

**PREA AUDIT REPORT    Interim    Final  
COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** September 11, 2015

<b>Auditor Information</b>			
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<b>Telephone number:</b> 208-507-1449			
<b>Date of facility visit:</b> August 10, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Farmington Community Supervision Center			
<b>Facility physical address:</b> 1430 Doubet Road, Farmington, Mo. 63640			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 573-218-5006			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center		<input checked="" type="checkbox"/> Community-based confinement facility
	<input type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Nancy Bonacker			
<b>Number of staff assigned to the facility in the last 12 months:</b> 48			
<b>Designed facility capacity:</b> 30			
<b>Current population of facility:</b> 27			
<b>Facility security levels/inmate custody levels:</b> Community Supervision Center			
<b>Age range of the population:</b> 18 years and older			
<b>Name of PREA Compliance Manager:</b> Kristen Peppers		<b>Title:</b> Unit Supervisor, PREA Coordinator	
<b>Email address:</b> Kristen.peppers@doc.mo.gov		<b>Telephone number:</b> 573-218-5006	
<b>Agency Information</b>			
<b>Name of agency:</b> Missouri Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Missouri Department of Correction			
<b>Physical address:</b> 2729 Plaza Drive, Jefferson City, MO 65102			
<b>Mailing address:</b> <i>(if different from above)</i> Same as above			
<b>Telephone number:</b> 573-751-2389			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> George Lombardi		<b>Title:</b> Director	
<b>Email address:</b> george.lombardi@doc.mo.gov		<b>Telephone number:</b> 573-526-6607	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Vevia Sturm		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> vevia.sturm@doc.mo.gov		<b>Telephone number:</b> 573-522-3335	

## AUDIT FINDINGS

### NARRATIVE

On August 10, 2015 a PREA Audit was completed at the Farmington CSC. Prior to the audit I reviewed all supporting documentation from the facility. The facility was very thorough in their documentation. I found that both staff and residents understood how to report any sexual abuse or harassment. They also understood that retaliation for making such a report is prohibited by the Missouri DOC. Residents and staff both stated that every morning a PREA announcement is made to include what gender of staff are on duty. Some residents could actually quote the reporting post that are in facility, due to as they explained, "While waiting for the phone there is nothing else to do but read the postings". While completing the tour of the facility, I was also able to visually see the posting concerning how to report sexual abuse or harassment.

During the tour of the facility it was pointed out that the facility had a PREA incident with a staff member against a resident. Even though the incident happened off site, it was discovered during the debriefing that the kitchen area posed a possible risk. The corrective action was to keep the kitchen window enclosure open at all times, and to place a security camera in the area.

### DESCRIPTION OF FACILITY CHARACTERISTICS

The Farmington CSC is a co-ed facility that houses residents who are preparing for parole, as well as those that have had violations on probation and placed by the courts. The lay out of the facility is an open dormitory type setting with individual cubicles. Residents who are deemed to be vulnerable or at risk, are placed in such a way for the staff to have better visibility of them. Residents who are deemed as possible abusers are also placed for more visibility, which is away from those considered vulnerable. The facility is well maintained, and staff were informative and respectful during the audit, as well as the residents. The facility has a very good lay out to reduce the ability for sexual abuse to occur. The control center has been upgraded with the type of video monitoring which includes one monitor that has numerous split screens to allow staff to see multiple areas at once, as well as other monitors. The system allows staff to record and review latter if an allegation is reported. There is a design flaw with the facility which is in the male side restroom. There is an L in the toilet area where the staff cannot visibly see residents. This could put residents in danger of abuse or harassment. To fix this issue, the facility grated the area off and use it for storage.

The facility was clean and well maintained, with residents completing janitorial duties.

### SUMMARY OF AUDIT FINDINGS

I found the facility to be well ran. Staff understand PREA requirements, as well as the residents. I found that the residents were comfortable in understanding should they report sexual abuse or harassment, no retaliation would occur. Residents were able to explain where information was located should they need it for reporting incidents, as well as outside and third party reporting. Staff also understood what was required of them should an allegation come forward. While touring the facility, I was able to observe the posting throughout the facility that explained how staff or offenders could report abuse or sexual harassment.

While interviewing the onsite PREA Coordinator, the state PREA Coordinator and the District Administrator, it is apparent the Missouri DOC has taken the PREA standards seriously and work towards insuring compliance with the standards. The facility has an excellent design to allow staff observation of residents in order to detect or reduce abuse.

There was a design flaw within the facility on male side bathroom that created an L. This flaw made it impossible for staff to see in that area and it would have contributed to possible abuse. The facility grated that area off so no offenders have access to that area. It is now used as storage.

Number of standards exceeded: 4

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: [Click here to enter text.](#)

### Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

All offenders at Farmington Community Supervision Center receive a comprehensive presentation on the Sexuality Abuse Behavior Prevention and Intervention Program during the admission and orientation program. They also receive an associated pamphlet from the facility. All offenders are made aware the Missouri Department of Corrections has a zero tolerance policy regarding sexual abuse and sexual harassment, and they have the right to be free from retaliation for reporting such incidents. Offenders are educated on definitions of sexually abusive behavior; prevention strategies to minimize risk of sexual victimization while in Missouri DOC custody; methods of reporting an incident of sexually abusive behavior against oneself, and for reporting allegations of sexually abusive behavior involving other offenders, to include reporting procedures directly to regional staff, or to an outside agency if desired; treatment options and programs available to offender victims of sexually abusive behavior; and the monitoring, discipline, and/or prosecution of sexual perpetrators.

The initial orientation is completed the same day as arrival and includes the PREA, video which is not required for this type of facility.

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

- 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)

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The facility does not currently contract with other entities for the confinement of their residents, however, a generic contract was provided that outlines the information that is required under this standard.

### Standard 115.213 Supervision and monitoring

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

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The facility provided a staffing plan that exceeds the DOC's policy. Policy requires that a minimum of two security staff be on duty at all times. Farmington's standard is three security staff on each shift plus a shift supervisor. While interviewing staff and reviewing their documents Farmington has not deviated from the staffing plan that they have established. In talking with the CAO, PREA Coordinator, Shift Supervisor and staff I verified that if the shift was going to be short they would hold current staff on duty over. They also have mandatory overtime policy for recalling staff to the facility to cover shortages.

Even though Farmington CSC has not deviated from the staffing plan each staff member was able to articulate the process to deviate from the plan. They would call the duty officer and report the necessity to deviate from the plan and start the mandatory overtime recall for staff.

The facilities video monitoring program is very sufficient. However when I was onsite the system was down, due to no fault of the staff but due to weather. I personally observed all cameras onsite and found them to be sufficient.

Missouri DOC requires an annual report that also includes a review of the facilities staffing pattern. Also each time the facilities security staff bid for their assigned post it is reviewed.

#### **Standard 115.215 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)
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Farmington CSC is a fully staffed with security staff. Their staffing plan ensures that a female staff member is always on duty. In speaking with one male staff member he was upset not getting weekends or Sundays off. He stated he has a number of years with the agency but is always bumped due to needing a female officer on certain days. This indicates to me that the facility does an excellent job ensuring that a female is always available. While speaking with the Unit Supervisor Kristine she indicated the facility has enacted an alternative schedule that allows overlap between shifts. Also, talking with the onsite on site Unit Supervisor and other security staff they understand the prison facility across the street would provide a female staff member if needed. Based on the staffing pattern for the facility they have not needed to conduct any cross gender pat searches. While interviewing the staff they have all been trained in how to conduct cross gender pat searches. All staff interviewed also know that they are not allowed to search transgender or intersex residents to determine their genital status.

#### **Standard 115.216 Residents with disabilities and residents 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)

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The facility has not had the need to use a resident to assist in another resident reporting sexual abuse or sexual harassment. This is due to no residents with these issues having tried to report abuse or harassment. During the interviews with the staff they are aware of that use of resident interpreters; resident readers and other types of resident assistants are not prohibited except in limited circumstances where not using them would cause an extended delay.

The agencies also has a policy that covers the prohibited use of these types of residents and circumstances where they would be allowed.

### Standard 115.217 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)

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The Missouri Department of Corrections has policy which this auditor has reviewed that covers the PREA standards. Also in interviewing the Onsite Unit Supervisor, CAO and the State PREA Manager they were all able to articulate that the Missouri DOC follows the PREA standard.

The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997);

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

### Standard 115.218 Upgrades to facilities and technologies

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

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There have been no significant upgrades to the facility since 2012.

### Standard 115.221 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)

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The facility has not had an incident where it was necessary for have a forensic medical examination. However while interviewing the unit supervisor and the line staff they understand the process for collecting and maintaining evidence in a possible crime scene. The Missouri Department of Corrections provides investigators from their prison facilities. The Farmington CSC is assisted by the Farmington Prison which is located in close proximity of the CSC. The investigator works directly with the local prosecutor on filing charges if the allegation is found substantiated. The investigator have all received training in conducting investigation and collecting evidence.

While interviewing the residents they were able to explain should they report a sexual abuse harassment what services would be available to them.

#### **Standard 115.222 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)

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The Missouri Department of Corrections has policy that includes both administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the last twelve months the facility has had one report of sexual abuse by a resident against a facilities staff member. The investigation was assigned to the Fulton Prison Investigator office and was found substantiated. It was referred to the local prosecutor for prosecution.

#### **Standard 115.231 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)

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While interviewing staff it was apparent that they have all be trained in the Department’s zero tolerance policy, how to fulfill their responsibilities as it relates to sexual abuse, harassment prevention, detection reporting and response. They also understand the resident rights to be free for sexual harassment and retaliation for reporting those allegations. The staff also understand that they are free from retaliation for reporting that an offender is being sexually harassed or abused. Staff were able to identify the dynamics of sexual abuse and harassment in a confined facility and what to look for in an offender’s behavior that would indicate may have been abused or harassed. The staff were able to explain how to detect actual sexual abuse and threatened abuse. All staff knew it is a felony to have an inappropriate relationship with a resident. They also understood that even if not a resident if the individual is under the supervision of Missouri Department of Correction it would constituted a policy violation and employment termination. Even though the facility does not have any transgender or intersex residents all staff stated they understood how to communicate professionally with them. They do have residents who are gay, bisexual and lesbian and non-gender conforming. Staff all indicated they are trained how to communicate with these individuals professionally. The comments from staff were we treat everyone the same no matter their ethnicity, religion or sexual preference or sexual identification. All staff have received a refresher on this training which is every twelve months. The training is online and covers all areas.

**Standard 115.232 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)

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The Missouri Department of Correction and Farmington Community Supervision Center have protocol and policy to train all volunteers. This was verified through the state PREA Coordinator.

**Standard 115.233 Resident 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)

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All residents on the day they enter the CSC, whether they are coming from another facility or from probation, receive an orientation that includes the zero tolerance to sexual abuse and harassment, their right to be free from retaliation for reporting such incidents. The residents also understood the process for reporting incidents to include in writing, verbal, third party and the PREA hotline. The PREA video is also provided to the residents which is not required for this type of facility. The auditor reviewed documentation showing all information that the residents receive when they arrive. While interviewing the residents they all verified that they had received the orientation the day they arrived and were able to articulate their understanding of the Zero tolerance stance. The residents stated and the auditor observed that information concerning PREA reporting and resident’s rights are posted throughout the facility. The auditor also reviewed the resident handbook which also contains all the information.

Security staff that were interviewed also verified that they provide the PREA orientation the day the resident arrives. Giving each offender all information concerning zero tolerance and viewing the PREA video.

**Standard 115.234 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)

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In interviewing the investigator from the Farmington Prison he was able to articulate and proved his specialized training as it pertains to PREA investigation. The auditor was also able to review the department's requirements for investigator training. Even though he has not completed any at the Farmington CSC he has conducted numerous investigations at the Prison. There are three investigators that are available to assist the Farmington CSC if an allegation arises and fourteen other investigators within the area.

**Standard 115.235 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)

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Farmington CSC has no onsite medical or mental health professionals. Documentation provided by the CSC shows that residents can be referred to BJC Behavioral Health for mental health needs. The program is funded through the Department of Mental Health Contract for offenders under the supervision of Missouri Department of Corrections Probation/Parole division.

**Standard 115.241 Screening for risk of victimization and abusiveness**

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

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Upon arrival every offender is screened for risk of sexual abuse, victimization or sexual abusiveness toward other residents. This auditor also reviewed the screening tool which covered all aspects of the standard. The facility has in place and was observed by the auditor

placement for each of these three categories to give more visibility. The agency has a policy that requires the facility to conduct a reassessment after thirty days. While interviewing staff and residents they both indicated that this screening took place the day they arrived and again 30 days afterwards. The agency has a policy in place prohibiting disciplining residents from not answering questions on the screening tool. Offenders interviewed all indicated that they were willing to participate in the screening process.

#### **Standard 115.242 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)

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The auditor reviewed the agency policies regarding the use of the screening tool. The living area for both male and female residents has designated areas for those deemed at risk for sexual abuse or victimization and those that are considered sexual abusive to other residents. The facility keeps the residents that are at risk or victimization away from those that are deemed possibly sexually abusive towards other residents. The residents that at risk are kept in a more visible area. The facility has in place procedures so that the potential perpetrators are not assigned to work assignment with those that are at risk. This procedure would also be in place for transgender and intersex residents, however the facility has not had any of these individuals admitted to their facility as of yet.

#### **Standard 115.251 Resident 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)

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Both staff and residents were able to articulate the process for reporting sexual abuse or harassment. Residents understood that they were immune from retaliation from reporting incidents. Staff were able to identify policy that restricts retaliation for reporting abuse. Staff also understood that if the abuse occurred because of staff neglect or violation of responsibility they were mandated to report it. They also understood that failure to do so would constitute disciplinary action against them.

While interviewing residents they were able to identify the ways in which they could report abuse whether it was against them or someone else. Each resident interviewed explained where the information was posted and the different ways in which to report the abuse.

While interviewing staff they all stated that a verbal report of abuse was allowed. Every staff member also stated the information would be documented immediately as allowed. Even though each staff member indicated they did not understand why a staff member would need to report abuse privately they identified the ways they could. Through the PREA hotline, telling someone else or submitting anonymously.

#### **Standard 115.252 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)

relevant review period)

- Does Not Meet Standard (requires corrective action)

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Missouri Department of Corrections has policy covering administrative process regarding resident's grievances regarding sexual abuse. The agency has a policy that includes allowing a resident to report any sexual abuse or harassment no matter the time that has lapsed. While interviewing the Unit Supervisor/PREA Coordinator it was confirmed that offenders are allowed to report abuse at any time. Residents are not required to follow the informal process in reporting any abuse. The facility/agency has policy that does not require the resident to grieve the staff member who is subject of the complaint; the agency's policy does require that the resident receive notification within 90 days whether the allegation is substantiated, unsubstantiated, or unfounded. There has been no grievances filed in the last twelve months.

The agency has policies that include third party reporting. All staff and residents understood that this was an option for them.

#### **Standard 115.253 Resident 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)

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While conducting the tour of the facility this auditor observed numerous postings of outside resources the residents could access. The residents also knew that while out on work release or free time they could make contact with outside agencies. The residents also were aware that the information they discussed was confidential unless they requested it not be, that they were in danger of hurting themselves or others, or if they wanted to file charges.

#### **Standard 115.254 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)

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All staff and residents interviewed understood that they were able to report any sexual harassment or abuse through a third party.

### Standard 115.261 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)

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All staff interview were aware that failure to report any sexual abuse or harassment was prohibited by policy. The agency's policy D1.8.13 also covers the failure to report: Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure.

- a. Medical and mental health staff members shall inform offenders of the practitioner's duty to report at the initiation of services.
- 8. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.

### Standard 115.262 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)

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In interviewing the staff at Farmington they were all aware that if a resident was in imminent danger of sexual abuse or harassment they would take steps to insure the individual was safe. That would either be done through bed placement moving the resident to another facility or removing the threat.

### Standard 115.263 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)

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In interviewing the staff and residents at Farmington they have had no residents that have reported abuse or harassment that occurred in another facility. The staff were able to explain that during the intake process should an offender reveal abuse at a different facility how they were to deal with that information and to report it.

#### **Standard 115.264 Staff first responder duties**

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

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

Each staff member that was interviewed was able to articulate the process that the first responder was required to do. First to protect the victim and make sure that the accused and the possible victim are separated. They also were able to explain the process of ensuring that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

#### **Standard 115.265 Coordinated response**

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

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

Staff were able to explain what a coordinated response required when an accusation of sexual harassment or abuse was made by a resident. The facility also has a written process for that response which the auditor reviewed.

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

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

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

Missouri Department of Corrections Policy D2-11.6 covers collective bargaining that restricts the union from restricting the agency from taking action against an alleged abuser: **F. NEW AND/OR RENEWAL OF COLLECTIVE BARGAINING AGREEMENTS**

1. Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department’s ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

### **Standard 115.267 Agency protection against retaliation**

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

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

While interviewing both staff and residents they understood that retaliation for reporting any type of abuse was not allowed. This auditor also reviewed Missouri Department of Corrections policy D1-8.13 which covers both staff and residents rights to be free from retaliation for reporting any abuse or harassment.

### **Standard 115.271 Criminal and administrative agency investigations**

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

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

While interviewing the investigator from the Farmington Prison he was able to articulate the criminal investigation process. The investigation and the staff interviewed understood the difference between criminal and administrative investigations and the process that was included. Concerning the administrative process all staff understood that the administrative side was whether staff’s actions or inaction contributed to the incident.

### **Standard 115.272 Evidentiary standard for administrative investigations**

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

- Does Not Meet Standard (requires corrective action)

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

This auditor reviewed the documentation provided by the Missouri Department of Corrections which included standards for administrative investigations. This is covered in SOP D1-8.1 section: **Preponderance of Evidence: Enough proof to show that something is more likely to have occurred than not to have occurred.**

11. **CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated.**

### Standard 115.273 Reporting to residents

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

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

The agency and the facility has policy and procedure on reporting back to residents allegations.

### Standard 115.276 Disciplinary sanctions for staff

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

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

During the past twelve months the Farmington CSC has had one allegation against a staff member which was substantiated. Missouri Department of Corrections policy D2-11.10 covers actions that would be taken concerning an allegation:

14. report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel

#### D. REPORTING MISCONDUCT:

1. Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment.

### Standard 115.277 Corrective action for contractors and volunteers

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

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

During my interviews with the Unit Supervisor and CAO they both were aware of the policy concerning inappropriate behavior of contractors or volunteers. They both explained that should an allegation come forward the volunteer or contractor would be removed from contact with the residents until the allegation was substantiated, unsubstantiated or unfounded. If unfounded the volunteer or contractor would be allowed contact again with the residents.

#### **Excerpt D1-8.13 Offender Sexual Abuse and Harassment**

##### 4. Corrective action for contractors and volunteers:

- a. Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement.
- b. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations.

### Standard 115.278 Disciplinary sanctions for residents

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

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

Based on the type of facility the Farmington CSC is the alleged abuser is removed from the facility and either placed into a prison facility or county jail. So the follow-up with counseling and mental health determination is completed at the other facility. Missouri Department of Corrections D1-8.13 covers the consequences of the individual accused of being the abuser which follows them to the other facility.

### Standard 115.282 Access to emergency medical and mental health services

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Staff at the Farmington CSC all understood what was available for emergency medical and mental health services were available. Staff that were interviewed all understood their duties to protect the victim pursuant to PREA standard 115.262. The Farmington CSC has had one allegation in the last twelve months which was substantiated.

#### **Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

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

While interviewing the onsite supervisor and CAO they were both knowledgeable that should an allegation arise that the facility would be required to provide these services.

#### **Standard 115.286 Sexual abuse incident reviews**

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

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

The Unit Supervisor was able to explain what a sexual abuse incident review entailed. The District Administrator had difficulty explaining the process but as we talked about it she was able to provide the information.

#### **Standard 115.287 Data collection**

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

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

### corrective actions taken by the facility.

Documentation provided by the agency was reviewed and verified on their website. Missouri DOC Policy 115-87.F covers the requirements for data collections. The SSV is completed annually as well as the PREA report for each facility. These reports as verified by the auditor are posted on the Missouri DOC website.

#### Standard 115.288 Data review for corrective action

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

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

In reviewing the reports provided by the state PREA manager and the Farmington CSC facility the reports provided corrective actions or problem areas. During the past twelve months a substantiated sexual abuse occurred with a Farmington CSC resident. During the review for corrective action the facility put a camera in the kitchen and open the wooden window that covered visible access. It should be noted that this is not where the abuse occurred but was determined to be an at risk area. The CAO, Onsite Supervisor and State PREA Coordinator all stated that the Missouri DOC provides all PREA reports on their website. This auditor also verified this.

#### Standard 115.289 Data storage, publication, and destruction

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

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

The agency provided and the auditor confirmed that the data is stored with Inspector General and the Missouri Department of Corrections. The information is also available on both agencies websites. Pursuant to PREA standard 115.287 records are kept for 10 years and all names and personal identification is removed.

#### AUDITOR CERTIFICATION

I certify that:

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

Lynn S. Guyer

Auditor Signature

September 11, 2015

Date