

PREA Facility Audit Report: Final

Name of Facility: Fulton Community Supervision Center

Facility Type: Community Confinement

Date Interim Report Submitted: 05/24/2024

Date Final Report Submitted: 10/30/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Bryan Pearson	Date of Signature: 10/30/2024

AUDITOR INFORMATION	
Auditor name:	Pearson, Bryan
Email:	bryan@pearsongroupllc.com
Start Date of On-Site Audit:	03/21/2024
End Date of On-Site Audit:	03/22/2024

FACILITY INFORMATION	
Facility name:	Fulton Community Supervision Center
Facility physical address:	1397 State Road O, Fulton, Missouri - 65251
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Facility Director	
Name:	Shannon Kimsey
Email Address:	Shannon.Kimsey@doc.mo.gov
Telephone Number:	5735448823

Facility PREA Compliance Manager	
Name:	Shannon Kimsey
Email Address:	Shannon.Kimsey@doc.mo.gov
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	42
Current population of facility:	36
Average daily population for the past 12 months:	28
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	18 +
Facility security levels/resident custody levels:	Low
Number of staff currently employed at the facility who may have contact with	48

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	9

AGENCY INFORMATION	
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Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	5737512389

Agency Chief Executive Officer Information:	
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Name:	Trevor Foley
Email Address:	Trevor.Foley@doc.mo.gov
Telephone Number:	573-526-6607

Agency-Wide PREA Coordinator Information			
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Name:	Darren Snellen	Email Address:	darren.snellen@doc.mo.gov
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Facility AUDIT FINDINGS	
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Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-03-21
2. End date of the onsite portion of the audit:	2024-03-22

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>Fulton YWCA was contacted to verify their relationship with the facility in providing victim advocate services through an agreement.</p> <p>Just Detention International was contacted to inquire if any was correspondence received from a resident in the last 12 months. They replied by saying they did not receive correspondence from a resident at FCSC.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	42
15. Average daily population for the past 12 months:	28
16. Number of inmate/resident/detainee housing units:	2

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>34</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility does not have a segregation unit.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	49
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	11
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Based on the population at the onsite audit being 32, five residents needed to be selected at random for interview. To ensure randomness, this auditor chose every 6th resident on the resident list beginning with the first on the list. Choosing based on demographic diversity would remove random selection, therefore it was not used.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The staff reviewed the risk assessments for all residents and did not find residents that fit this category.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The staff reviewed the risk assessments for all residents and did not find residents that fit this category.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The staff reviewed the risk assessments for all residents and did not find residents that fit this category.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The staff reviewed the risk assessments for all residents and did not find residents that fit this category.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The staff reviewed the risk assessments for all residents and did not find residents that fit this category.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>5</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The staff reviewed the risk assessments for all residents and did not find residents that fit this category.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Due to the low population size, there was a low probability of having residents that fit all of the targeted categories.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All of the security staff were interviewed on each shift that were scheduled to work during the onsite audit. Non-security staff had to be interviewed to reach twelve staff interviews.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	victim advocate qualified staff
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	A few staff were interviewed for multiple specialized staff interviews resulting in small number of staff being interviewed overall.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	1	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no reports of staff or inmate sexual harassment during the review period.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>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.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment is the policy that provides the zero-tolerance policy, definitions of sexual abuse and sexual harassment, and the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>b) Based on the organization charts provided, the Missouri Department of Corrections has a PREA Coordinator in the Office of Professional Standards that reports to the Director of that division. The Director of OPS then reports to the MODOC Director.</p> <p>PREA Coordinator Interview – The PREA Coordinator said he has sufficient time and authority to fulfill the duties of the PREA Coordinator for the agency. He oversees the PREA Unit that consists of dedicated investigators and support staff that assist him in managing and monitoring PREA standards compliance and PREA investigation at all facilities in the agency. Each facility has a PREA Compliance Manager that reports to him for PREA Compliance matters.</p>

	<p>PREA Compliance Manager - The Unit Supervisor is designated as the PREA Site Coordinator (PCM) at Fulton CSC. At the time of the onsite audit, the Unit Supervisor position was vacant. The Parole District Supervisor was covering as the Unit Supervisor and PREA Site Coordinator until the position is filled.</p> <p>The facility meets the provisions of this standard based on the information from interviews and policies reviewed.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>It was reported on the PAQ that the Missouri Department of Corrections currently does not contract for the confinement of inmates with a private or other governmental agency. The PREA Coordinator stated in his interview the Missouri DOC is not contracting with anyone for confinement of inmates at this time. The Chief Administrative Officer said the Fulton Community Services Center does not contract for the confinement of inmates. The facility reported on the PAQ there were two contracts for confinement entered into or renewed. The Chief Administrative Officer said she uploaded two old contracts in the PAQ by mistake.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment requires each facility to “maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse.” “The staffing plan shall consider the facility’s physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations.”</p> <p>Staffing Plan Document - The facility provided a one page document that was titled the Fulton CSC Staff Plan. The document contained a breakdown by shift of the number of PPA II and PPA staff allotted for the shift and what the minimum number is for the shift. There was no mention of the other staff at the facility such as administrative or program staff that may be involved in monitoring residents. The plan did not consider the layout of the facility, the security level of residence or the prevalence of PREA incidents.</p>

Facility Director - The Chief Administrative Officer/Unit Supervisor said she reviews vacancies on a regular basis with the Unit Supervisor/PREA Site Coordinator and HR. The facility has a minimum of two staff per shift with one being female. Overtime is used to cover staff shortages due to call-ins to maintain the two staff minimum. The facility has not fallen below the two security staff minimum in the last year. If there are any deviations from the staffing plan, they would be documented on the shift summary. The Unit Supervisor reviews the shift reports weekly for deviations.

b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

A memorandum was provided by the Chief Administrative Officer that states FCSC has not fallen below the minimum staffing pattern. Shortages would be covered by mandated overtime.

Facility Director - The Chief Administrative Officer/Unit Supervisor said the facility has a minimum of two staff per shift with one being female. Overtime is used to cover staff shortages due to call-ins to maintain the two staff minimum. The facility has not fallen below the two security staff minimum in the last year. If there are any deviations from the staffing plan, they will be documented on the shift summary. The Unit Supervisor reviews the shift reports weekly for deviations.

c) The 2022 FCSC PREA Annual Report was provided as the review of the annual review of the staff plan. The report does discuss an evaluation of the camera and monitoring systems and a section for staffing plan evaluation. The staffing plan evaluation section does state that staffing patterns were adequate. The review does not address prevailing staffing patterns or the resources available to ensure adequate staffing levels.

CORRECTIVE ACTION REQUIRED: The facility must provide documentation of a complete staffing plan and review the plan based on the requirements of the standard.

Corrective Action Completed: The review of the staffing plan was completed and documented in a Facility Staffing Plan Review document that was completed by the District Administrator, also acting PREA Site Coordinator (PCM), and sent to the Northeast Regional Administrator and PREA Unit Manager (PREA Coordinator) for MODOC for review. The review covered thirteen factors that are required in substandard (a) and (c). The review was signed by the District Administrator. The facility meets the provisions of this standard based on the policies, documents, interviews and corrections completed.

Based on the interviews, documents and policies reviewed, this auditor finds the facility meets the provisions of the standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

a) Missouri Department of Corrections policy IS20-1.3 Searches prohibits cross gender strip searches except in exigent circumstances. Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment also prohibits cross-gender strip searches except in exigent circumstances. The facility reported on the PAQ that no cross-gender strip searches occurred in the past 12 months. The policies reflect the requirements of the provision for this standard.

Document Review -The Unit Supervisor provided a memorandum on the PAQ that says FCSC has not had a cross-gender strip or cross-gender searches during the review period. Zero cross-gender strip or body cavity searches were reported on the PAQ. Zero pat-down searches of female residents conducted by male staff was reported on the PAQ.

Random Staff Interviews – All female staff said that male staff do not conduct pat-down searches of the female residents. All male staff said they have not conducted a search of a female resident.

Resident Interviews – All residents said they have not been searched by male staff during the time they have been at FCSC.

c) Missouri DOC policy IS20-1.3 Searches requires staff to document all cross-gender strip searches on the cross-gender search form. There were no cross-gender strip search forms presented for review. The policy reflects the requirements for this provision of the standard.

Document Review -The Unit Supervisor provided a memorandum on the PAQ that says FCSC has not had a cross-gender strip or cross-gender searches during the review period.

d) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches.” The policy also requires staff of the opposite gender to announce their presence prior to entering a housing unit. These announcements are to be logged in the housing unit chronological log. The policy reflects the requirements for this provision of the standard.

Tour Observations – FCSC has one housing unit with a separate shower room and a room with toilets and sinks. All toilets were covered with stall walls with doors. There was an initial set of saloon doors going into the shower area and another that led into the room with stall showers that all had shower curtains that were hung off the floor enough to see feet. Opposite gender staff announcements were observed during the tour. Opposite gender staff announcements were documented in the

housing unit log as "PREA Announcements." A Sign indicating male staff are on the unit are hung up for hearing impaired inmates.

Random Staff Interviews – Twelve staff were selected at random from shift rosters for interviews. All staff said they felt like the residents could shower and use toilet facilities with enough privacy that male staff could not see their genitals or buttocks. All staff were aware of and hear opposite gender staff make announcements when entering housing units. Male staff said they make an announcement prior to entering the housing areas and bathrooms.

Document Review – Housing unit logs were requested for random dates in every month from February 2023 to January 2024. PREA announcements were found logged multiple times on each shift when male staff entered the housing unit. Shifts with all female staff working documented security rounds with no announcements documented.

e) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, diagnostic center reception and orientation, and receiving screening intake center." Missouri DOC policy IS20-1.3 Searches prohibits staff from performing a strip search for the sole purpose of determining an inmate's gender. The policies reflect the requirements of the provision of this standard. There were no transgender residents at FCSC at the time of the onsite audit.

Random Staff Interviews – All staff said strip searching a transgender resident solely for determining their genital status was prohibited by policy, not allowed and would be unprofessional.

f) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "Custody staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." The policy reflects the requirements for this provision of the standard.

Random Staff Interviews – The staff said they had been trained how to do cross gender searches and searches of transgender inmates in the search training provided at the academy. The male staff said they have not searched a female resident. One female staff is always on the shift for searches. Female staff said they have not seen a male staff search a female resident.

Resident Interviews – None of the female residents said they have been searched by male staff. None said they had been subjected to a cross gender strip search.

Document Review – Documentation of search training was provided for seven security staff.

The facility meets the provisions of this standard based on the above information from interviews, tour observations, documents and policies reviewed.

115.216	<p data-bbox="277 107 1455 197">Residents with disabilities and residents who are limited English proficient</p> <p data-bbox="277 232 981 268">Auditor Overall Determination: Meets Standard</p> <p data-bbox="277 309 564 344">Auditor Discussion</p> <p data-bbox="277 385 1481 882">a-c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment requires staff to “provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders.” LEP residents will be provided the PREA video transcript and PREA brochure in their native language. If these cannot be translated into their native language, the PREA site coordinator will utilize an interpreter to assist the resident in understanding the material. “Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first responder duties, or the investigation.”</p> <p data-bbox="277 958 1469 1285">The facility provided a large print version of the MDOC Offender Sexual Abuse and Harassment (PREA) Brochure for visually impaired residents, the printed transcript of the PREA video for hearing impaired residents, and a braille version of the PREA brochure. The PREA posters and were observed on the tour in both English and Spanish. The posters were placed in a location that could be easily read. The PREA brochure was also provided in seven different languages. The Chief Administrative Officer also provided a memorandum stating resident interpreters have not been used during the review period.</p> <p data-bbox="277 1361 1415 1482">Staff Interviews – Staff said they were aware of an interpretive service that a supervisor can access if needed for an LEP resident. All staff said using another resident to translate is prohibited.</p> <p data-bbox="277 1559 1481 1639">There were no limited English proficient or disabled residents to interview during the onsite audit.</p> <p data-bbox="277 1715 1481 1836">Agency Head – The Assistant Director said the MODOC makes every effort to provide accommodations for inmates and residents that have disabilities or are limited English proficient.</p> <p data-bbox="277 1912 1481 2074">Document Review – The Chief Administrative Officer provided a Missouri statewide contract for on-demand interpretive services. The contract provides access to three companies that can provide over-the-phone interpretive services for LEP people. The contract expires November 2024.</p>
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	The facility meets the standard based on information from interviews, policies and documents reviewed.
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Staff members shall not hire or promote any person, staff member, or enlist the services of any contractor that may have contact with an offender when it is known that he:</p> <ul style="list-style-type: none"> a. has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; b. 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 c. 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.” <p>b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background screening, candidate selection, maintenance of employee records, employee discipline, and labor organizations.”</p> <p>c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Before hiring new staff members a worksite personnel staff member or designee shall: a. perform a criminal background records check; and b. attempt to contact all prior institutional employers, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background screening.”</p> <p>HR Staff Interview - HR staff said criminal background checks and pre-employment background checks are completed for all new hires and promotions. She reviews prior discipline issues that would include sexual harassment. Issues with sexual harassment history would be considered in hiring and promotion decisions. If applicants have prior corrections experience, a designated staff calls the prior employer for a pre-employment PREA check to inquire about substantiated sexual abuse investigations or resignations during a sexual abuse investigation.</p> <p>Document Review - Records were reviewed for sixteen staff interviewed. Three were either hired or transferred from another MODOC facility in the last 12 months. The dates of hire at FCSC were requested but not received. Two criminal</p>

background checks were provided for review for the three staff that said they started at FCSC less than a year ago. The PREA employment background checks were provided for review for two of the three.

d) Missouri DOC policy D2-2.2 Background Investigations states “Contract staff members, volunteers, and student interns shall have a background investigation conducted that consists of the criminal history check and any violations that have been reported to pertinent professional licensing and/or certification organizations if applicable.”

Human Resource Staff Interview - HR staff said criminal background checks are conducted for all contract staff prior to working at the facility. The completed criminal background checks are retained in the HR office.

Document Review - Documentation of a completed criminal background check was requested for one contract staff at FCSC. The criminal background check was not provided. The facility must provide the criminal background check to meet the standard.

e) Missouri DOC policy D2-11.14 Annual Employment Requirements Section III. A requires an annual criminal background check to be completed on the birth month of every employee.

Human Resource Staff Interview - HR staff said she requests a criminal background check be completed on staff annually during their birth month. A criminal background check for contract staff is also completed annually during the birth month.

Document Review - Four criminal background checks provided on thirteen veteran staff were more than five years old. Three of the criminal background checks were not provided. A new criminal background check will need to be provided for the six staff to meet the standard.

f) Human Resource Staff Interview - HR staff said new hire staff and staff applying for promotions are asked questions about (a) 1-3 of this standard on applications for employment. Staff are not required to complete a self-evaluation annually and are not asked these questions again. Contract staff are asked the required questions on an Application for Facility Access form or a PREA-Contracted Staff form.

Document Review - Documentation of questions pertaining to (a) 1-3 were not provided for the staff hired at FCSC in the last year.

g) Missouri DOC policy D2-2.2 Background Investigations states “False information regarding substantiated allegations of offender or resident abuse and/or harassment on the employment application shall be grounds for termination.”

h) Human Resource Staff Interview - HR staff said if another correctional institution contacts the Missouri DOC to inquire about substantiated allegations of sexual abuse or resignations during investigations of a former employee, they will provide information on the substantiated sexual abuse or resignations.

	<p>The PREA Coordinator for MODOC provided four examples of PREA information being release upon request to other corrections agencies during the last 12 months.</p> <p>CORRECTIVE ACTION REQUIRED: Requested criminal background checks and documentation of questions for (a) 1-3 must be provided for review and determined to meet the standard.</p> <p>Corrective Action Completed: New criminal background checks were completed for the three veteran staff and provided for review. A new criminal background check was completed for one contract staff and provided for review. The applications with questions answered pertaining to provision (a) 1-3 were provided for two staff. All documents reviewed meet the standards requirements.</p> <p>Based on the information from interviews, policies and documents reviewed, the facility meets all of the provisions of the standard.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) The facility reported on the Pre-Audit Questionnaire and provided a memorandum that states there have been no substantial structural upgrades or changes since the last audit.</p> <p>Agency Head Interview - The Director said the agency designs expansion and modifications to maximize the agency's ability to protect inmates.</p> <p>Director Interview - The Director said there have been no expansion or modifications since the last PREA audit. If there are any, improving inmate monitoring based on the requirements of the PREA standards would be considered in the design.</p> <p>b) A memorandum was provided through the Pre-Audit Questionnaire that states the video monitoring system was upgraded in July of 2023. Nine analog cameras were replaced with Nine IP cameras and three new cameras were added.</p> <p>Director Interview - The Director said the upgrade to the video monitoring system was completed with improving the facility's ability to protect residents from sexual abuse.</p> <p>The facility meets this standard based on the information from interviews and documents reviewed.</p>

115.221	Evidence protocol and forensic medical examinations
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Auditor Overall Determination: Meets Standard

Auditor Discussion

a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment.” The policy also instructs staff to take steps to protect evidence. This may include instructing the victim not to shower, change clothes, brush teeth, eat, drink, or use the bathroom. If possible, staff should not allow the inmate perpetrator to destroy evidence by preventing showering, changing clothes, eating, drinking, or using the bathroom.

Staff Interviews - If an resident reports a sexual assault, all staff said they would ask the resident victim not to shower, change clothes, brush teeth, eat, drink, or use the bathroom until the inmate gets a forensic exam or they are relieved. Staff would ensure the alleged resident perpetrator would not destroy evidence in the same way. All said they would protect evidence at the scene until it could be collected by investigators.

b) MODOC policy D1-8.13 provides a time frame of 72 hours for possible collection of forensic evidence the same as found in the National Protocol for Sexual Assault Medical Forensic Examinations.

c) MODOC policy D1-8.13 requires the facility health services staff to contact the on-call SANE staff member if the alleged incident occurred within 72 hours. The policy states “The SANE staff member shall collect evidence according to established forensic procedures for processing and document the exam and finding in the applicable department computer system.” “If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE.”

Director Interview - The Unit Supervisor/Regional Director said because FCSC does not have an area for a forensic examination to be performed by a MODOC SANE, the resident would be taken to Parkland Health Center if a forensic exam were needed. The exam would be no cost to a resident.

Document Review - A copy of Missouri statute 191.0225 was provided for review. The statute requires all medical provider charges for forensic examinations to be billed to and paid by the Missouri Department of Health and Senior Services. No medical provider can charge a victim for the forensic exam. The facility provided a memorandum that states FCSC has not had to send a resident for a forensic exam during the review period.

d-e, h) The facility provided a memorandum of understanding with the Coordinated Community Response Team of Callaway County. The Fulton Community Supervision Center is listed as a participating party in addition to the Coalition Against Rape and Domestic Violence. By being part of the MOU, FCSC resident victims of sexual abuse can receive victim advocate services from CARDV.

	<p>Victim Advocate Interview - FCSC also had staff trained to be a qualified victim advocate. The training certificate was provided by the facility. The training was provided by victim advocates from the Missouri Coalition Against Domestic Violence. The qualified staff victim advocate said she would offer victim advocate services to a resident victim of sexual abuse at the investigative interview or assist prior victims of sexual abuse with emotional support and connecting them with other agencies that are part of the MOU that can provide services as well. If there was a resident that was a victim of sexual assault, a victim advocate would be arranged through the local hospital. If one is not available they could call her and she would go to the hospital.</p> <p>Resident Interview – A resident that reported sexual abuse said she was offered a victim advocate by the investigator prior to being interviewed. She said one of the staff provided victim services or counseling for her during the investigator interview and after.</p> <p>The facility meets the provisions of this standard based on the information above interviews, policies and documents reviewed.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment.”</p> <p>Agency Head – The Assistant Director said allegations of are investigated utilizing the PREA Unit or Institutional Investigators. Institutional Investigators investigate allegations of Sexual Harassment and the PREA Unit investigates allegations of Sexual Abuse. These investigations include both administrative and criminal investigations. This includes anonymous and third party allegations.</p> <p>Facility Head Interview – The Regional Parole Supervisor/Unit Supervisor said all sexual abuse and sexual harassment allegations are forwarded immediately to the PREA Unit in central office for investigation. FCSC does not have an institutional investigator.</p> <p>b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment.” This policy was found posted on the Prison Rape Elimination Act page of the Missouri DOC website at https://doc.mo.gov/programs/PREA. PolicyD1-8.4 Institutional Investigations covers requirements for investigations in general. The</p>

	<p>policy is identified as confidential, therefore it cannot be posted on the MODOC website.</p> <p>Investigator Interview – The PREA Unit Investigator said all sexual abuse and sexual harassment allegations received at FCSC are sent to the PREA unit in a Request For Investigation form that would be completed and sent by the Unit Supervisor.</p> <p>Document Review – One investigation of an allegation of sexual abuse was provided for the review period. The Unit Supervisor requested an investigation by completing and sending a Request For Investigation to the PREA Unit. A PREA Unit Investigator was assigned to conduct the investigation.</p> <p>The facility meets the provisions of the standard based on the information from interviews, policies and documents reviewed.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “All staff members shall receive initial PREA training during the department's basic training.”</p> <p>PREA Basic Training Curriculum – The PREA Basic training curriculum was provided for review. It covers the zero tolerance policy of MODOC; staff responsibilities in prevention, detection, reporting and response procedures; inmate’s rights to be free of sexual abuse, sexual harassment and retaliation; staff rights to be free from retaliation; dynamics of sexual abuse; reactions of victims; how to detect signs of sexual abuse; avoiding inappropriate relationships with inmates; and mandatory reporting laws. The curriculum did not cover professional communication with LGBTI inmates. However, The Professional Boundaries lesson plan was provided for review that provides staff information on how to communicate effectively and professionally with LGBTI inmates. This training is all provided at the Basic Academy in a pre-service training for new hires.</p> <p>Random Staff Interviews – Staff said the training covered zero tolerance policy; rights of residents and staff; dynamics of sexual abuse, signs and reactions of sexual abuse victims, how to avoid inappropriate relationships with residents, how to respond to a report of sexual abuse, how to protect evidence, and professional communication with LGBTI residents. They could describe the information provided for these topics. Staff did not know about mandatory reporting. All staff said they completed the Basic PREA Training when they were hired and the PREA Refresher Training every two years. In the years between refresher training, they receive monthly emails with information about PREA and their responsibilities in prevention, detection, and response.</p>

b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment.”

c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the facility site coordinator shall provide refresher information on current sexual abuse and sexual harassment policies.”

The Chief Administrative Officer/PREA Site Coordinator provided a memorandum that states staff are provided with refresher information between trainings.

PREA Refresher #1-12 - After the PREA Basic is completed at academy, staff are required to complete a PREA Refresher training modules every two years. These modules were reviewed and found they did not cover the required topic in (a) 10 mandatory reporting for victims under 18 and vulnerable adults. Topics (a) 1-9 are covered in the refresher training.

Staff Interviews - staff said they complete a PREA Refresher training every 2 years and receive emails monthly between bi-annual training that provide information about PREA. All staff demonstrated knowledge of all required topics except mandatory reporting laws.

d) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “All completed PREA training requires a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form must be routed through the facility training officer or regional training coordinator.”

Document Review - Records of PREA training completion were requested for sixteen staff. Seven records were reviewed with two showing completion in the last two years. Five documented the training being completed more than two years ago. Records were not provided for eight staff.

CORRECTIVE ACTION REQUIRED: Information must be added to the bi-annual refresher training that covers mandatory reporting laws for victims under 18 or vulnerable adults. The revised curriculum will be provided for review and documentation that the change has been communicated to the staff.

Documentation of completed PREA training within the last two years must be provided for fourteen staff. If the training has not been completed within the last two years, the staff will need to complete the training and provide documentation of completion.

Corrective Action Completed: The training curriculum for the PREA Refresher training was updated with information pertaining to the mandatory reporting laws

	<p>that require the facility to contact the Missouri Department of Social Services-Children’s Division for inmates under 18 that are a victim of sexual abuse or the Department of Health and Senior Services for inmate victims of sexual abuse that are vulnerable adults. The training curriculum update was sent via email to all FCSC staff and will be included in the revised curriculum for future training. PREA training records were provided for the fourteen staff that were either missing or completed more than two years ago.</p> <p>Based on the information from interviews, documents and policies reviewed, this auditor finds the facility meets the provisions of the standard.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a-b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training.”</p> <p>Training Curriculum - The PREA training curriculum for volunteers and contractors was provided for review. The curriculum provides volunteer and contract staff with the MODOC zero-tolerance policy, rights of inmates, signs of sexual abuse, MODOC’s response process, dynamics of sexual abuse, reactions of victims, and how to respond to a report of sexual abuse.</p> <p>c) Document Review - Documentation of PREA training completion was requested for two volunteers and one contract staff. The documentation has not been received.</p> <p>CORRECTIVE ACTION REQUIRED: Documentation of PREA training completion must be provided for two volunteers and one contract staff.</p> <p>Corrective Action Completed: The PREA training completion records were provided for two volunteers and one contract staff. The records of PREA training completion meet the provisions of this standard.</p> <p>Based on the information from interviews, documents and policies reviewed, this auditor finds the facility meets the provisions of the standard.</p>

115.233	Resident education
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders.” The policy requires the facility to have the PREA offender brochure in several recognized languages. If the brochure is not available in the inmate’s language then an interpretive service will be utilized to provide the information. The PREA offender brochure was provided in seven additional languages. The policy also requires the facility to make PREA reporting information available or visible to all inmates through posters, the offender rulebook, and the brochure. Policy requires the inmates to sign an acknowledgement receipt for viewing the video and receiving the PREA offender brochure.

Tour Observations - A PREA education was not observed during the onsite audit as there were no new residents received. The area the education is provided may be in the dayroom or in an office depending on the number of residents received. Staff described the process and how the information is provided to residents. Information regarding reporting sexual abuse and sexual harassment and victim services was posted in the resident living areas, on the wall by the telephones, in the resident dayroom and at the entrance to the facility. The information was in both English and Spanish and was placed where it could easily be read by residents.

Intake Staff Interview - The staff that provide the PREA education said she provides the PREA brochure on the first day, shows a PREA information video and briefly explains how residents can report. She goes over the information in depth 2 days later. She covers the zero tolerance policy for sexual abuse and sexual harassment, residents rights and how to report. She provides information about where to make external reports and victim advocate services. The PREA Education is provided to all new residents regardless of transferring from another MODOC community supervision facility. If a resident has cognitive disabilities or can't read, she will read over the information with the resident individually to ensure they understand the information.

Resident Interviews - Ten residents were interviewed. All said they were provided the brochure and video on the first or second day. Staff covered the information again with them in a group or individually a few days later. Zero tolerance and resident rights were covered during the orientation. All residents said they see the PREA information posters in the facility.

Document Review - The Offender Sexual Abuse and Harassment Acknowledgement forms were provided for review for eleven residents. The comprehensive PREA education was provided within the first few days of arrival at the facility.

	The facility meets the provisions of this standard based on the information above from interviews, policies and documents reviewed.
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115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Investigators assigned to investigate offender sexual abuse allegations shall receive specialized PREA investigator training.” The policy reflects the provision’s requirement.</p> <p>Training Curriculum – The NIC PREA: Investigating Sexual Abuse in a Confinement Setting was reviewed by this auditor. The training covers the investigation standards, Miranda, Garrity, evidence collection, forensic examinations, interviewing techniques, understanding the victim, and evidence requirements for substantiating administrative cases or for making a prosecutorial referral. The curriculum covered the requirements of the standard.</p> <p>Investigator Interview – The PREA Unit Investigator said she completed the NIC course PREA: Investigating Sexual Abuse in a Confinement Setting and the advanced NIC investigations course. She also has completed sexual abuse investigation training through VAWA as well. She said the PREA Unit investigates all sexual abuse and sexual harassment cases for FCSC.</p> <p>Document Review – The NIC PREA Investigations training certificates were provided for the twelve PREA Unit Investigators.</p> <p>The facility meets this standard based on the interviews, policy and documents reviewed.</p>

115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Health services staff members shall receive specialized PREA medical and mental health training.”</p> <p>Training Curriculum – The Centurian PREA Overview training curriculum was provided for review. The curriculum is medical contractor’s specialized medical</p>

	<p>training that all medical and mental health staff complete. The curriculum comes from Relias training. The training curriculum provides information about what is sexual abuse and sexual harassment; how to detect and assess sexual abuse and sexual harassment; preserving physical evidence; how to respond and communicate with victims; how medical and mental health staff are to report any knowledge or suspicion of sexual abuse and sexual harassment. The training curriculum covers the requirements of this provision of the standard.</p> <p>CORRECTIVE ACTION REQUIRED: The facility was asked to provide documentation of completion for the specialized training and PREA training for the one contract substance abuse counselor at FCSC. The documentation has not been provided.</p> <p>Corrective Action Completed: A certificate of completion for the NIC Specialized Medical training was provided for the contract drug addiction counselor.</p> <p>The facility meets this standard based on the policy and documents reviewed.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “All offenders shall be assessed during intake and upon transfer to another facility for their risk of being sexually abused by other offenders or sexual abusiveness towards other offenders in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedures regarding housing assignments, transgender and intersex clients, and contracted residential facilities.” The policy requires an assessment for risk of victimization and abusiveness.</p> <p>Risk Screening Staff Interviews - The staff that completes the initial risk screening assessment said she meets with residents individually on the first day they arrive to complete the initial risk screening. She asks the residents questions about prior victimization, sexual orientation, gender identity, disabilities, prior perpetration of sexual abuse, and if the resident fears victimization. She uses the resident record to obtain additional information about criminal history, conduct history size, age, and documented disabilities. The assessment is completed within 72 hours of the resident arrival at FCSC. The staff that completes the re-assessment said she asks the same questions that are asked for the initial screening assessment. She asks about prior victimization, sexual orientation, gender identity, and if the resident feels vulnerable to sexual abuse. She reviews the resident record to complete a full assessment within 30 days.</p> <p>Resident Interviews - All of the residents could recall being asked questions about prior victimization; identifying as lesbian, bisexual, transgender, or intersex;</p>

disabilities, and feelings of vulnerability to sexual abuse. Most could recall being asked the questions a second time around a month after arriving. Some admitted they just couldn't remember being asked a second time.

b) Missouri DOC policy IS5-2.3 Offender Internal Classification states "CCMs will conduct a new internal classification within the first 72 hours at that facility and the offender will be housed in accordance with the new internal classification score."

The policy requires a new risk assessment to be completed within 72 hours of arrival at the facility.

Document Review - The Initial Risk Assessments for twelve residents were reviewed. All initial assessments were completed within 72 hours of arrival at FCSC.

c) Missouri DOC policy IS5-2.3 Offender Internal Classification states "Facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities." The risk assessment was provided for review. The factors in the assessment were found to be objective.

d) Risk Screening Staff Interview - The staff that completes the initial risk screening assessment said she meets with residents individually on the first day they arrive to complete the initial risk screening. She asks the residents questions about prior victimization, sexual orientation, gender identity, disabilities, prior perpetration of sexual abuse, and if the resident fears victimization. She uses the resident record to obtain additional information about criminal history, conduct history size, age, and documented disabilities.

Document Review - A Risk of Victimization and Abusiveness Screening Tool was reviewed and found to assess risk of victimization for the following factors: disabilities; age; resident physical stature; prior incarceration; prior conviction for sex offense with a Child or Adult victim; nonviolent history; homosexual or bisexual, gender non-conforming that provided the example of transgender or intersex identity; prior victim of sexual abuse; and perception of vulnerability to being sexually assaulted. Inmates are not detained solely for civil immigration in the MODOC. The screening tool does not clearly assess for the resident identifying as or perceived to be transgender or intersex. Using the word homosexual is not clearly instructing staff to assess for is or perceived to be gay or lesbian. The screening tool does not meet this provision of the standard.

e) Risk Screening Staff Interview - The staff that complete the initial assessment said she reviews the record for sex offense convictions, violent offense convictions, and prior conduct for violence or sexual abuse.

Document Review - The Risk of Victimization and Abusiveness Screening Tool was reviewed and found to assess risk of abusiveness for the following factors:

Committed sexual assault, molestation or rape at any time in their life and history of violence on others. The former assesses for prior acts of sexual abuse and the latter assesses for prior convictions for violent offenses. It is not clear if these two factors are assessing for prior institutional violence or sexual abuse. This does not meet this provision of the standard.

f) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening."

Risk Screening Staff Interview - The staff that completes the re-assessment said she asks the same questions that are asked for the initial screening assessment. She asks about prior victimization, sexual orientation, gender identity, and if the resident feels vulnerable to sexual abuse. She reviews the resident record to complete a full assessment within 30 days.

Document Review - Eleven risk screening re-assessments were reviewed. All eleven were completed within 30 days of arrival at FCSC.

g) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness."

Risk Screening Staff Interview - The staff that complete risk screenings said if there was an incident of sexual abuse at FCSC or other information was received that changed the assessment, she would complete another reassessment.

h) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment."

Risk Screening Staff Interview - The staff said inmates do not have to answer the questions during the risk assessment interview. If they refuse, they cannot be disciplined.

i) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "The chief administrative officer (CAO) or PREA site coordinator shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders."

PREA Coordinator Interview - The PREA Coordinator said information obtained for the risk assessment is confidential and access to the electronic system the assessments are completed in is controlled and limited to the staff that need to complete assessments and the staff involved in reviewing them.

Risk Screening Staff interview - The staff said information gathered to complete the risk assessment is confidential and limited to the staff that conduct the risk screenings. Access to the electronic system (MOSIS) is limited to staff that

	<p>complete the assessments or other staff directly involved reviewing assessments.</p> <p>CORRECTIVE ACTION REQUIRED: The Risk of Victimization and Abusiveness Screening Tool must be modified to meet provision (d) and (e). Once the modification is approved, completed assessments must be provided for review of use within required time frames in the standard.</p> <p>Corrective Action Completed: A revised set of risk screening tool completion instructions and the revised risk screening tool was sent to the facility by the PREA Coordinator. The revised risk screening tool Risk of Victimization Factor #7 was changed to Resident is, or is perceived to be gay, lesbian or bisexual, Factor #8 was changed to Resident is or is perceived to be transgender, intersex or gender non-conforming. A Risk of Abusiveness Factor #13 was added Resident has a history of prior institutional violence or sexual abuse, as known to the agency. The changes meet the requirements of the standard. The facility began using the revised risk screening tool August 2, 2024. Intake assessments and reassessments were provided for review that were completed in August, September and October. A total of twenty-one intake assessments and twenty-five reassessments were reviewed. All intake assessments were completed within 72 hours of the resident date of arrival. All reassessments were completed within 30 days of the resident date of arrival.</p> <p>Based on the information from corrective actions, interviews, policies and documents reviewed, this auditor finds the facility meets the standard.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "Housing, cell, bed, education, and programming assignments shall be individualized utilizing the adult internal risk assessment with the goal of keeping separate those offenders identified at high risk of sexual victimization from offenders assessed at high risk of being sexually abusive. This shall be in accordance with the institutional services procedures regarding offender housing assignments, transgender and intersex offenders, offender recreation and activities, and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities."</p> <p>FCSC Standard Operating Procedure: Housing Assignment requires residents to be placed in cubicles based on the Risk of Victimization/Abusiveness Status. This is the results of the risk screening assessment. Residents that have a result for risk of victimization are placed in the center cubicles for better observation by staff through the living area entrance.</p>

Risk Screening Staff – Staff said the risk screening assessment results are used to place residents in the living area. Sigmas and Alphas cannot be in the same cubicle. Sigmas are placed in the center of the living area so staff can observe the better from the control room and hall through the living area entry.

Facility Director – The District Administrator/Unit Supervisor said residents that are Sigma are placed in the center of the living area for better observation. Sigma and Alpha are never placed in the same cubicle. If there was a resident that is deemed high risk for victimization, the resident can be placed in the extra living are that only houses two residents and had its own bathroom.

b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Housing, cell, bed, education, and programming assignments shall be individualized utilizing the adult internal risk assessment with the goal of keeping separate those offenders identified at high risk of sexual victimization from offenders assessed at high risk of being sexually abusive.”

Risk Screening Staff said the placement of residents in the living area is based on an individual review of the risk screening results.

c) Missouri DOC policy IS5-3.1 Offender Housing Assignments states “The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meet with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia but must consider the offender’s health and safety and the security of the facility through a review of the respective classification, medical and mental health records.”

Missouri DOC policy IS5-3.3 Transgender and Intersex Offenders provides the process for review of an offender that has identified as transgender or intersex at the risk assessment. The staff that conduct the risk assessment notify the PREA Site Coordinator of the transgender or intersex identification. The Transgender Committee is consists of the PREA Site Coordinator, medical administrator, mental health chief, medical director. The Transgender Committee has an initial meeting with the offender. The offender then meets with Mental Health to be reviewed for gender affirming items, hormone therapy treatment consideration, and discuss health and safety concerns. The Transgender Committee completes the Transgender Committee Review form and forwards it to the Transgender Review Team in central administration. The Transgender Review Team consists of the PREA Coordinator, Deputy Division Director, Director of Rehabilitative Services.

The MODOC Division of Probation and Parole procedure P4-4.4 Transgender or Intersex Clients provides procedures for the Transgender Committee at a Community Supervision Center. The policy states the CSC Transgender Committee is comprised of the Chief Administrative Officer, Unit Supervisor, a Community Transition Officer II, and the clients Probation and Parole Officer. The committee considers the historical overview of the client’s transgender or intersex status that includes the status of transition, amount of time living as the identified gender, and

the client's views of safety. The committee decision is required to be made within 3 days of arrival. During that 3 days the resident will be placed in a bed assignment based on the risk screening results.

Facility Director - The Chief Administrative Officer said FCSC has not had a transgender resident in the last year. If a resident does identify as transgender at the risk screening or anytime after that, the resident would meet with the Transgender Committee prior to arrival to review facility housing placement, shower arrangements and gender affirming items. The facility documents recommendations on the Transgender Committee Review form and sends it to the PREA Coordinator for the Transgender Review Team in central administration to make a final decision.

PREA Coordinator - The PREA Coordinator said the facility Transgender Committee makes recommendations and sends the Transgender Review form to him to present to the Transgender Review Team in central administration. The Transgender Review Team members are the PREA Coordinator, Deputy Division Director, and Director of Rehabilitative Services. The review gives serious consideration to the transgender or intersex resident's views of vulnerability and safety. The review also considers history of the resident's status as transgender or intersex; institutional adjustment; risk assessment history; PREA investigation involvement; program assignments; medical history; special accommodations; and security concerns of the resident or staff. The Transgender Review Team makes a final decision within 10 days and sends a copy back to the facility.

d) Missouri DOC policy IS5-3.1 Offender Housing Assignments states "The transgender committee shall meet with the offender within 10 working days of either the offender's arrival to the facility or upon learning the offender's transgender or intersex status and every 6 months thereafter."

The Chief Administrative Officer said there were no transgender residents in the last 12 months. The program is a 6 month program. Most transgender residents will be released at the time the next review is required, however if for some reason they are still there, the review would be completed.

e) Missouri DOC policy IS5-3.1 Offender Housing Assignments states "The transgender committee review shall include the following: (1) Offender's view of his vulnerability."

Facility Director - The Chief Administrative Officer said if a transgender resident chose to shower separate from the other residents, a two person separate living area bathroom is separate from the main bathroom and would be offered as an alternative. The Transgender Committee would discuss shower arrangement options with the transgender resident.

f) Facility Director - The Chief Administrative Officer said lesbian, bisexual, transgender, and intersex residents are not placed in a dedicated housing unit.

Resident Interview - A lesbian resident said she did not think her bed assignment

	<p>was based on her sexual orientation.</p> <p>The facility meets the standard based on the information obtained from interviews and policies reviewed.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Each facility shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: a. informal resolution request (IRR), grievance process, or offender complaint, b. a staff member, c. PREA hotline, and d. advocacy agency.” The methods of reporting are communicated to inmates in the PREA offender brochure and resident handbook provided at intake orientation. The methods are writing to the Missouri Department of Public Safety that is external to the MODOC, report to any staff, or calling the PREA hotline toll free.</p> <p>Document Review - the resident handbook was provided for review. The PREA information is on the third page of the handbook and is the first information provided. The methods of reporting are tell any staff or write any staff; write to the Missouri Department of Public Safety, Crime Victim’s Unit; or call the PREA hotline. The PREA brochure contains the same reporting information as the resident handbook.</p> <p>Tour Observations - PREA reporting information posters were observed in resident living areas, dayrooms, facility entrance/visiting area, and by the resident phones.</p> <p>Random Staff Interviews - All staff said residents could report sexual abuse and sexual harassment either verbally or in writing to any staff and calling the PREA hotline.</p> <p>Resident Interviews - All residents said they could report sexual abuse or sexual harassment, retaliation or staff neglect of duty to report by calling the PREA hotline, telling any staff, writing to staff or writing anonymous to an outside organization. Some said their family could report by calling the hotline or the facility. Some knew recalled they could file a grievance to make a report.</p> <p>b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail</p>

and not subject to examination.” The policy requires an external reporting method that meets the provision of this standard. This information was observed on PREA reporting posters in inmate housing units and on the PREA offender brochure.

Facility Director - The Chief Administrative Officer said residents can write to the Department of Public Safety, Crime Victims Unit if they want to report outside of the MODOC. This correspondence is privileged and not subject to review by staff.

Postage is covered and the resident can leave their name off of the envelope and correspondence if they want to remain anonymous.

Resident Interviews - residents said they were told at intake and see posters that tell them they can write to an outside organization to report anonymously. Some recalled that it was the Crime Victims Unit.

Tour Observation - PREA reporting posters were observed throughout the facility. The posters provided information about reporting to the Crime Victims Unit by writing and the resident can remain anonymous.

c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure.”

Random Staff Interviews - Staff said they were required to receive reports from residents or third parties both verbally and in writing. All staff said they would have to immediately report the information to their supervisor or the Unit Supervisor.

Staff are required to document the report in a interoffice communication to their supervisor and the Unit Supervisor.

d) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct.” The Employee Handbook was provided for review. It informs staff at the end of an employee reporting line to call for reporting unprofessional conduct. It also instructs staff to immediately report any knowledge or suspicion of sexual abuse of an inmate to their immediate supervisor or the Chief Administration Officer of the facility.

Random Staff Interviews - All staff said they could make a private report by talking privately to their supervisor, the Unit Supervisor or by calling the PREA hotline or Clear Line. They could make the call when off work and could be anonymous.

The facility meets the provisions of this standard based on the information above from tour observations, interviews, policies and documents reviewed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

b) Missouri DOC policy D5-3.2 Offender Grievance states “The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offender sexual abuse.” “The department shall not require an offender to use the informal grievance process or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.” “Nothing in this section shall restrict the agency’s ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired.” The policy allows for any complaints regarding sexual abuse to bypass the informal process and proceed immediately to grievance stage.

c) Missouri DOC policy D5-3.2 Offender Grievance states “The department shall not require an offender to use the informal grievance process or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.”

d) Missouri DOC policy D5-3.2 Offender Grievance states “Offender grievances alleging sexual abuse shall be processed as follows: If determined to be a non-emergency the CAO or designee shall respond within 30 calendar days of receipt. Non-emergency offender grievance appeals alleging offender sexual abuse shall be processed as follows: a response shall be provided as soon as practical, but no later than 60 calendar days of receipt. Computation of the 60 day time period shall not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by the offender grievance unit at central office. Appeals shall be referred to the deputy division director or designee. An extension of time to respond, of up to 70 calendar days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender shall be notified in writing of such extension and shall be provided a date by which a response shall be provided. During the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for a reply, including extension, the offender may proceed to the next level of the offender grievance process.”

The facility reported on the PAQ there were no residents that reported sexual abuse through a grievance during the review period. One filed a grievance that reported sexual harassment that is pending investigation.

e) Missouri DOC policy D5-3.2 Offender Grievance states “Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives the documentation from the reporting third party, it shall be attached to the grievance form and shall immediately be recorded in accordance with this procedure. A copy of the documentation shall also be

forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The CCM shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request processed on his behalf, the CCM shall document the offender's decision and the complaint shall be considered withdrawn for grievance purposes."

f) Missouri DOC policy D5-3.2 Offender Grievance states "If the CAO or the PREA site coordinator determines that the complaint meets the definition of a PREA emergency grievance, the grievance shall be addressed as follows: The CAO or designee shall prepare an initial response which shall be attached to the grievance and provided to the offender within 48 hours of receipt of the initial filing date. The offender shall sign and date the response. A final response from the CAO or designee shall be provided to the offender within 5 calendar days from the initial filing date. The offender shall sign and date the form. The initial and final response for the grievance shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance."

The facility reported on the Pre-Audit Questionnaire no emergency grievances reporting sexual abuse during the review period.

g) The Chief Administrative Officer provided a memorandum that says there were no sexual abuse grievances that were filed in bad faith during the review period.

The facility meets the provision of this standard based on the information from interviews, policies and documents reviewed.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "Each facility shall offer alleged victims of offender sexual abuse, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, during the investigative process. When an allegation of sexual harassment is forwarded for investigation, the alleged victim of sexual harassment will be offered a victim advocate. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution."</p> <p>Qualified Staff Victim Advocate Interview - FCSC has a staff trained to be a qualified victim advocate. The training certificate was provided by the facility. The training was provided by victim advocates from the Missouri Coalition Against Domestic</p>

Violence. The qualified staff victim advocate said she would offer victim advocate services to a resident victim of sexual abuse at the investigative interview or assist prior victims of sexual abuse with emotional support and connecting them with other agencies that are part of the MOU that can provide services as well.

Resident Interviews - Residents were asked if they were told there are services available for victims of sexual abuse and sexual harassment. They could recall staff telling them at orientation about victim services. They knew one of the staff was a victim advocate and that they could write to organizations they see on posters on the wall. One resident that reported sexual abuse was offered a victim advocate when she reported. She said she saw the staff victim advocate.

Tour Observations - During the tour, signs that provided information about two victim advocate organizations were observed posted on the walls by the phones and in the living areas. The PREA brochure that is provided at intake informs residents a victim advocate will be provided if requested. A copy of the poster and PREA brochure was provided through the PAQ.

b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "Before being given access to a victim advocate, the offenders shall be informed of the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws."

Victim Advocate Posters - Victim Advocate posters were observed in living area and by the phones on the facility tour. The posters provided the contact information to Just Detention International and the Rape, Abuse and Incest National Network. This auditor contacted Just Detention International and was informed they had not received any correspondence during the review period. The posters inform inmates that telephone calls are monitored and that mail to these organizations is confidential and not subject to examination.

c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member."

FCSC is a member of a Coordinated Community Response Team with an MOU that provides victim advocate services for residents if they go to the local hospital for forensic medical services. The Coalition Against Rape and Domestic Violence is the advocacy organization.

The facility meets the provisions of this standard based on the information from tour observations, interviews, policies and documents reviewed.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Tour Observations – Posters with information about reporting sexual abuse and sexual harassment were posted in the entrance/visiting area.</p> <p>MODOC PREA Webpage – The Missouri DOC PREA webpage provides information under the Friends and Family section for reporting sexual abuse and sexual harassment by calling, writing or emailing. This was observed at https://doc.mo.gov/programs/PREA.</p> <p>Resident Interviews – Most residents knew their family could report sexual abuse or sexual harassment for them if they contacted the facility or call the PREA hotline.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Failure to report offender sexual abuse is a Class A misdemeanor in accordance with Missouri state statute. All staff members, 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.”</p> <p>Random Staff Interviews – All Staff said they are required to report all information, knowledge, or suspicion of sexual abuse or sexual harassment, retaliation, or staff neglect to report. Staff said they are mandated reporters by state law. The information can be provided verbally initially and then in a written report as soon as possible.</p> <p>b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “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.”</p> <p>Random Staff Interviews – Staff said the information about an incident of sexual abuse or sexual harassment they receive from a resident is confidential and can only be shared with staff that are directly involved in the response. They cannot talk about an ongoing investigation with other staff.</p> <p>c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Medical and mental health staff members shall inform offenders at the initiation of</p>

	<p>services of the practitioner's duty to report in accordance with statutes.”</p> <p>Fulton CSC does not have medical staff or mental health staff.</p> <p>d) A search of the internet found reports of sexual abuse of a vulnerable adult must go to Adult Protective Services at the Department of Health and Senior Services.</p> <p>Facility Director Interview - The Chief Administrative Officer said FSCS does not house residents under 18 years of age. If the resident fit the definition of a vulnerable adult under state law, a report of sexual abuse would be provided to the Adult Protective Services as required.</p> <p>e) Facility Director Interview - The Chief Administrative Officer said all allegations of sexual abuse and sexual harassment are referred to the investigators in the PREA Unit at central administration for the MODOC. FCSC does not have investigators.</p> <p>One completed investigation was provided for review. The resident called the PREA hotline and reported an incident of staff sexual misconduct. A Request for Investigation was sent by the CAO to request an investigation. A PREA Unit Investigator completed the investigation.</p> <p>The facility meets this standard based on the information from interviews, policies and documents reviewed.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist.” The facility reported zero incidents of imminent risk of sexual abuse in the past 12 months.</p> <p>Agency Head Interview - The Division Director said the facility would immediately remove an offender from a situation that is a substantial risk of imminent sexual abuse. The facility could move the offender to another work, program, housing assignment or place the offender in protective custody and transfer to another facility.</p> <p>Facility Director Interview - The Chief Administrative Officer said if a resident reports a substantial risk of imminent sexual abuse, the supervisor on the shift will immediately notify her. The supervisor at the facility will place the victim in the</p>

	<p>small separate living area to separate from the alleged perpetrator. The PREA Unit would be immediately contacted. The facility has not had an incident of risk of imminent sexual abuse in the last 12 months.</p> <p>Random Staff Interview – Staff said if a resident was at risk of imminent sexual abuse, they would immediately try to determine who the perpetrator is and separate from the victim. The victim could be placed in a separate small living area and staff would stay with her.</p> <p>The facility meets the standard based on the information from interviews and policies reviewed.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>a-c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Upon receiving an allegation that an offender was sexually abused while confined at a facility outside of the department, the CAO or designee or the appropriate office shall ensure the outside facility is notified of the allegation within 72 hours. The CAO or designee shall maintain documentation of the allegation received and when the outside facility was notified with the allegation.”</p> <p>Facility Director Interview – The Chief Administrative Officer said if a resident reports to FCSC staff an incident of sexual abuse that occurred at another facility, the staff will document the information in a report and provide the report to the shift supervisor and her. She said she will call the other facility to provide an immediate notification and then send the information to the facility head via email within 72 hours. If the investigator for the other facility needs additional information from the resident, she will assist by making the resident available to the investigator or contacting a PREA Unit Investigator. She said the facility has not had a resident report sexual abuse that occurred at another facility during the last 12 months. This was reported on the PAQ.</p> <p>d) Facility Director Interview – The Chief Administrative Officer said if she is contacted by another facility head about a report of sexual abuse from a former FCSC resident, she will forward the report to the PREA Unit and request an investigation. She said FCSC has not received a report of sexual abuse that occurred at FCSC from another facility in the last 12 months.</p> <p>The facility meets the standard based on the information from interviews, policies and documents reviewed.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a-b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “In the event of an allegation of a penetration act, the first responder shall take the following steps: (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. (4) The shift supervisor shall make telephone notifications and respond as outlined in the facility’s coordinated response to offender sexual abuse protocol.”</p> <p>Random Staff Interviews – Security Staff said if a resident reports being sexually assaulted within the last 72 hours they would instruct the victim to not change clothes, shower, brush teeth, eat drink, smoke or use the restroom in order to protect evidence from being destroyed. Non-security staff said they would instruct the victim not to change clothes, shower, brush teeth, eat drink, or use the restroom in order to protect evidence from being destroyed. They would then notify security staff, specifically the supervisor on the shift, and wait for security staff to come take custody of the inmate. All staff said they would separate the victim from other residents and keep her safe.</p> <p>One investigation of sexual abuse was provided for review. The incident did not involve first responders or DNA evidence.</p> <p>The facility meets the standard based on the information from interviews, policies and documents reviewed.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility provided Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment as the coordinated response plan for FCSC. Though the policy has a section that provides guidance to facilities on the development of a coordinated response plan, an agency policy cannot be used as the facility plan.</p>

	<p>Warden Interview – The Warden said the facility has a plan that provides the actions to be taken in response to a report of sexual abuse. The plan provides the responsibilities for first responders, investigators, medical and mental health, and notification to him and the PREA Site Coordinator.</p> <p>CORRECTIVE ACTION REQUIRED: The facility must provide a coordinated plan for review that provides the actions taken in response to a report of sexual abuse by first responders, medical, mental health, investigators and facility leadership that is specific to FCSC.</p> <p>Corrective Action Completed: The facility provided the Coordinated Response to Offender Sexual Abuse for review. This is FCSC’s institutional plan to coordinate staff actions in response to an allegation of an incident of sexual abuse. The plan provides basic roles to staff first responders, the Shift Commander, PREA Site Coordinator, victim advocate staff, and the Chief Administrative Officer or designee. The plan specifies staff response to allegations of penetration and non-penetration incidents of sexual abuse that includes contacting local law enforcement.</p> <p>Based on information from interviews and documents reviewed, the facility meets the standard.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>a-b) MDOC policy D2-11.6 Labor Organization states “Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department’s ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”</p> <p>Agency Head Interview – The designee for the MODOC Director said the Missouri DOC does have an active bargaining unit agreement, but it does not limit the agency’s ability to remove staff alleged to have committed sexual abuse away from inmates during the investigation the same as other staff.</p> <p>PREA Coordinator Interview – The PREA Coordinator said the Missouri DOC has a collective bargaining agreement for staff, but it does not prevent the removal of staff from contact with an offender that alleged sexual abuse by the staff. He said the agreement has expired and has not been renewed.</p> <p>Document Review – the expired agreement was provided for review. The agreement presented expired in October of 2013. The MODOC does not have a labor</p>

	<p>agreement that prevents the removal of staff during an investigation of sexual abuse or sexual harassment.</p> <p>The facility meets the standard based on information from interviews, policies and documents reviewed.</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The PREA site coordinator shall ensure victims, individuals who report sexual abuse, and those that cooperate with offender sexual abuse investigations are monitored and protected from retaliation.”</p> <p>b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment requires the PREA Site Coordinator to offer emotional support services to offender victims, witnesses, reporters, staff reporters and staff witnesses.</p> <p>Agency Head – The Assistant Director said retaliation monitoring is conducted for all victims, witnesses and reporting parties. Monitoring meetings occur at 30, 60 and 90 days. If retaliation is reported it is investigated.</p> <p>Facility Director – The Chief Administrative Officer said she is currently conducting retaliation monitoring while the Unit Supervisor position is vacant. If resident retaliation is suspected or reported, she would meet with the resident and separate them by moving the resident that is retaliating to the small living area that is separate from the main living area if the circumstances allow. progressive discipline may be used. If the retaliation is serious, the resident retaliating can be removed from the program/facility. If staff are retaliating, she would separate the staff from the resident area or put them on a temporary suspension depending on the circumstances and use progressive discipline.</p> <p>c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation is unfounded.”</p> <p>Facility Director – The Chief Administrative Officer said she meets with the resident victim for the initial meeting soon after the report is made and then meets with them every 30 days for up to 90 days. To monitor for retaliation, she reviews conduct, changes in bed assignment or loss of privileges. She also monitors the</p>

provision of emotional support services. She said she also asks the resident if they think someone is retaliating against them. If there is retaliation, she will have it investigated immediately. If there is a need to continue monitoring, she can extend it for 90 days.

Resident Interview - a resident that reported sexual abuse said she was meeting with the CAO every 30 days. The first meeting was a few days after reporting. She said there have been 3 meetings at the time of the interview.

Document review - Three Assessment/Retaliation Status Checklist forms from the single investigation were provided for review. There was an initial, 30 day and 60 day review. each form documented the conversation

d) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "Monitoring shall include face-to-face status checks."

Facility Director - The Chief Administrative Officer said the meeting with the resident are face to face every 30 days for a total of four meetings.

Resident Interview - a resident that reported sexual abuse said the meetings were face to face meetings with the CAO.

e) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "Reporters and witnesses shall be monitored for retaliation at the minimum of one time utilizing the assessment-retaliation status checklist form. If no retaliation is reported, monitoring will cease." This requirement of the policy should include inmate reporters. Provision (d) requires inmates to have periodic status checks and provision (c) requires monitoring for 90 days. As a result, inmate reporters must also have periodic meetings for 90 days the same as inmate victims. The policy and practice must be changed to conduct monitoring for inmate reporters the same as monitoring for inmate victims.

Agency Head - The Assistant Director said retaliation monitoring is conducted for all victims, witnesses and reporting parties. Monitoring meetings occur at 30, 60 and 90 days. If retaliation is reported it is investigated.

Facility Director - The Chief Administrative Officer said if witnesses or other residents or staff that cooperate with an investigation express a fear of retaliation, she will conduct monitoring for them as well.

CORRECTIVE ACTION REQUIRED: Provision (d) requires inmates to have periodic status checks and provision (c) requires monitoring for 90 days. As a result, inmate reporters must also have periodic meetings for 90 days the same as inmate victims. The policy and practice must be changed to conduct monitoring for inmate reporters the same as monitoring for inmate victims. Provide the policy change and documentation of the change in policy and practice being communicated to all PREA Site Coordinators.

Corrective Action Completed: The Agency has updated policy D1-8.13 Offender Sexual Abuse and Harassment to now include third-party inmate reporters in face-

	<p>to-face monitoring meetings for 90 days, aligning with the existing monitoring requirements for inmate victims. Staff who report sexual abuse will undergo 90 days of monitoring and receive a flyer detailing how to report any retaliation to the Warden, PREA Hotline, CLEAR line, PREA Email, or the Office of Professional Standards email. Offenders or staff who cooperate in a sexual abuse investigation as witnesses and express concerns about retaliation will be evaluated and protected from retaliation. This policy revision and its implementation were communicated to the PREA site Coordinators (PCM) by the PREA Unit Manager (PREA Coordinator) on August 23, 2024, via email.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment.”</p> <p>PREA Unit Investigator - The PREA Unit Investigator said she is immediately contacted by the facility when there is a clear sexual abuse allegation. If it is not clear, the Institutional Investigator will review the initial information and talk to the victim to gather more information to determine what type of incident occurred.</p> <p>Investigation File Review: One investigation of sexual abuse completed during the review period was provided for review. The incident involving staff was reported to another staff on the day of the incident. The Facility Director was notified the day of the incident. The staff was removed from the facility. A request for investigation was sent to the PREA Unit. The investigation was promptly started when the RFI was received. The investigation thoroughly documented video evidence, interviews, a background review, actions of staff, and the basis of the outcome.</p> <p>b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Investigators shall receive specialized PREA investigation training prior to conducting an investigation involving offender sexual abuse.” The PREA Unit Investigators conduct all of the sexual abuse investigations</p> <p>PREA Unit Investigator - The PREA Unit Investigator said she has completed the NIC Sexual Abuse Investigations in a Confinement Setting, the NIC Advanced Sexual Abuse Investigations training and training by VAWA online.</p> <p>Document Review - NIC training certificates were provided for 12 investigators in the PREA Unit.</p> <p>c) PREA Unit Investigator Interview - The PREA Unit Investigator said she receives a</p>

Request For Investigation from the facility and the PREA Notification Checklist when there is a sexual abuse or sexual harassment allegation. The PREA Unit Investigators conduct the administrative and criminal investigations for sexual abuse and sexual harassment for FCSC. She reviews the initial information, reviews video evidence if available, conducts a background investigation of the victim and subject, interviews the victim, witnesses and subject. She will collect physical evidence from forensic exams or at the scene of the incident.

d) PREA Unit Investigator Interview - The PREA Unit Investigator said they do not conduct compelled interviews. If a possible criminal violation is identified, she will contact the local prosecuting attorney to write the Probable Cause Statement and send it certified mail to document the referral.

e) PREA Unit Investigator Interview - The PREA Unit Investigator said she is not allowed to subject the victim to a truth telling device. The subject of the investigation could be asked to complete a voice stress analysis. She determines the subject's credibility on a case-by-case basis from the background review of prior criminal history, PREA investigations and conduct history.

Resident Interview - the resident that reported sexual abuse did not report being subjected to a truth telling device as part of the investigation.

f) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "Administrative investigations shall include an effort to determine whether staff member actions or failure to act contributed to the abuse."

PREA Unit Investigator - The PREA Unit Investigator said she reviews staff actions in relation to the coordinated response plan, policies and procedures. This is documented in the administrative investigation report.

Investigation File Review - One investigation was reviewed. Staff actions that contributed to the incident were documented in the investigation report.

g) PREA Unit Investigator Interview - The investigator said she documents physical evidence collected, all interviews conducted, the review of video evidence and documentary evidence for criminal investigations.

The investigation reviewed was not a criminal investigation.

h) PREA Unit Investigator Interview - The investigator said if a possible criminal violation is identified, she will contact the local prosecuting attorney for guidance and to write the Probable Cause Statement. She will send it certified mail to document the referral.

i) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "Inquiries regarding offender sexual abuse and harassment and all supporting documents shall be retained as long as the alleged perpetrator is incarcerated or employed with the department, plus 5 years and in accordance with the department procedure regarding records retention."

	<p>j) PREA Unit Investigator Interview – The PREA Unit investigator said if the victim or the subject left the facility, she would do her best to contact staff via telephone with contact information from HR or contact the Parole Officer for the inmate to arrange a phone interview.</p> <p>Investigation File Review – In the only investigation during the review period, the staff subject of the investigation left the facility the day of the incident and did not return. The investigator made several attempts to call the subject. The investigation was completed despite not being able to contact the perpetrator.</p> <p>The facility meets the provisions of the standard based on the interviews, policies and documents reviewed.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated.”</p> <p>Investigator Interview – The PREA Unit Investigator said preponderance of evidence is the evidence standard used for all administrative investigations by the Missouri DOC investigators. She said there must be more than 50% of the evidence supporting the alleged incident occurred as reported to be substantiated.</p> <p>Document Review – One investigation was completed during the review period and provided for review with an outcome of unsubstantiated for sexual abuse. The evidence standard used for the investigation was preponderance of the evidence.</p> <p>The facility meets this standard based on the interview, policy and document reviewed.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Upon the completion of an offender sexual abuse investigation, the department’s PREA unit shall make written notification to the alleged victim regarding the</p>

outcome of the investigation utilizing the applicable PREA alleged sexual abuse by offender notification form or the PREA alleged sexual abuse by staff member notification form.”

Director Interview – The Regional Parole Supervisor/Unit Supervisor said when an investigation concludes, the PREA Unit Investigator will send a written notification of outcome to the facility PREA Site Coordinator. The PREA Site Coordinator will provide the notification to the resident.

Investigator Interview – The PREA Unit Investigator said she fills out the written notification for the outcome of the investigation and sends it to the PREA Site Coordinator at FCSC so it can be provided to the resident. There are two forms, one for incidents involving staff and one for incidents involving inmates or residents.

She completed a PREA Alleged Sexual Abuse by Staff Member Notification form for the one investigation completed at FCSC in the last 12 months and sent it to the facility PREA Site Coordinator to provide to the resident.

Document Review – A PREA Alleged Sexual Abuse by Staff Member Notification form was completed for the one sexual abuse investigation conducted at FCSC during the last year. The form was signed by the resident and the staff providing the notification of investigation outcome.

Resident Interview – A resident that reported an allegation of sexual abuse said she knew the outcome and that the staff no longer worked at the facility.

c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of the investigation, the offender shall be notified when the following occurs (unless the investigation is unfounded); The staff member perpetrator is no longer assigned to the housing unit; The staff member perpetrator is no longer employed by the department; The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution; A disposition of charges exists related to sexual abuse within the institution.”

Resident Interview – A resident that reported an allegation of sexual abuse said she signed a notification form but didn’t recall getting a copy of it. She said she knew the outcome and that the staff no longer worked at the facility.

d) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Offender on offender allegations: following the completion of an investigation, the offender shall be notified when the following occurs: (1) The offender has been indicted on a charge related to sexual abuse within the institution. (2) A disposition of charges exists related to sexual abuse within the institution.” There were no completed investigations of sexual abuse committed by a resident on another resident during the review period. Two examples were uploaded to the PAQ that were not for residents at FCSC. They were for inmates at other male MODOC facilities.

	<p>e) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The PREA unit shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner.”</p> <p>Document Review – A PREA Alleged Sexual Abuse by Staff Member Notification form was completed for the one sexual abuse investigation conducted at FCSC during the last year. The form was signed by the resident and the staff providing the notification of investigation outcome.</p> <p>The facility meets the provisions of this standard based on the interviews, documents and policies reviewed.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures.” The policy follows this provision.</p> <p>b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse.” The policy follows this provision.</p> <p>The facility reported on the PAQ one staff was terminated for violating the sexual abuse and sexual harassment policy. A review of investigation records shows the one sexual abuse investigation was unsubstantiated. The staff termination was a result of a substantiated finding for unprofessional conduct.</p> <p>c) The facility reported on the PAQ one staff discipline for violation of the sexual abuse and sexual harassment policy during the last 12 months</p> <p>d) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement.” The policy follows this provision.</p> <p>The facility reported on the PAQ no staff reported to law enforcement or professional licensing boards. There was no substantiated sexual abuse allegations based on a review of the investigation files.</p> <p>The facility meets the provisions of this standard based on the documents and policies reviewed.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement.” The policy reflects the provisions of the standard. The COA provided a memorandum that states “The Fulton CSC has not had any corrective action incidents for our volunteers or contractor this audit period.” There were no investigations involving a volunteer or contract staff.</p> <p>Facility Director – The Chief Administrative Officer said if a volunteer or contract staff were to be involved in an incident of sexual abuse or sexual harassment, she would temporarily suspend them pending the investigation outcome. If the investigation is substantiated, she would terminate their involvement with the facility. If the volunteer or contract staff had a professional license, she would refer the information to the Missouri Division of Professional Registration.</p> <p>The facility and agency meet this standard based on interviews, documents and policies reviewed.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Offenders shall be subject to corrective actions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program.” The policy reflects this provision of the standard. The facility reported on the PAQ there were no resident on resident administrative of criminal findings of sexual abuse during the last 12 months.</p> <p>b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program.” The policy reflects this provision of the standard.</p> <p>Facility Director – The Chief Administrative Officer said if a resident is found to have</p>

committed sexual abuse or sexual harassment, she would be disciplined in accordance with the severity of the offense and prior history of discipline.

c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "The corrective action process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." The policy reflects this provision of the standard.

Facility Director - The Chief Administrative Officer said mitigating factors, such as cognitive disabilities, would be considered in determining sanctions. Sanctions could be loss of privileges or removal from the program.

d) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "If found guilty of sexual abuse, the PREA site coordinator or designee shall submit a referral and screening note - health services form to ensure the perpetrator shall be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse."

Facility Director - The Chief Administrative Officer said a resident that is determined to have committed sexual abuse will be referred for mental health counseling by an outside agency.

e) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact."

f) Missouri DOC policy IS19-1.6 Offender Accountability Program states "a report of sexual misconduct, made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying." The policy reflects this provision of the standard.

g) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." The policy reflects this provision of the standard.

Missouri DOC Probation and Parole policy P4-4.30 Documenting and Responding to Violations of Facility Rules states under section C Violations of Sexual Misconduct General Information "If prohibited consensual sexual activity is identified, then facility staff may sanction clients for such activity and shall not be considered a Prison Rape Elimination Act."

The facility meets the provisions of the standard based on the information from interviews and policies reviewed.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 1437 544">a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment.”</p> <p data-bbox="280 577 1477 779">The COA provided a memorandum that states “Local mental health issues are referred to the Arthur Center. Medical issues are referred to the hospital or local medical providers. We do not provide onsite services.” There was one investigation that occurred during the review period that did not require emergency medical services. The incident was determined to not be sexual abuse.</p> <p data-bbox="280 813 1477 1059">b) Staff Interviews - Staff said if a resident reports sexual abuse to them, they would separate the victim from the perpetrator and contact the COA. The supervisor on shift would call the hospital and they would help take the resident to the hospital if they were told to. Two shift supervisors were interviewed. Both said they have protocols that involve contacting the hospital and arranging for the victim to be transported.</p> <p data-bbox="280 1093 1398 1294">c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Victims of sexual abuse shall be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate.”</p> <p data-bbox="280 1328 1461 1417">Facility Director - The Chief Administrative Officer said the emergency rooms would provide access to contraception STI treatment.</p> <p data-bbox="280 1451 1390 1608">d) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p data-bbox="280 1641 1414 1720">The facility meets the provisions of this standard based on the information from interviews and policies reviewed.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

a-b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody.”

The COA provided a memorandum that states “Local mental health issues are referred to the Arthur Center. Medical issues are referred to the hospital or local medical providers. We do not provide onsite services.”

Facility Director – The Chief Administrative Officer said outside medical and mental health facilities, such as Parkland Health, would provide treatment, follow up care and referrals upon release.

c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Victims and abusers shall be provided with medical and mental health services consistent with the community level of care.”

Facility Director – The Chief Administrative Officer said all medical and mental health services are provided in the community at Parkland Health.

d-e) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate.”

The COA provided a memorandum that states the FCSC has not had any incident of sexual abuse that involved vaginal penetration during the review period.

Facility Director – The Chief Administrative Officer said residents would be offered a pregnancy test and information about lawful pregnancy related medical services at Parkland Health.

f) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Victims of sexual abuse shall be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate.”

Facility Director – The Chief Administrative Officer said Parkland Health would offer STI testing and treatment when necessary.

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

The COA provided information regarding the Sexual Assault Forensic Exam program through the Missouri Department of Public Safety that covers the costs for forensic

	<p>exams for victims of sexual abuse.</p> <p>h) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator shall submit a referral and screening note - health services form to ensure the perpetrator shall be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse.”</p> <p>The COA provided a memorandum that states “Local mental health issues are referred to the Arthur Center. Medical issues are referred to the hospital or local medical providers. We do not provide onsite services.”</p> <p>The facility meets the provisions of this standard based on the information from interviews, documents and policies reviewed.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation. A sexual abuse incident debriefing is not required following offender sexual harassment investigations or when a sexual abuse investigation is unfounded.” The policy reflects this provision of the standard.</p> <p>Document Review - A PREA Sexual Abuse Debriefing form was provided for an investigation of sexual abuse that was unsubstantiated. The review team consisted of the COA, Unit Supervisors for Parole, shift supervisors, and staff that received the report.</p> <p>b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation. A sexual abuse incident debriefing is not required following offender sexual harassment investigations or when a sexual abuse investigation is unfounded.” The policy reflects this provision of the standard.</p> <p>Document Review - The PREA Sexual Abuse Debriefing form was completed twenty days after the investigations concluded.</p> <p>c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners.” The</p>

	<p>policy reflects this provision of the standard.</p> <p>Document Review - The review team consisted of the COA (PREA Site Coordinator), Unit Supervisors for Parole and programs, shift supervisors, and staff first responders that received the report.</p> <p>d) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The PREA sexual abuse incident debriefing report shall be completed by the PREA site coordinator outlining in detail the findings of the incident debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse incident debriefing form.” The form requires the review team to answer questions for the five factors in this standard.</p> <p>Document Review - The PREA Sexual Abuse Debriefing form documented the review. The review covered how the incident was reported, physical barriers, motivating factors (i.e. race, ethnicity, sexual orientation, gang affiliation), housing assignment based on risk assessment, staffing levels, medical response, mental health response, video monitoring, possible need for policy change, and problems identified.</p> <p>e) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented.” The policy reflects this provision of the standard.</p> <p>Document Review - The PREA Sexual Abuse Debriefing form documented a problem identified in response to the report. The corrective actions were documented.</p> <p>Facility Director/PREA Coordinator/Incident Review Team - The Chief Administrative Officer said the incident review team consists of the PREA Site Coordinator (her), other Unit Supervisors, Investigator, shift supervisors and first responder. All evidence and the investigation report are reviewed. The staff response to the report, actions that may have contributed to the incident, staffing levels/monitoring, victim characteristics, perpetrator characteristics/history are all reviewed. Corrections are made if problems are identified that is facility specific. Corrections for agency level issues are recommended and sent to the PREA Unit.</p> <p>The facility meets the provisions of this standard based on the information from interviews, documents and policies reviewed.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states

	<p>“Annual Site Report: Each facility shall utilize information from the offender sexual abuse incident debriefings to prepare an annual report to be submitted to the department’s PREA manager by the last working day in March.” The policy provides the definitions for sexual abuse and sexual harassment in section II. The definitions are equal to the definitions in the PREA standards.</p> <p>b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Agency Report: The PREA manager shall prepare an annual report compiling each facility’s current year’s data and corrective actions.”</p> <p>c) Missouri DOC Annual Report - The 2022 and 2021 MODOC PREA Annual Reports were reviewed. The reports provided a table of data broken down by incident type and outcomes. This data can be used to complete the Survey of Sexual Victimization summary report.</p> <p>d) PREA Coordinator Interview - The PREA Coordinator said all information and data from incidents of sexual abuse and sexual harassment are retained in the Investigative Reporting Intelligence System.</p> <p>f) PREA Coordinator Interview - The PREA Coordinator said he uses the data and incident information for substantiated investigations from the Investigative Reporting Intelligence System to complete the Survey of Sexual Victimization when it is requested.</p> <p>The facility meets the provisions of this standard based on information from interviews, documents and policies reviewed.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a-b) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “Agency Report: The PREA manager shall prepare an annual report compiling each facility’s current year’s data and corrective actions. a. The report shall include: (1) a comparison with prior year's data, (2) corrective actions, and (3) an assessment of the department's progress in addressing offender sexual abuse.”</p> <p>2021 & 2022 PREA Annual Report - The PREA Annual Report includes a trend analysis of the data, a comparison of data from 2013 to 2022 and a summary of ongoing corrective actions.</p> <p>Agency Head - The Division Director said incident data is used to assess and improve housing assignments, video monitoring and staffing levels. Additional training is provided to staff through PREA Unit staff speaking at basic training courses.</p>

	<p>PREA Coordinator – The PREA Coordinator said the annual report compares data since 2013 and summarizes ongoing corrective actions.</p> <p>c) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The department's annual PREA report shall be made available to the public on the department's internet website.”</p> <p>Agency Head – The Division Director said the Director approves the report prior to posting it on the department’s website.</p> <p>Document Review – The PREA Annual Reports from 2010 to 2022 were found posted on the MODOC PREA webpage at https://doc.mo.gov/programs/PREA. Though the Agency Head Designee said the reports are reviewed and approved by the Director, the reports are not signed by the Director either electronically or by signature. It is recommended that the annual report be signed by the Director or designee each year.</p> <p>d) Missouri DOC policy D1-8.13 Offender Sexual Abuse and Harassment states “The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited.”</p> <p>PREA Coordinator – The PREA Coordinator said personally identifying or confidential information about incidents are not included in annual reports.</p> <p>The facility and agency meet this standard based on interviews, documents and policies reviewed.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Coordinator – The PREA Coordinator said the PREA incident information is securely stored in the Investigative Reporting Intelligence System (IRIS). Access to IRIS is limited to investigators, PREA Site Coordinators, Warden’s and other staff directly involved in incident investigation and review.</p> <p>Missouri DOC Annual PREA Report - The PREA Annual Reports from 2010 to 2022 were found posted on the MODOC PREA webpage at https://doc.mo.gov/programs/PREA. The last two years of PREA Annual Reports were reviewed and found to have a comparison of sexual abuse data from 2013 to 2022. The reports did not contain any personal identifiers.</p> <p>The facility and agency meet this standard based on the information from the PREA Coordinator interview and review of annual reports found on the MODOC PREA</p>

	webpage.
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A review of the Missouri DOC website PREA page shows PREA audits are being completed on one third of the facilities per year. Fulton Community Supervision Center was audited three years ago. The PREA Coordinator stated during his interview, the Missouri DOC has been receiving PREA audits in all of their facilities during all audit cycles.</p> <p>This auditor was given access to all areas of the facility during the facility tour and provided with all documents requested.</p> <p>This auditor conducted interviews with residents in a private room.</p> <p>A notice of audit was sent on January 26, 2024 to be posted six weeks prior to the onsite audit. The email was missed and the notices were posted on March 5, 2024. They will remain posted for six weeks from March 5th. The notice was posted throughout the facility two weeks prior to the onsite audit, notifying inmates they could send confidential correspondence to this auditor. No letters were received prior to the onsite audit from inmates. No correspondence has been received six weeks since the notice was posted.</p>

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A review of the Missouri DOC website PREA page found PREA audit reports for all MODOC facilities from 2014 to 2023.</p> <p>The agency has been posting all final audit reports on its website as required by this standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone 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)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: 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?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of 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)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	no
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	no
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure 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, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all 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, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all 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, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	no
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes