency: (if applicable)	State of Missouri		
Physical address:	2728 Plaza Drive Jefferson City, MO 65109		
Mailing address: (if different from above)			
Telephone Number:	573-526-9003		
Agency Chief Executive Officer			
Name:	George Lombardi	Title:	Director
E-Mail Address:	George.Lombardi@doc.mo.gov	Telephone Number:	(573) 526-6607
Agency –wide PREA Coordinator			
Name:	Vevia Sturm	Title:	PREA Coordinator
E-Mail Address:	Vevia.Sturm@doc.mo.gov	Telephone Number:	(573) 522-1634

AUDIT FINDINGS

NARRATIVE:

The audit of the Crossroads Correctional Center (CRCC) was conducted on January 12-14, 2015 by Mark A. Mora and Ron Baker both certified auditors and one assistant in order to determine compliance with Prison Rape Elimination Act (PREA) standards.

Prior to the onsite portion of the audit, auditors provided the facility with the Auditor Notice which was posted at least 6 weeks prior to the onsite. The Pre-Audit Questionnaire along with other supporting documentation was provided to the auditors to review in advance of the onsite portion of the audit and was done so in a very organized and comprehensive manner. Correspondence between the auditors and the PREA Coordinator and PREA Compliance Manager occurred throughout the pre-audit phase, and the auditor submitted a tentative audit schedule to the facility prior to arrival.

The auditors reported to CRCC on 1/12/15 to initiate the onsite portion of the audit. An entrance meeting was conducted to introduce the audit team to the CRCC administration. Those in attendance included: Warden Ronda Pash, Deputy Warden Terry Page, Deputy Warden Chris McBee, Agency PREA Coordinator Vevia Sturm, Chief of Security Laretta Aitkens, Custody Manager Amy Parkhurst, Captain Steven Brewer, Lt. Victor Clevenger and Security Administrator Casey Hansen.

Following the entrance meeting was a tour of the CRCC facility. Areas toured included the living units, offender services, offender dining room, recreation areas, visiting room, industries areas, case management offices and shift supervisor areas. Informal interviews were conducted with various staff and offenders during the tour.

Offender rosters were obtained and a random sample of offenders were chosen and interviewed. Offenders understood PREA and how to report an incident of sexual abuse and harassment. Information regarding a zero tolerance policy was easily accessible to the offender population.

Interviews were conducted with the Agency PREA Coordinator, Facility PCM, Warden, Human Resources, Health Services, Shift Supervisors, Security Staff, Counselors and investigators. Security Staff from all three shifts were interviewed. All staff were knowledgeable of CRCC and agency policy in regards to their responsibilities subsequent to a report of sexual abuse or harassment.

PREA investigation files were made accessible to the audit team to examine. Investigations are handled by investigators from the Inspector General's Office. Investigations are done promptly, thoroughly and are well documented.

PREA Standards and policies were reviewed for compliance. Questions were clarified and suggestions were made to enhance procedures. CRCC complied with all applicable standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Crossroads Correctional Center is located at 1115 East Pence Road in Cameron, Missouri. CRCC is an all-male maximum security facility housing approximately 1400 offenders. The age range of offenders is 18-90 years of age. CRCC encompasses 13 buildings and was established in 1997. CRCC has an assigned staff of 398 total positions. CRCC does not house youthful offenders. CRCC maintains cameras

throughout the facility to enhance staff coverage.

CRCC provides programming, classification, and treatment to encourage individualized progression. CRCC provides offenders a number of detail assignments to include vocational programs. Recreational activities are available to all offenders.

The facility design allows for separation of offenders and or staff subsequent to an allegation of sexual abuse or harassment.

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 0

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>The agency has written policy D 1-8.13 mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It outlines prevention, detection and responding to reports and mandates more specific procedures at the facility level.</p> <p>The PREA Coordinator, Vevia Sturm, and PREA Site Coordinator, Terry Page, stated they have time and authority to develop and oversee compliance and the facility has a designated PREA Compliance Manager. The PREA Coordinator reports directly to Matt Briesacher, Legal Counsel, and the PREA Site Coordinator (also the Deputy Warden) reports directly to the Warden, which supports sufficient authority.</p>	
115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES
<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>CRCC does not contract for confinement.</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>Agency policy D1-8.13 mandates that each facility maintains a staffing plan that provides for adequate staffing levels as well as an annual review of the staffing plan which includes the consultation of the PREA Coordinator. The average daily number of offenders at CRCC is 1463 and the staffing plan is predicated on a maximum base of 1470 offenders. Each required element was well documented in "The PREA Staffing and Yearly Reporting Implementation Team" report, which was provided for auditor review. Regarding deviations from the staffing plan, it states, "Deviations from those established staffing patterns is reflected within shift summary reports, custody staffing rosters, custody overtime records and shift chronological logs. This documentation may include notation within activity logs reflecting activities that were cancelled or rescheduled to a time when adequate supervision was present." CRCC stated they do not deviate from the staffing plan. This is possible because they do not have a lot of overtime and if needed they use mandatory overtime. They stated they have not used</p>	

mandatory overtime in several years.

Agency policy D1-8.13 and facility policy SOP D1-8.13 mandates unannounced rounds by supervisory staff. This is achieved through post orders for custody supervisory staff. “Additionally, chief administrative officers ensure all staff post orders include a general order prohibiting staff from alerting other staff members that supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility.” These rounds are documented on the staff sign-in logs, which auditors reviewed throughout the facility.

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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 prohibits the placement of youthful offenders in a housing unit in which they would have sight, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. CRCC, however, does not house youthful offenders.

In assessing the compliance at the agency level, auditors noted that State of Missouri regulation, Chapter 217 Department of Corrections Section 217.345, prohibits the placement of youthful offenders with adult offenders and requires physical separation and separate housing units. Institutional Services Procedure Manual, IS5-1.1 Diagnostic Center Reception and Orientation, outlines the procedure for notification, transportation, and housing of youthful offenders in the event one is admitted. Institutional Services Procedure Manual, IS5-3.1 Offender Housing Assignments, states, “youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made).”

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 comments, including corrective actions needed if does not meet standard

Agency policy addresses 115.15(a), (d), (e), and (f), while (b) is N/A. Institutional Services Procedure Manual, IS20-1.3 mandates male offender pat searches are conducted by same gender staff when multiple officers are present and cross gender pat searches of female offenders only under exigent circumstances. In the event a cross gender pat search of a female offender occurs, a cross gender search form and report is submitted to the PREA Site Coordinator for review to ensure that exigent circumstances did in fact warrant the search. Cross gender strip searches are allowed only under exigent circumstances. The Procedure Manual outlines the procedures for strip searches and cross gender strip searches, which mandates the use of a cross gender strip search form and report to be submitted to the PREA Site Coordinator for review also. The PREA Site Coordinator documents their review of the cross gender searches on the Cross Gender Search Review form, which accounts for whether the

circumstances were determined to be exigent. If exigent circumstances were not present, the Cross Gender Search Review form prompts a referral for investigation and an account of corrective action taken. Zero (0) cross gender searches occurred during the reporting period.

Agency policy D1-8.13 and CRCC policy SOP D1-8.13 mandates the announcing of opposite gender staff upon entering the living unit, as “Attention a female is in the living area”. These announcements are documented on the Chronological Log in the “bubble” of each unit. Auditors reviewed logs and both staff and offender interviews corroborated the opposite gender announcements.

Auditors reviewed the “Searches” training, in which cross gender pat searches are covered in the lesson plan and by video as well. The lesson plan indicates that the MDOC standard [for searching transgender offenders] is: Transgendered individuals should be frisk/pat searched according to the criteria of the location where they are housed (e.g. adhere to male procedure if located at a male facility/male housing area; adhere to the female procedure if housed at a female facility/female housing area. Newer draft curriculum further specifies that, “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.”

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 comments, including corrective actions needed if does not meet standard

MDOC has established procedures, in policy D1-8.13, for disabled and limited English proficient offenders to benefit from all aspects of their PREA efforts. PREA brochures and acknowledgement forms are available in several languages, posters are available in English and Spanish, the NIC Speaking Up video is used along with its written transcript. The brochure is available in Braille for blind offenders and CRCC has an-SOP D5-5.1 Deaf and Hard of Hearing offenders --which outlines where to seek such services and is also posted throughout the facility. Auditors reviewed a statewide contract for interpretive services including sign language and many services for the deaf as well as many others for other language interpretation services.

Auditors noted Spanish and English signs posted throughout the facility. Auditors were told the facility did not have any hard of hearing offenders or limited English offenders but the auditors did view the policies and contracts that would be utilized for these offenders.

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 comments, including corrective actions needed if does not meet standard

MDOC policy D1-8.13 as well as facility policy SOP D1-8.13 prohibits the hiring or promoting of anyone that has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse. These policies also mandate the consideration of sexual harassment in determining whether to hire or promote.

MDOC policy D2-2.2 Background Investigations further addresses background checks. This policy explicitly outlines all elements required for background investigations of all staff members (which is defined to include permanent, part-time, temporary, hourly, per diem employees and contractors, volunteers, and student interns). Part of this extensive background investigation is a criminal records check utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Criminal Information Center (NCIC) system. It also specifies, for promotions and other appointments, noting; “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.”

Both agency and facility policy (D1-8.13 and D2-2.2) as well as the employment application assert that material omissions are grounds for termination and address the contacting of previous institutional employers. MDOC Department Procedure Manual D2-11.14 Annual Employment Requirements asserts that criminal history checks are conducted annually, congruent to the employee’s birth month.

Auditors ascertained, regarding the release of information about former employee misconduct, the agency is able to provide such information if the former employee was charged with offender sexual abuse (as it would be a public record). They would be prohibited from providing information on sustained administrative cases unless written consent of the former employee was obtained.

During the reporting period, CRCC had 74 new hire employees; all of which had background checks. Auditors reviewed employee files at random; each contained records of background checks and auditors were also provided the compilation of contractor background checks to review as well. Documentation of promoted employees also contained internal inquiries regarding misconduct involving sexual abuse or sexual harassment.

Staff interviewed were able to articulate elements and practice of agency and facility policy.

115.18 UPGRADES TO FACILITIES AND TECHNOLOGY

- 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 comments, including corrective actions needed if does not meet standard

Though, there were no substantial expansions or modifications at CRCC, it was noted several

adjustments that had been implemented in an effort to increase sexual safety and offender privacy; i.e. increased lighting, additional cameras, some of this was done after a review of an incident in the food service area.

As of early July 2014, relevant PREA standards were added to the Design Info Packet, used for modification or expansion projects. Auditors were provided email communication as evidence of this change in practice.

In addition, agency procedure D4-4.8 Security Camera Operations contains the language of 115.18(b).

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 comments, including corrective actions needed if does not meet standard

CRCC conducts their own administrative investigations. MDOC Procedure D1-8.8 Evidence Collection, Accountability and Disposal extensively outlines the agency’s uniform evidence protocol, which appears to be substantially congruent with “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents.” Interviews of investigative staff as well as random and specialized staff indicated the application of this protocol. Knowledge of evidence collection and securing the crime scene was consistent.

All forensic exams are conducted off site by SANE’s and agency policy D1-8.13, Section G. Health Services Care, delineates the protocol thereof. During the reporting period, three (3) times offenders were sent for forensic exams and all were conducted by SANE’s. A victim advocate is offered at the hospital, to accompany an offender through the exam process. This protocol asserts that a CRCC QMHP (Qualified Mental Health Professional) will assess a victim within 2 hours of receiving notification (or within 2 hours of the offender returning from a SANE). It was reported that the local community-based organization has very limited resources to offer. While on-site, auditors learned that CRCC has designated the position of chaplain as a victim advocate and acquired off site advocacy training. Interview of the chaplain indicated the application of the training received and of examples of services that had been provided to offenders.

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 comments, including corrective actions needed if does not meet standard

The agency does ensure that an investigation is completed for all allegations of sexual abuse or sexual harassment and is mandated by agency policy D1-8.13 and facility policy SOP D1-8.13. Administrative investigations are conducted by Administrative Inquiry Officers while criminal investigations are conducted by the office of the Inspector General. There were 85 allegations during the reporting period, which resulted in 53 administrative investigations and 28 criminal investigations. Policy requires that all sustained investigations are referred for prosecution and the PREA Coordinator has a tracking system for each referral and account of each case’s status referral status.

MDOC has a PREA link on their website under “Resources.” From this link, annual aggregated sexual abuse data can be viewed as well as an overview of PREA, the agency’s zero-tolerance policy, third party reporting information, and other relevant resources such as the PREA Resource Center and Just Detention International.

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 comments, including corrective actions needed if does not meet standard

Required training elements of 115.31(a) were reviewed by auditors in the training curriculum that has been in use during the reporting period. During the reporting period, 74 new staff were hired; all of which received this training. MDOC policy D1-8.13 mandates initial PREA training upon hire and then refreshers every two years. In the off-year, between refreshers, policy states; “the department's training staff members shall provide current information on sexual abuse and sexual harassment policies.”

In addition, if a staff member is reassigned or is transferred from a facility that houses female offenders to a facility that houses male offenders (or vice versa), agency and facility policy D1-8.13 requires staff to receive gender specific training as part of their orientation process.

Auditors reviewed training records of new staff members as well as those that had worked at CRCC for many years. Records of initial PREA training were found in employee files. Refresher training is completed online and documentation was housed in the training building. Auditors reviewed those training records as well. Training records reviewed provided documentation staff had received and understood the training.

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 comments, including corrective actions needed if does not meet standard

Agency policy and facility SOP D1-8.13 mandates training for volunteers and contractors just as it does for all staff members. MDOC’s definition of staff member includes volunteers and contractors. Auditors reviewed the lesson plan for “Volunteers in Corrections Training” and “Offender Work Release Procedures Training” which contains information about MDOC’s zero tolerance policy as well as the definitions of sexual abuse and sexual harassment, red flags of offender-on-offender sexual abuse, and reporting requirements. Volunteers and contractors are provided a brochure which contains the same information as well.

All volunteers and contractors receive training. Auditors reviewed signed acknowledgement forms.

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 comments, including corrective actions needed if does not meet standard

All offenders do receive PREA education upon intake. MDOC utilizes the Speaking Up video, PREA brochures, and posters visible throughout the facility. At CRCC, 570 offenders during the reporting period received PREA education and, of those, 569 offenders were also provided comprehensive education within 30 days. It was reported that the 20 offenders that did not receive the comprehensive PREA education within 30 days. Two were released out to court and the other 18 were due to staff error. This has been corrected.

A statewide directive from the Agency Director of Adult Institutions was issued in August 2012 to all wardens regarding the requirements of offender PREA education.

As noted in 115.16 comments, offender education is available in a variety of formats and is accessible to offenders who are limited English proficient, deaf, visually impaired, or are otherwise disabled.

Auditors reviewed the offender PREA material and noted that pertinent information was contained therein; i.e. offenders right to be free from sexual abuse and sexual harassment, avenues of reporting, zero tolerance policy. Auditors also reviewed samples of offender acknowledgement forms, of newer offenders as well as veteran offenders. Posters were abundantly visible in all areas of the institution and offenders reported consistently throughout the interviews that they understood avenues of reporting and their right to be free from sexual abuse and sexual harassment. The auditors interpreted that offenders had confidence in the reporting system and that reports are taken seriously. Policy could be enhanced to include the requirement of the 30 day comprehensive education as well as requiring the PREA education upon transfer to another facility.

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 comments, including corrective actions needed if does not meet standard

Agency and facility SOP D1-8.13 mandates specialized training for all investigators and administrative inquiry officers. Designated staff members in the inspector general's office provide the training. There are 6 modules that comprise this specialized training, for a total of 36 hours of specialized training which is very extensive, addresses the effects of agency culture on sexual abuse investigations, mock crime scene investigations, panel discussion, and incorporates many external expert resources and publications.

MDOC has a total of 41 investigators; 2 of which are employed at CRCC. Auditors reviewed training records of the CRCC investigators and, in addition, the application of the training was evident in the interviews conducted.

Staff interviewed were able to articulate elements of training and investigation procedures.

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 comments, including corrective actions needed if does not meet standard

Agency and facility SOP D1-8.13 mandates annual specialized training for medical and mental health staff. This specialized training is four hours in length and contains the required elements of 115.35 along with relevant scenarios and group activities.

CRCC employs 49 medical and mental health staff. All received the specialized training. Auditors reviewed training records of the CRCC medical and mental health staff members. In addition, the application and retention of the training was evident during the interviews conducted.

Forensic exams are not conducted at CRCC.

The staff member interviewed was able to articulate training elements and the dynamics of sexual abuse incidents in regards to medical protocol.

115.41 SCREENING FOR 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 comments, including corrective actions needed if does not meet standard

Offenders are assessed for risk of victimization and abusiveness. Agency policy and facility SOP D1-8.13 specifically covers 115.41(a), (b), (f), (g), and (h). 570 offenders that were admitted at CRCC during the reporting period and were assessed within 72 hours of arrival. 1 offender was reportedly not assessed within 72 hours; this was due to staff following up on information they received from the inmate. It has been completed.

MDOC utilizes a "PREA Risk Assessment" as a means of internal classification to keep separate those offenders who are at a high risk sexual victimization from those that are at a high risk of being sexually abusive. MDOC procedure IS5-2.3 Offender Internal Classification outlines the implementation of the risk assessment instrument and its use in internal classification. These procedures specify; "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." Training, documentation, reclassification, and other aspects of implementation are detailed therein.

The instrument contains all required elements of 115.41(d) and (e) and is completed and stored electronically. Each assessment results in a computer-generated score and offender classification of Alpha, Kappa, or Sigma which is considered when housing, bed, program, education, and work assignments are made. Auditors were provided a breakdown of the CRCC offender population, by internal classification type. MDOC utilizes a coding system, assigning a letter to each of the classification types, as a measure of implementing controls on this information.

It was estimated that currently approximately 90% of the offender population had been classified as

Kappa, which designates an offender as neither vulnerable nor aggressive. Auditors were informed that an enhancement to the risk screening instrument was recently implemented and is anticipated that this enhancement is likely to result in an increase in the number of offenders designated as vulnerable and aggressive.

Interviews of specialized staff indicated that the PREA Risk Assessment information and its purpose were well known and applied throughout facility operations.

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 comments, including corrective actions needed if does not meet standard

The use of screening information was evident to auditors throughout review of documentation and from interviews and conversations with staff. The use of the screening information is also guided by the MDOC procedure IS18-1.1 Required Activities, which in part 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." Work supervisors are provided screening information to ensure the appropriate offender supervision and specific internal classification types are designated for each housing unit.

CRCC reported having transgender offenders incarcerated at CRCC. MDOC has created a Transgender/Intersex Committee that is charged with making the housing decisions of transgender or intersex offenders which, shall not be made based solely on genitalia but must consider the offender's health and safety and the security of the facility. A template "Transgender Committee Memorandum" was created and disbursed to all facilities as a means to document the process when it occurs. MDOC procedure IS5-3.1 Offender Housing Assignments asserts that, as part of the duties of a facility's Transgender Committee, noting the committee; "will review the housing assignments every 6 (six) months" and that transgender or intersex offenders will be given the opportunity to shower separately in accordance with a facility's SOP. The audit team believed the staff at CRCC is invested in this process and it showed in the documentation and the interviews with the transgender inmates.

The auditors feel CRCC exceeds this standard due to the dedication of the staff interviewed that make up the transgender committee and through the inmate interview process.

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 comments, including corrective actions needed if does not meet standard

Agency policy and facility SOP D1-8.13 asserts; "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.” An assessment for least restrictive housing is mandated within 24 hours and least restrictive housing options are listed.

The pre-audit documentation review indicated there were zero (0) offenders placed in involuntary segregated housing, for any length of time, due to being at high risk for sexual victimization. However, auditors noted while on site that while offenders did not appear to be involuntarily placed in segregated housing as a result of the risk assessment, it did appear and was reported that offenders (potential victims or otherwise) are sometimes placed in segregated housing pending investigation. There were instances noted where segregation placement was voluntary. Specifically, the MDOC PREA Event Checklist documents the “recommended housing placement” and if segregated housing is used there is a space to note the reason no alternative housing was considered.

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 comments, including corrective actions needed if does not meet standard

The agency and facility provides multiple avenues of offender reporting: verbally or in writing to staff; crime tips hotline, PREA hotline, via the grievance process, or to the Department of Public Safety. The hotline calls can be made anonymously, in which an audio message is recorded and conveyed to the investigative unit. As an avenue of reporting to a public or private entity that is not part of the agency, offenders can write to the Department of Public Safety and are provided that information and address in the offender PREA brochure.

Offenders reported they were comfortable in reporting to staff and there were no indications during interviews offenders were reporting and not being responded to. Staff reported they accept reports from offenders in writing and from third parties, and they would treat any reports in the same manner and according to the coordinated response protocol.

Offenders are not detained at CRCC for civil immigration purposes.

Staff can report privately in a number of ways, to include calling the Crime Tips hotline, Staff Tips hotline, Department of Public Safety, or to administration.

Auditors reviewed an MOU between MDOC and the Department of Public Safety in which responsibilities of each entity was outlined in the event that an allegation of sexual abuse or sexual harassment is received. The entities have established a “Sharepoint” application as a mutually accessible access point for each to share and refer allegations. This was established in July 2013.

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 comments, including corrective actions needed if does not meet standard	
<p>CRCC is not exempt from this standard, as they do have administrative procedures to address offender grievances. Agency policy and facility SOP D1-8.13 specify that there is no limit imposed on offender sexual abuse grievances, that they can be submitted to a staff member who is not the subject of the grievance, and that there is no informal resolution required.</p> <p>There were 4 sexual abuse grievances filed during the reporting period; they all reached a final decision within 90 days. These are logged on a spreadsheet tracking the date of receipt and completion, extension (if applicable), etc. There were no emergency sexual abuse grievances reported by CRCC.</p>	
115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES AND LEGAL REPRESENTATION
<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p><input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Agency policy D1-8.13 addresses compliance with Standard 115.53</p> <p>CRCC provides offenders with access to outside victim advocates by providing addresses and telephone numbers to; Just Detention International and the Rape, Abuse and Incest National Network (RAINN). Offenders are able to call RAINN and write JDI. The information is provided to offenders via printed materials posted throughout the facility. The information provided to offenders includes a notice that mail may be subject to examination and phone calls are subject to monitoring. The majority offenders interviewed seemed to be aware of their access to these services.</p> <p>CRCC has an established memorandum of agreement with the YWCA St. Joseph to provide community based victim advocacy services to CRCC offenders. Auditors reviewed the current MOU.</p>	
115.54	THIRD-PARTY REPORTING
<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p><input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>	
Auditor comments, including corrective actions needed if does not meet standard	
<p>CRCC provides a grievance procedure "Offender Complaint to Staff Member", PREA Crisis hotline, accepts verbal/written reports from family and accepts reports from the advocacy agency.</p> <p>CRCC also has a website which publishes information on how and who to report via third-party for incidents of sexual abuse or sexual harassment. The link to the website is provided below.</p> <p>http://doc.mo.gov/OD/PREA.php.</p>	
115.61	STAFF AND AGENCY REPORTING DUTIES
<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p><input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p>	

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 outlines compliance with Standard 115.61.

The agency requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The policy further requires the same for any incident of retaliation involving a staff member or offender.

The policy dictates no staff shall reveal any information related to a sexual abuse report to anyone other than to the extent necessary.

The policy dictates medical and mental health shall be required to report and inform the offender of their duty to report at the initiation of services and advise the offender of limitations of confidentiality.

The policy dictates an administrative and/or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

Staff members interviewed were able to articulate their duties and responsibilities subsequent to a report of sexual abuse or harassment.

CRCC provided Missouri Revised Statutes Chapter 217, Department of Corrections Section 217.410 and Missouri Revised Statutes Chapter 630, Department of Mental Health Section 630.005 as supporting documentation for this 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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 outlines compliance with Standard 115.62.

All staff interviewed, as well as the Warden, reported they would take immediate action if they learned an offender was subject to a substantial risk of imminent sexual abuse. For this audit period CRCC reported no instances of substantial risk of imminent sexual abuse to any offender.

CRCC also maintains a directive for segregated housing for protective custody that outlines procedures for offenders identified as high risk for victimization.

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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 outlines compliance with Standard 115.63.

During the reporting period, CRCC reported 9 allegations of an offender being abused at another facility. CRCC also reported the number of allegations CRCC received from other facilities as 2.

Agency policy dictates the requirement of notifications between facilities being made within 72 hour time frame.

CRCC provided 3 examples of sexual abuse reports from other facilities. CRCC also provided 1 example of a report of sexual abuse to an outside agency.

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 comments, including corrective actions needed if does not meet standard

Agency policy D 1 8.13 dictates compliance with Standard 115.64

CRCC has a coordinated response protocol which outlines duties of first responders which includes; separating the alleged victim, preserving and protecting the crime scene and taking measures in regards to the victim to preserve physical evidence.

Staff members interviewed were able to articulate coordinated response measures dictated by policy and training.

CRCC provided as supporting documentation for this standard a number of examples of sexual abuse incidents where the first responders were both security and non-security staff.

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 comments, including corrective actions needed if does not meet standard

The CRCC “Coordinated Response to Offender Sexual Abuse” is the facility’s written institutional plan of coordinated actions in the case of offender sexual abuse. This plan accounts for coordination among staff first responders, medical and mental health staff, investigators, and facility leadership which outlines a very detailed protocol distinguishing the duties of each staff member. The “Coordinated Response to Offender Sexual Abuse” is a five-page handout that outlines immediate response for first responders, supervisors, medical, mental health, investigators, PCM, and PREA Coordinator. The PREA training lesson plan also clearly outlines response protocol.

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 comments, including corrective actions needed if does not meet standard

Agency policy D2-11.6 Labor Organizations dictates compliance with Standard 115.66.

The policy clearly outlines CRCC will not enter into any collective bargaining agreement that limits the ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

CRCC did provide the agreement between The Department of Corrections State of Missouri and The Missouri Corrections Officers Association (MOCOA). The agreement was reviewed by auditors and denotes an effective date of 10/1/2014 to 9/30/2018.

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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 contains the elements of Standard 115.67.

The policy states the PREA Site Coordinator is responsible for monitoring retaliation.

The policy dictates multiple measures shall be employed as means of protection for staff and offenders who fear retaliation for reporting an incident of sexual abuse or sexual harassment.

The policy dictates monitoring shall occur for a minimum of 90 days. The policy also dictates monitoring would continue for an additional 90 days or until the victim or the reporter are no longer in fear of retaliation or the investigational inquiry disposition was unfounded.

The items monitored are those listed in the elements of this standard. CRCC utilizes an Assessment/Retaliation checklist to document monitoring efforts.

The policy dictates periodic status checks are completed every 30 days.

The policy dictates any individual who cooperates with an investigation and expresses fear of retaliation; the facility will take appropriate measures to protect the individual from retaliation.

The policy dictates monitoring will conclude when it is determined the allegation is unfounded.

CRCC provided examples of monitoring incidents as supporting documentation.

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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 addresses compliance with Standard 115.68.

The policy dictates offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made.

The policy dictates the facility shall review the offender’s status every 30 days to determine the need for continued segregation.

The policy does not address or provide for what privileges, access to programs and work opportunities are available to offenders placed in involuntary segregation or if it is documented what access has been limited, the duration of any limitation, or the reason(s) they are limited however; CRCC provided a “Segregated Housing for Protective Custody” form and facility administrative memo both of which direct staff to notify offenders of programing and privileges that will be restricted.

CRCC also provided as supporting documentation for this standard 4 examples of “Hearing Classifications” proceedings where protective custody placement was considered as a response to sexual abuse incidents.

Auditors reviewed investigation reports and documentation noting CRCC considers alternatives to involuntary segregation in accordance with standard 115.43.

115.71 CRIMINAL AND 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 comments, including corrective actions needed if does not meet standard

Agency policy D 1-8.1 and D 1-8.4 dictate compliance with Standard 115.71.

CRCC’s investigation division is under the jurisdiction of the Inspector General’s Office. CRCC investigators maintain specialized training in sexual abuse investigations. Investigators conduct administrative and criminal investigations.

Investigators are trained to collect and preserve evidence, interviewing, report writing and continuing an investigation to prosecution when warranted. Investigation reports are well documented and are maintained by the agency. Both policy and practice supported that all sustained cases were referred for prosecution. The PREA Coordinator has a tracking system which accounts for each referral and the status thereof.

CRCC provided investigations for pre-audit review as supporting documentation which included examples of investigation request and examples of third party reports. Auditors also reviewed investigation files on-site. Investigations reviewed indicated they were done in a prompt, thorough and objective manner.

CRCC also provided as supporting documentation for this standard 3 examples of cases which were referred for prosecution.

The agency investigator interviewed was able to articulate elements of this standard and provided elements of agency training and investigations protocol. The investigator interviewed was also able to articulate procedures for counseling with prosecutors and outside law enforcement agencies.

115.72 EVIDENTIARY STANDARDS 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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 dictates facility does not employ a standard higher than a preponderance of evidence as proof in determining whether allegations of sexual abuse or sexual harassment are substantiated. Review of the investigations supported this as practice.

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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 dictates facility compliance with Standard 115.73.

The policy dictates, upon the conclusion of an investigation, the facility informs the offender whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.73(b) is not applicable to this audit.

The policy dictates that following an allegation involving staff-on-offender sexual abuse, (unless determined to be unfounded) the facility informs the offender when; the staff member is no longer posted within the offender's living unit, the staff member is no longer employed at the facility, the agency learns the staff member has been indicted on a charge related to sexual abuse, or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Site Coordinator is charged with providing this offender notification.

The policy dictates that, following an offender's allegation he/she has been abused by another offender, the facility informs the alleged victim when; the agency has learned the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or the agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Site Coordinator is charged with providing the notification to the offender.

The policy dictates the notifications shall be done in writing.

CRCC provided examples of notifications for auditor review.

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)

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 and Policy D2-11.10 dictate compliance with Standard 115.76.

The policy dictates staff are subject to disciplinary sanctions up to and including termination for violations of agency sexual abuse or sexual harassment policies.

The policy dictates termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Policy D2-11.10 Staff Member Conduct addresses incidents of staff misconduct of a sexual nature and includes sexual abuse and harassment of offenders.

Policy D1-8.13 dictates terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Review of investigations indicated that staff are disciplined for violating the agency sexual abuse and sexual harassment policy. CRCC reported there were no incidents to report to relevant licensing bodies during this audit period.

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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 dictates compliance with Standard 115.77.

The policy dictates contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement and relevant licensing bodies.

The policy further dictates the facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in cases of any other violations.

Policy D2-13.1 Volunteers addresses conduct pertinent to volunteers and dictates any allegation of sexual abuse or sexual harassment will be referred for investigation.

CRCC reported there were no incidents involving a contractor or volunteer to report to law enforcement or relevant licensing body during this audit period.

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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 dictates compliance with Standard 115.78.

The policy dictates offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding the offender engaged in offender-on-offender sexual abuse.

The policy dictates sanctions shall be commensurate with the nature of and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

The policy dictates an offender's mental disability or mental illness contributed to his behavior when determining sanction(s).

The policy dictates if found guilty, the offender shall be referred for appropriate treatment to include therapy or counseling by mental health staff.

The policy dictates an offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent.

CRCC provided MDOC Conduct and Rules Sanctions IS19-1.1 addressing consensual and non-consensual sexual activity of offenders.

CRCC provided a facility directive/memo which details considerations for mental disability or mental illness of offenders in conjunction with the offender disciplinary process. CRCC also provided a referral form utilized by MDOC for input/feedback from a qualified mental health practitioner in sustained cases of offender on offender sexual abuse.

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 comments, including corrective actions needed if does not meet standard

Agency policy IS11-32 Receiving Intake Unit and D1-8.13 Offender Sexual Abuse and Harassment address compliance with Standard 115.81.

Both policies dictate that if an offender discloses victimization or perpetration of sexual abuse whether it occurred in an institutional setting or in the community, staff offer a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Adult Internal Risk Assessment (PREA screening) documents whether a mental health referral was accepted or declined and, if accepted, prompts staff to complete the mental health referral.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments or as otherwise required by state or local law.

Both policies dictate medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

CRCC also provided medical and mental health PREA event logs and offender confinement records as supporting documentation for this 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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 addresses compliance with Standard 115.82.

The policy dictates that offenders shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The scope of such services is to be determined by medical and mental health practitioners according to professional judgment. Documentation and specialized staff interviews supported this as practice.

The policy dictates that offender victims of sexual abuse while incarcerated shall be offered timely information about and time access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

The policy dictates services will be provided to the victim without financial cost whether the victim names the abuser or cooperates with the investigation.

CRCC utilizes CORIZON as the medical provider and provided Part 2.4 of the contractual agreement between CRCC and CORIZON as supporting documentation denoting CORIZON’s obligation to provide medical and mental health services to CRCC offenders in compliance with the PREA Standards.

The same contractual agreement denotes in the Offsite Hospital Care section, CORIZON will be responsible for and will arrange timely payment for all hospital care and related health care expenses.

Staff interviewed articulated facility practice and agency policy in regards to medical and mental health care provided in incidents of sexual abuse.

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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 dictates compliance with Standard 115.83.

CRCC offers medical and mental health evaluations and, as appropriate, treatment to all offenders who

have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The policy dictates follow-up services shall be provided and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or release from custody.

The policy and practice indicates that CRCC provides services consistent with the community level of care.

The policy dictates victims of sexual abuse shall be offered prophylaxis for sexually transmitted infections.

115.83(d), (e), do not apply as CRCC is an all-male facility.

The policy dictates treatment services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation.

The policy dictates an offender perpetrator of sexual abuse shall receive mental health evaluation by a qualified mental health practitioner within 60 days of learning of such abuse.

CRCC provided examples of follow up care provided to offenders as supporting documentation for this standard.

115.86	SEXUAL ABUSE INCIDENT REVIEWS
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- 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 comments, including corrective actions needed if does not meet standard

Agency policy D1-8.13 addresses compliance with Standard 115.86.

The policy dictates CRCC shall conduct a sexual abuse incident review, or “debriefings,” at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation was determined to be unfounded. It is documented on the PREA sexual abuse debriefing form and submitted to the PREA Coordinator, Chief Administrative Officer, and assistant division director.

The policy dictates such reviews shall be held within 30 days of a formal investigation, that the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, and that facilities shall implement the recommendations for improvement or document its reasons for not doing so.

CRCC provided as supporting documentation a sample review which documented all elements of Standard 115.86(d) 1-6.

Auditors concluded inclusive with supporting documentation provided by CRCC, staff interviewed articulated the importance of sexual abuse reviews and their relevance to enhance the safety of offenders and staff.

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	
<p>Agency policy D1-8.13 addresses compliance with Standard 115.87.</p> <p>The policy describes the collection of uniform data by the Agency PREA Coordinator. Data is collected and reported on BJS Survey of Sexual Violence in addition to maintaining data in the information network (COIN) system. Policy and practice indicated that data is collected annually, at a minimum.</p> <p>CRCC provided documentation of monthly incident based data for years 2013 and 2014, and the annual report by facility for 2013.</p> <p>115.87(e) does not apply to this audit.</p>	
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	
<p>Agency policy D1-8.13 dictates compliance with Standard 115.88.</p> <p>The policy outlines the Agency PREA Coordinator’s responsibilities in collecting and aggregating data and preparing an annual report, pursuant to 115.88. Data was available and was reviewed by auditors on the agency’s website.</p> <p>Data is collected and used to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Problem areas are identified and corrective actions are noted on an ongoing basis. The agency prepares an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>The report(s) compares data from previous years along with corrective actions and denotes the agency’s progress in addressing sexual abuse.</p> <p>The reports are submitted and approved by the agency head, the Agency PREA Coordinator, and are provided on the agency’s website. The website was reviewed by auditors and was found to be compliant with element(s) of this standard.</p> <p>The agency redacts specific material from reports when publication would present a clear and specific threat to the safety and security of a facility. The agency indicates the nature of the material redacted.</p> <p>CRCC provided the CRCC PREA yearly report for 2013 and the Missouri Department of Corrections yearly PREA report for 2013 as supporting documentation.</p>	

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	
Agency policy D1-8.13 and practice assert that data is securely retained. Data is available via website and can be viewed by the public. Personal information is redacted.	

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of agency under review.

Mark A. Mora

1/28/2015

Auditor Signature-Mark A. Mora

Date

Ron Baker

1/28/2015

Auditor Signature-Ron Baker

Date