

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>		Farmington Correctional Center	
<b>Physical address:</b>		1012 West Columbia Street Farmington MO 63640	
<b>Date report submitted:</b>		February 16, 2015	
<b>Auditor Information</b>			
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<b>Date of facility visit:</b>		January 27 <sup>th</sup> through 29 <sup>th</sup> , 2015	
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>		573-218-7100	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b> Mike Gann		<b>Title:</b>	Deputy Warden
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<b>Agency Information</b>			
<b>Name of agency:</b>		Missouri Department of Corrections	
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b>		2729 Plaza Drive Jefferson City MO 65102	
<b>Mailing address:</b> <i>(if different from above)</i>			
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<b>Agency Chief Executive Officer</b>			
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## **AUDIT FINDINGS**

### **NARRATIVE:**

A PREA Audit was conducted at the Farmington Correctional Center (FCC) on January 27-29, 2015. Three staff from the Kentucky Department of Corrections conducted the audit. Shannon Butrum, certified as a PREA Auditor through the Department of Justice (DOJ) served as Chairperson. Joseph Martin, also certified as a PREA Auditor through the DOJ, and Debra Banks served as Support Staff. Audit documentation was reviewed prior to the on-site audit. Auditors toured the facility on January 27<sup>th</sup> and began interviews that day. Interviews of staff and inmates continued on January 28<sup>th</sup> and 29<sup>th</sup>. Inmates from each housing unit were interviewed as well as all categories of inmates required. Additional documentation review was conducted January 29<sup>th</sup> and the exit meeting was also conducted January 29<sup>th</sup>. The facility staff were courteous and helpful throughout the audit.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Farmington Correctional Center is located on the former grounds of the Southeast Missouri Mental Health facility. The 326-acre campus was purchased by the state in 1899. Construction of five cottages and other support buildings was completed in 1903. At its peak, it housed over 2,000 patients. In 1983, plans were made to redirect the majority of long-term patients to private nursing home care, build an appropriate facility for the newly structured mission of the Department of Mental Health and begin construction of the correctional center.

Construction and renovation of the Correctional Center was completed in 1986, with the first offenders arriving at FCC on December 4, 1986. Existing buildings had been renovated to house services such as Medical, Education, Library, Food Service, Recreation and Religion, as well as the Administration and security functions. Nine new housing units were erected, utilizing the most modern design concepts at the time, including electronically controlled movement within each of the four 50-offender wings of the housing units. 110-acres were secured by an electronically monitored, double perimeter fence and 24-hour per day perimeter patrol.

The facility was divided into two phases, with offenders separated according to security classification. A-Phase was comprised of protective custody and administrative segregation units, along with three general population units. B-Phase contained three general population units, the Social Rehabilitation Unit for those with mild mental impairment, and the Corrections Treatment Center, housing offenders in need of psychiatric care.

As new programs were developed and additional bed space was needed, other buildings from the original conversion were remodeled and now house the Farmington Treatment Center (substance abuse treatment), and the Institutional Therapeutic Community (sex offender programming). A

building to house work release, laundry, and other outside clearance offenders was also renovated and now holds 298 offenders

Farmington began construction on building 31 in February 2013, transforming it into a housing unit for juveniles. The project took approximately 7 months to complete. The first juveniles arrived on August 15, 2013, initially there were 8 offenders.

**SUMMARY OF AUDIT FINDINGS:**

All staff interviewed were 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 report methods offered to them. PREA posters and information was readily available throughout the facility and cross-gender announcements were done on a consistent basis.

Number of standards exceeded:	2
Number of standards met:	41
Number of standards not met:	0
Not Applicable:	0

### **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency has a policy, D1-8.13 Offender Sexual Abuse and Harassment, which outlines its zero tolerance policy. An agency wide PREA Coordinator has been established and a facility PREA Compliance Manager has been identified.

### **§115.12 - Contracting with other entities for the confinement of inmates**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency has ensured that newly adapted PREA language was added into all new contracts and renewals. Multiple examples were made available for review.

### **§115.13 – Supervision and Monitoring**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The Staffing Plan was reviewed and meets all the requirements of the standard. There were no deviations from the plan but a plan is in place to document if one does occur as verified by the Wardens interview. The agency has two policies, D1-8.13 Offender Sexual Abuse and Harassment and IS 20-1.1 Post Orders that address the requirements of section (d). Supervisors conduct unannounced rounds on all shifts throughout the facility.

### **§115.14 – Youthful Inmates**

X 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)

The agency has two policies, IS5-3.1 Offender Housing Assignments and D1-8.13 Offender Sexual Abuse and Harassment, which address the requirements of the standard. FCC is able to house youthful offenders in compliance with the standard without the use of isolation while still providing the offenders with all services offered to offenders housed in general population. It was observed and verified during interviews with staff that work with the youthful offender population that keeping the youthful offenders separated from adult offenders is a priority at FCC. The unit set up and services offered to the youthful offenders was impressive.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency has multiple policies, IS20-1.3 Searches; Di-8.13 Offender Sexual Abuse and Harassment; IS11-34.1 Health Assessment and/or Physical Examinations at Reception, which cover this standard. Documentation noted that no cross gender cavity or strip searches had been conducted. The facility does have a plan for documenting cross gender strip searches should the need arise. The facility has had not transgender or intersex inmates during the review period but the policies above cover the requirements of section (e). The lesson plan for Institutional Searches was reviewed as well as documentation of staff attendance.

Cross gender announcements are consistently made, as verified by staff and inmate interviews.

I recommend that the language from section (f) of this standard be added to the Institutional Searches lesson plan. Although I was able to locate items that covered the point of the standard I believe that using the actual language would make this clearer.

### **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency has a directive that covers this standard. The facility provided PREA brochures and acknowledgement forms in multiple languages as well as PREA posters in English and Spanish. There are also contracts with interpreters for sign language, written language, languages, and telephone that can be utilized as needed.

The inmates interviewed understood what PREA is, how to report, and their rights.

I recommend that staff is educated on the interpreter services that are available under the current contracts. During interviews many staff seemed to believe that inmate interpreters are utilized.

### **§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)

The agency has multiple policies, D2-2.2 Background Investigations; D2-2.8 Promotional Appointment; D2-2.10 Re-employment Appointment; D2-5.1 Maintenance of Employee Record; D2-11.4 Annual Employee Requirements; D2-13.1 Volunteers; D2-13.2 Student Interns, which cover the requirements of the standard. All Human Resource staff interviewed were very knowledgeable on the requirements of this standard during their interview and provided multiple examples for reviewed during the on-site portion of the audit. Agency policy, D2-11.4, exceeds the standard by requiring annual background checks on employees during their birth month.

### **§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)

The facilities annual PREA Report and a list of updates that have been made were both reviewed and met the requirements of the standard.

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency has policies, D1-8.8 Evidence Collection, Accountability, & Disposal and D1-8.13 Offender Sexual Abuse and Harassment, which cover the requirements of the standard. The protocol currently utilized by the agency was adapted by the National Evidence Collection Guidelines and from law enforcement training. The facility reported no forensic medical exams conducted during the period but has a plan with a local hospital that provides the exam at no cost to the inmate should the need arise. The agency has a Memorandum of Understanding (MOU) with the Southeast Missouri Family Violence Council to provide advocate services and also trains staff Chaplains as a another option should the community advocate be unavailable.

### **§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)

The agency has policies, D1-8.1 Investigation Unit Responsibilities & Actions; D1-8.4 Administrative Inquiries; D1-8.13 Offender Sexual Abuse & Harassment, which cover this standard. D1-8.13 is available on the agency website as verified prior to the audit. Examples of investigative files were reviewed on site and all met the requirements of this standard.

### **§115.31 – Employee Training**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency has a PREA Curriculum in place that meets all the requirements of the standard. It was reviewed along with multiple examples of staff attendance.

### **§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)

The agency has curriculums in place, Volunteer in Corrections and Work Release Contractors, which cover the requirements of the standard. Both were reviewed along with multiple examples of volunteer and contractor attendance.

### **§115.33 – Inmate Education**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency has policy, D1-8.13 Offender Sexual Abuse and Harassment, which covers this standard. The facility provides brochures to inmates that are available in multiple languages and also has posters visible throughout the institution that are in English and Spanish. Comprehensive education is provided via video. Inmate records were reviewed on site showing receipt of brochure upon admittance and comprehensive education well within required 30 days.

### **§115.34 – Specialized Training: Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency has policy, D1-8.13 Offender Sexual Abuse and Harassment, which covers this standard. Specialized curriculum as well as documentation of staff attendance was reviewed.

### **§115.35 – Specialized training: Medical and mental health care**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency has policy, D1-8.13 Offender Sexual Abuse and Harassment, which covers this standard. Specialized curriculum as well as documentation of staff attendance was reviewed.

I recommend that wording on the sign in sheets or the acknowledgement form be added to designate as the specialized medical/mental health training.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)



The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. The facility utilizes the Adult Internal Risk Assessment as an objective screening instrument. Interviews and documentation confirmed compliance.

### **§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)

The agency has policies, D1-8.13 Offender Sexual Abuse & Harassment and IS5-3.1 Offender Housing Assignments, which cover this standard. The use of the screening instrument was confirmed through the interviews and documentation reviews.

The facility does not currently have any transgender or intersex offenders but does have a committee and policy that outlines the actions that will be taken to confirm compliance.

I recommend that a plan be developed for the restrooms located in the Education Building to ensure that offenders at high risk for victimization are able to use the restroom without being alone with offenders identified as being at high risk for abusiveness.

### **§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)

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. Facility indicates that involuntary segregation for offenders at high risk has not been utilized. The policy outlines and confirms compliance that if utilized it would meet the requirements of the standard.

### **§115.51 – Inmate Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. The agency and facility provide multiple ways for offenders to report. Interviews with offenders confirmed compliance as well as documentation.

Staff can privately report through calling Crime Hotline and writing the Department of Public Safety as well as reporting to the Administrative Staff.

### **§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)

The agency has policy, D5-3.2 Offender Grievances, which covers this standard. The facility reported no grievances have been filed regarding sexual abuse.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

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

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. Handbooks, orientation packets, posted posters and brochures and interviews with offenders confirmed compliance. Offenders have knowledge of the resources available and an understanding of the monitoring and the duty of staff regarding the mandatory reporting laws.

### **§115.54 – Third-Party Reporting**

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

The agency website has information regarding how to report third-party reports. Throughout the facility there is posted brochures on how to report. Interviews with Offenders confirmed knowledge of this.

### **§115.61 – Staff and Agency Reporting Duties**

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

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. Policy requires all staff to immediately report any knowledge or information regarding an incident of sexual abuse or sexual harassment. The policy also requires staff to immediately report retaliation. Interviews confirmed staff are aware of the policy and aware of their duty to report and keep information confidential.

Policy IS11-32 Receiving Screening intake Unit covers the mandatory reporting laws.

### **§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)

Interviews with staff confirmed that immediate action would be taken to protect the offender. Interviews with offenders also confirmed compliance.

### **§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)

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. During the reporting period there were no incidents. I reviewed documentation from 2013 that confirmed compliance. The policy outlines the requirements of notification between facilities and documentation confirmed compliance with the time frame.

### **§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)

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, which covers this standard. Facility also utilizes a Coordinated Response Protocol that outlines first responder duties. Staff interviews confirmed compliance and awareness of their responsibilities. Documentation also revealed first responders as 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)

The Coordinated Response to Offender Sexual Abuse is the institutional plan. This plan outlines the duties of first responders, medical and mental health staff, investigators and facility leadership in response to an incident of sexual abuse.

I recommend the plan be more institutional specific and include on the hospital with a SAFE or SANE nurse that will be utilized as well as information about notification and use of victim advocates at the hospital.

### **§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)

The agency has policy, D2-11.6 Labor Organizations, which covers this standard. The facility provided an agreement between the Missouri DOC and the Missouri Corrections Officers Association, with an effective date of 10/01/2014 through 09/30/2018.

### **§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)

The agency has policy, D1-8.13, Offender Sexual Abuse & Harassment, which covers this standard. Documentation provided confirms monitoring for 90 days with periodic status checks every 30 days. Staff interviews confirmed monitoring would exceed 90 days if needed.

### **§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)

The agency has policy, D1-8.13 Offender Sexual Abuse & Harassment, and a directive which covers this standard.

During the initial audit the facility failed this standard due to providing insufficient evidence of compliance. During the corrective action phase the facility has provided multiple examples showing evidence that they are practicing alternative means of housing therefore the team feels confident that they are in full compliance.

### **§115.71 – Criminal and Administrative Agency Investigations**

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

The Inspector Generals Office is responsible for conducting criminal investigations. This office is part of the Missouri Department of Corrections. Administrative investigations are conducted by facility staff. Both are trained in the requirements of standard 115.34.

Agency policy D1.-8.4 Administrative Inquiries outlines this standard clearly. A review of the investigations provided showed they were thorough and complete. Interviews with the investigative staff proved good knowledge possessed of their duties and responsibilities of this standard.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

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

Agency policy D1-8.4 Administrative Inquiries clearly outlines that no standard higher than a preponderance of the evidence is used when determining the outcome of allegations of sexual abuse or sexual harassment.

Documentation review and Investigative staff interviews showed good practice and knowledge of this standard.

### **§115.73 – Reporting to Inmate**

- 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)

Agency policy D1-8.13 Offender Sexual Abuse and Harassment page 19 clearly outlines the reporting requirements of this standard. There is a departmental form used and review of documentation provided demonstrated practice. Staff and inmate interviews corroborated that notifying inmates who report sexual abuse is a common practice of the facility.

### **§115.76 – Disciplinary sanctions for staff**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 Offender Sexual Abuse and Harassment page 23 outlines this standard including termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The facility reported no incidents of staff termination for violating sexual abuse or sexual harassment policies.

### **§115.77 – Corrective action for contractors and volunteers**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 Offender Sexual Abuse and Harassment page 23 outlines this standard. The facility reported no incidents of where a contractor or volunteer had engaged in sexual abuse of an inmate. The Wardens interview indicated that provisions are in place that would prohibit contact if such an incident arose.

### **§115.78 – Disciplinary sanctions for inmates**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 Offender Sexual Abuse and Harassment pages 22 and 23 outline the sections of this standard.

During the initial audit the facility failed this standard due to not providing sufficient evidence for section (c). During the corrective action phase the facility has provided examples that input from mental health staff is received by the Adjustment officer prior to imposing a sanction for inmate on inmate sexual abuse. Therefore the team feels confident that they are in full compliance.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy ISII-32 Receiving Screening-Intake Center page 3 outlines this standard. The facility indicated 100% of its inmates had at least been offered follow-up services for prior sexual victimization or perpetration. Medical/Mental Health staff and Risk Screening staff were very knowledgeable of this standard and the facilities practice. In addition, inmate interviews corroborated

### **§115.82 – Access to emergency medical and mental health services**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Facility meets this standard as it provides timely, unimpeded emergency medical treatment to victims of sexual abuse. This includes any necessary treatment determined by medical staff's professional judgment to include education and timely access to sexually transmitted infections prophylaxis.

Medical staff interviews proved very good overall knowledge of their responsibilities for victims of inmate sexual abuse without cost to the inmate.

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Facility meets this standard. The facility offers medical and mental health evaluations for all inmates who have been sexually victimized or perpetrated sexual abuse in any prison, jail, lockup or juvenile facility. MDOC medical contract with provider outlines that services provided are without cost to the inmate.

Documentation was lacking of demonstrating that mental health services were offered to inmates who had committed sexual abuse while incarcerated however staff interviews proved this practice was being done and correct documentation was provided on-site.

### **§115.86 – Sexual abuse incident reviews**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy D1 8.13 Offender Sexual Abuse and Harassment page 18 outlines the components of this standard along with a departmental Incident Review form (Debriefing) that incorporates required parts of section (d). Facilities practice is to have medial or mental staff sit on the debriefing along with other appropriate staff. Facility provided good documentation.

### **§115.87 – Data Collection**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The MDOC (agency) meets the requirements of this standard as it stores all aggregated data and uses it appropriately. SSV was submitted to the DOJ for 2014. Agency policy D1 8.13 Offender Sexual Abuse and Harassment outlines.

### **§115.88 – Data Review for Corrective Action**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The MDOC (agency) meets the requirements of this standard as an annual report is completed and published on its website which includes any necessary redactions. Agency policy D1 8.13 Offender Sexual Abuse and Harassment outlines. Agency/Facility staff interviews proved very good knowledge of this requirement.

Recommendation that the annual report better describe corrective actions for each facility.

### **§§115.89 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)



X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy D1 8.13 Offender Sexual Abuse and Harassment pages 23 and 24 outlines this standard and the retention schedule directs storage for 50 years. Review of annual report shows no personal identifiers.

**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 the agency under review.

*Shannon R. Butrum*\_\_\_\_\_

April 27, 2015\_\_\_\_\_

Auditor Signature

Date