

**PREA AUDIT REPORT    Interim    Final**

**COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** September 1, 2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Lynn S. Guyer			
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<b>Date of facility visit:</b> August 11, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Fulton Community Supervision Center			
<b>Facility physical address:</b> 1397 State Road O, Fulton Mo. 65251			
<b>Facility mailing address:</b> <i>(if different from above)</i> P.O. Box 6008, Fulton Mo. 65251			
<b>Facility telephone number:</b> 573-592-4061			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Karen Dugan      Dungan			
<b>Number of staff assigned to the facility in the last 12 months:</b> 43			
<b>Designed facility capacity:</b> 32			
<b>Current population of facility:</b> 25			
<b>Facility security levels/inmate custody levels:</b> Field Supervision			
<b>Age range of the population:</b> 18 Plus			
<b>Name of PREA Compliance Manager:</b> Denise Kingsley		<b>Title:</b> Unit Supervisor/PREA Coordinator	
<b>Email address:</b> denise.kingsley@doc.mo.gov		<b>Telephone number:</b> 573-592-4061	
<b>Agency Information</b>			
<b>Name of agency:</b> Fulton Community Supervision Center			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Missouri Department of Correction			
<b>Physical address:</b> 2729 Plaza Drive, Jefferson Mo. 65102			
<b>Mailing address:</b> <i>(if different from above)</i> N/A			
<b>Telephone number:</b> 573-751-2389			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> George Lombardi		<b>Title:</b> Director	
<b>Email address:</b> George.lombardi@doc.mo.gov		<b>Telephone number:</b> 573-526-6607	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Vevia Sturm		<b>Title:</b> PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

On August 11<sup>th</sup>, 2015 I conducted an audit of the Fulton CSC. I arrived at the facility at 0800 and completed a briefing with the Unit Supervisor, District Administrator and the state PREA Coordinator. I explained the process of the audit and my time schedule. Based on the size of the facility, which is small, I communicated I would be at the facility approximately six hours. After conducting the briefing, Fulton staff conducted a tour with me. I was able to see the video components for the facility which were adequate for the size and layout of the facility. I also observed numerous posting throughout the facility on the agency's zero tolerance policy to sexual harassment and abuse and how to report any harassment or abuse. I also found the facility to be very conducive for staff to detect abuse or harassment and the ability for residents to report. The audit was completed at 1430 with the out briefing.

### DESCRIPTION OF FACILITY CHARACTERISTICS

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

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

### SUMMARY OF AUDIT FINDINGS

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

While interviewing the onsite PREA Coordinator, the state PREA Coordinator and the District Administrator it is apparent the Missouri DOC has taken the PREA standards seriously and work towards insuring compliance with the standards.

Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

The Missouri Department of Corrections has policy which outlines their zero tolerance towards sexual harassment and abuse. The agency has established a statewide PREA Coordinator and onsite coordinator which title is Unit Supervisor. This auditor reviewed the policy and interviewed both the statewide PREA Coordinator and onsite Coordinator who both explained the zero tolerance policy. In interviewing staff and residents they both understood there was a policy which protected them against both sexual abuse and harassment.

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

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

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Fulton does not have any contracts for confining their residents with other agencies.

### Standard 115.213 Supervision and monitoring

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

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This auditor reviewed the staffing pattern which is adequate for the facility. The facility is currently down 4 security staff members which has a major impact on their security staffing. They have maintained having three officers on shift at all times, however it has created the issue of not always having a female on duty all times. The facilities video monitoring system is very good. The control center is able to observe all areas of the facility as well as go back and review video if necessary. Only staff that is authorized is allowed to review the recorded video.

While touring the facility this auditor found the layout of the facility to be very conducive to preventing sexual abuse and harassment. The facility recognized in the male restroom an area that was not observable by camera or staff. The facility grated that area off and uses it for

storage which the residents do not have access to.

Fulton is a co-ed facility in which the offenders are separated. When a resident arrives they are screened for their risk to be an abuser or be abused. Those residents are placed accordingly so that staff has more visual with them.

#### **Standard 115.215 Limits to cross-gender viewing and searches**

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

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At the time of the Fulton CSC Audit the facility was down four security staff members which required male staff to conduct pat searches of female residents. The facility keeps a log that tracks all cross-gender pat downs. There were no cross-gender strip searches. While interviewing staff and residents both stated at no time were they seen undressed or using the shower or bathrooms by opposite gender staff. Staff stated they never strip search a resident to determine if a resident is transgender or intersex. Offenders interviewed all stated they had not been subject to these searches.

This auditor reviewed training records that showed all staff was trained in conducting cross-gender pat searches, transgender pat searches and intersex searches. All staff interviewed stated that they treat all offenders professionally no matter their sexual orientation, race religious beliefs or any other issues.

#### **Standard 115.216 Residents with disabilities and residents who are limited English proficient**

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

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During the interviewing of staff and residents they were all aware that it is prohibited to use resident interpreters, readers or other types of assistance to report sexual harassment or abuse. They also understood that in certain situations the use of these individuals is acceptable if not using them would create a delay in the process. The facility has in place the process to obtain assistants for residents with disabilities or language issue that are outside the facility.

### Standard 115.217 Hiring and promotion decisions

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

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The Missouri Department of Correction has policy in place that restricts the hiring, promoting or contracting with an individual that has been adjudicated, or investigated. All contractors, volunteers, part time employees and interns are required by Missouri DOC Policy and Procedure to take training concerning PREA requirements. The Missouri DOC requires that before new hires are offered employment a PREA check list must be completed, which includes if they have been employed by any other prison, community confinement, community treatment facilities, lockups etc. This check list includes whether the individual has been disciplined or charged with sexual abuse or harassment of a resident. Prior to promotions the Missouri DOC's Central Office Human Resource office must research the individual's personnel file to see if they have had any substantiated complaints of harassment or abuse. This is verbatim from Missouri DOC Policy and Procedure:

4. Prior to approval of a promotional appointment, regardless of the salary range, a check will be conducted of the employee's official personnel file through central office human resources. This check will be performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations will be considered by the department before an employee is promoted.

### Standard 115.218 Upgrades to facilities and technologies

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

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The only upgrade to the facility is their video monitoring system. The enhancement allows more ability to monitor the facility in real time. This is done by having split viewing on one monitor, as well as multiple monitors. There have been no other substantial upgrades to the facility.

### Standard 115.221 Evidence protocol and forensic medical examinations

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

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While conducting interviews with Fulton staff members they all understood the process for when a PREA incident was reported. Staff stated their first responsibility was to the safety of the resident and to protect the possible crime scene. Staff was able to articulate the basics of evidence protocol. They also were able to explain who investigates PREA incidents which is the investigators from the Fulton Prison which is located in close proximity. I interviewed one resident who was sexually abused by another resident while on the transport van. This resident stated they received medical attention and counseling. They were also allowed to make a phone call for support, which they called their spouse at Hannibal CSC. The resident stated they were interviewed by a DOC investigator and was given options for outside counseling services but declined them.

While interviewing the Unit Supervisor and District Administrator they stated they were aware of the allegation, however did not indicate if the incident was investigated. While reviewing the supporting documentation this auditor found that there were no investigation referrals concerning this incident or any other. After the writing of this report and upon review of the Fulton CSC staff and the State PREA Coordinator it was reported that this incident was in fact investigated by the IG's office and found unfounded. However the documentation does not show that there was a referral. This auditor does believe that the facility did follow the guidelines just did not maintain the documentation. This is based on what the resident stated to this auditor.

#### **Standard 115.222 Policies to ensure referrals of allegations for investigations**

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

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The Missouri Department of Corrections has policies and procedures in place to insure referrals of all allegations are investigated. Staff was able to explain the process for contacting the internal investigator for Missouri DOC. All Missouri investigators have had specialized training in investigations of PREA incidents. While interviewing one resident who had been sexually abused by another resident while being transported in the facility's van explained how their allegation was handled, which included their response to the allegation, how they were treated during the investigation and the follow-up, which covered the entire standards requirement.

#### **Standard 115.231 Employee training**

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

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While reviewing supporting documentation from the Fulton CSC and interviewing staff it was apparent that all staff has been trained and given a refresher training every twelve months. There is also a mandate by the Director of Missouri DOC that requires all existing and new

staff, interns, contractors and volunteers receive training on Sexual Abuse and Harassment against DOC residents. It also mandates that every twelve months these individuals will take a refresher on the training which is provided online.

### Standard 115.232 Volunteer and contractor training

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

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In discussions with the State PREA Coordinator, the CAO of the facility and the Unit Supervisor/PREA Coordinator it was evident that volunteers and contractors are given training on the requirements of reporting any sexual harassment or sexual abuse towards a Missouri DOC resident. Missouri DOC's policy states:

3. The volunteer site coordinator or designee will ensure record checks are completed as part of the approval process including:
  - a. criminal history checks,
  - b. an offender visiting record check,
  - c. former employee/volunteer record check,
  - d. if applicable, contact current institutional employer pertaining to information on sustained allegations of offender or resident sexual abuse and/or harassment, and
  - e. a check will be conducted through volunteer services to ensure there have been no sustained allegations of sexual abuse and/or harassment of an offender or resident.

### Standard 115.233 Resident education

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

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Upon arrival or within the first twenty four hours all residents are provided a PREA orientation to include sexual orientation perceived orientation, their concerns for safety or vulnerability. This auditor observed in numerous posting throughout the facility how to report sexual harassment or abuse. While interviewing staff and residents it was confirmed that these orientations are conducted, they also state that every morning a PREA announcement is placed over the intercom that explains the zero tolerance and how to report any incidents of sexual abuse or harassment. These announcements also include opposite sex staff on duty. All residents and staff knew how they could report sexual abuse or harassment. Staff and residents also knew how they could make a report privately. Even though the facility has not the issue of having English as a second language or disabilities in understanding the information they all knew how to obtain assistance for this. Missouri also has policy which this auditor observed that covers this issue. Each resident interviewed indicated that every time they have been transferred between facilities they have been given this orientation.

**Standard 115.234 Specialized training: Investigations**

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

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The Missouri DOC requires all new investigators to receive specialized training on how to conduct PREA investigations. While interviewing investigative staff at the Farmington CSC it was confirmed that all investigators are required to obtain specialized training in conducting PREA investigations. Also, while interviewing the state PREA Coordinator and on site PREA Coordinator it was confirmed that all Missouri DOC investigators receive specialized training in PREA investigations. Also the Missouri DOC policy states verbatim:

b. All new investigator and administrative inquiry officers (AIOs) or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training by the designated inspector general's office staff members

**Standard 115.235 Specialized training: Medical and mental health care**

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

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The Fulton CSC does not have any medical or mental health providers on staff; however they do have MOU’s with local providers that are trained in PREA responses.

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

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

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### **corrective actions taken by the facility.**

The Fulton CSC conducts a screening of all residents within the first 24 hours of arrival at the facility and again in 30 days. This auditor was able to confirm this with interviews with the staff and residents. All residents were able to articulate what questions were asked which are required by the PREA standard. The screening tool which was observed by this auditor and confirmed with the interviews of staff and residents confirmed that areas covered included the residents past incarceration history, their concern of safety, their sexual orientation, criminal history, their sexual orientation or their perceived sexual orientation. None of the residents interviewed indicated they had refused to answer any of the screening questions; however the Missouri DOC has policy that prohibits disciplining a resident for refusing. Information obtained during this screening is restricted to insure it is not used to exploit the resident.

### **Standard 115.242 Use of screening information**

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

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The Fulton CSC has a process in place that if an individual is determined to be at risk for sexual abuse or harassment or they are determined to be at risk to be a perpetrator they are strategically placed to give staff more visibility of them. The facility has not had any Transgender or Intersex residents. However, they have had Gay and Lesbian residents which they have taken steps to insure their safety if necessary.

### **Standard 115.251 Resident reporting**

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

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Fulton CSC educates all residents and staff on the multiple ways in which to report sexual harassment or abuse. These methods are covered during the resident's orientation as well as being provided in their handbook. This auditor also observed the posting throughout the facility on ways in which residents could report PREA issues. Residents also understood that they could report PREA issues while offsite. Line staff was able to articulate the process in which a resident could report abuse or harassment. In speaking with the residents of Fulton CSC they understood they could make a report of abuse or harassment by third party, the hotline, through staff both verbally and in writing and confidentially. Staff also were able to explain this process.

### **Standard 115.252 Exhaustion of administrative remedies**

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

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Missouri DOC has policy in place that covers all aspects of this standard. This auditor reviewed those policies and verified by interviewing the State PREA Coordinator, Unit Supervisor/PREA Coordinator and the facility's Director that in fact this is their process.

#### **Standard 115.253 Resident access to outside confidential support services**

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

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Residents at the Fulton CSC are given information on confidential support services outside of the facility. All staff and residents were able to explain where this information was located, i.e.: within their handbook and posted throughout the facility. Staff and residents also understood that this information would remain confidential unless the reporting party requested otherwise. While conducting the tour of the Fulton CSC I personally observed postings for resources that were outside the facility.

#### **Standard 115.254 Third-party reporting**

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

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The Missouri DOC has policy which covers any action required when information is received concerning sexual abuse or harassment reported. All information is immediately documented and investigated. All staff interviewed at the Fulton CSC was able to explain this process. Missouri DOC has a website that allows third party reporting of sexual abuse or harassment. I personally observed postings of this website throughout the facility.

#### **Standard 115.261 Staff and agency reporting duties**

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

- Does Not Meet Standard (requires corrective action)

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Staff at Fulton CSC understands that they are mandated by policy and statute that they are required to report any suspension or alleged sexual abuse or harassment of a resident. They also understand that failure to do so could result in being charged with a Class Misdemeanor. Although staff did not necessarily know the level of the charge they did know that criminal charges could be pressed. Staff explained that every twelve months they receive refresher training on the requirement to report. Staff also stated while being interviewed that once they report the information that they are not to discuss the information with anyone else after that, unless it is in conjunction with the investigation.

### **Standard 115.262 Agency protection duties**

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

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Missouri DOC and the Fulton CSC have policies in place that requires the facility to act should a resident be deemed in imminent danger for sexual abuse. That action includes protecting the individual by removing the offender to safe office while the information is investigated.

Documentation from the Fulton CSC states: The Fulton Community Supervision Center has had no incidents where a resident was deemed at substantial risk of imminent sexual abuse. If this were the case, the resident would be immediately moved to an area of the facility away from other residents, such as an interview room until appropriate actions could be taken to provide safe and appropriate housing.

### **Standard 115.263 Reporting to other confinement facilities**

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

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Fulton CSC completes an incoming PREA Screening on all offenders entering the facility within twenty-four hours of their arrival. Part of that screening asks the resident if they were ever sexually abused or harassed at another facility. Fulton CSC has not had any reports of abuse or harassment at other facilities from their new arrivals. However they do have policy that outlines what the staff member is to do should that happen. Below is the excerpt of the policy which covers this:

Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for

offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made within 72 hours.

**Standard 115.264 Staff first responder duties**

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

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All staff interviewed stated as a first responder their first duty is to protect the victim and remove them to a safe location away from the accused. They also understood they were to protect the crime scene and evidence. This included securing any bedding, clothing, that could have been involved in the assault. They also stated that they were to keep the victim from showering, using the bathroom and brushing their teeth in order to protect any possible evidence. Staff was able to articulate that as soon as possible they would notify the Shift Commander.

**Standard 115.265 Coordinated response**

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

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

Fulton CSC has written policy and procedures on how to manage a coordinated response. Staff understands that if the allegation is a penetration incident and prior to 92 hours they are to preserve any evidence. They also understood the process should the allegation be past the 92 hours or a non-penetration incident.

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

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

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

Missouri DOC Policy covers that no collective bargaining agreement will bar them from moving an alleged staff abuser from contact with any offender pending the outcome of the investigation. The Missouri DOC policy states:

F. NEW AND/OR RENEWAL OF COLLECTIVE BARGAINING AGREEMENTS

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

Below is section 2.2 of the collective bargaining agreement which also outlines the agency’s ability to assign and reassign staff.

**Section 2.2**

These rights include, but are not limited to:

The right to determine its mission, policies, and to set forth standards and levels of service offered to the populations served;

The right to plan, direct, control, and determine the operation, and/or services to be carried out by its employees;

The right to determine the methods means, and number of staff needed to carry out its mission;

The right to direct the workforce;

The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime;

The right to suspend demote and dismiss in accordance with applicable statutes;

The right to furlough and lay off employees;

The right to make, publish, and enforce rules of personal conduct, procedures, policies, and regulations;

The right to introduce new methods of operation, equipment, or facilities;

The right to contract for goods and services;

And the right to exercise all powers and duties granted by law.

**Standard 115.267 Agency protection against retaliation**

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

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

The agency has written policy concerning the prohibition of retaliation against a staff member or resident for reporting any abuse of a resident.

**Standard 115.271 Criminal and administrative agency investigations**

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

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

Fulton CSC utilizes the Fulton Prison Investigator Unit to investigate alleged sexual abuse and harassment. If substantiated those Investigators work with the local Prosecutors office for prosecution. I reviewed the list of available investigators trainings and verified they had all had specialized training in PREA investigations. An administrative investigation is also conducted during this process to determine if the alleged abuse was caused by neglect or failure to act by staff.

Fulton CSC had one resident who alleged they were abused while being transported on the facility van. While interviewing this resident they stated that the Fulton CSC staff were attentive to her needs and offered her outside assistance to include medical which they declined. The resident also stated the alleged abuser absconded after the abuse so it was not necessary to separate them. The resident also stated that staff followed up with them and checked on their wellbeing.

While interviewing the Unit Supervisor and District Administrator they stated they were aware of the allegation, however did not indicate if the incident was investigated. While reviewing the supporting documentation this auditor found that were no investigation referral forms provided for this incident or any others. After the writing of this report and upon review of the Fulton CSC staff and the State PREA Coordinator it was reported that this incident was in fact investigated by the IG's office and found unfounded. However the documentation provided to this auditor did not indicate the incident was referred for investigation. This auditor does believe that the facility did follow the guidelines just did not maintain the documentation. This is based on what the resident stated to this auditor.

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

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

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

Missouri DOC and Fulton CSC has policy in place that states evidence necessary to determine if an allegation is substantiated which is "enough proof to show that something is more likely to have occurred than not to have occurred."

### **Standard 115.273 Reporting to residents**

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

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

After an allegation is made and the investigation is completed the resident is communicated in writing by the PREA Coordinator whether the allegation was substantiated, unsubstantiated or unfounded. Fulton CSC policy states:

- a. Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form.

- (1) Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment.
- b. The initial notification shall state whether the allegation was sustained, not sustained, or unfounded.

### Standard 115.276 Disciplinary sanctions for staff

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

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

Missouri DOC's policy states:

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

##### **L. EMPLOYEE DISCIPLINE**

1. Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures.
2. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse.
3. 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.
4. Corrective action for contractors and volunteers:
  - a. Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement.
  - b. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations.

Fulton CSC has not had an allegation of sexual abuse or harassment against a staff member.

### Standard 115.277 Corrective action for contractors and volunteers

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

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

Fulton CSC has not had any sexual abuse allegations or harassment complaints against a contractor or volunteer. The policy states:

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

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

- a. Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement.

b. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations.

In interviewing the onsite PREA Coordinator, State PREA Coordinator and District Administrator they all stated that should an allegation be lodged against a volunteer or contractor, they would be removed from any contact with residents until the investigation was completed

**Standard 115.278 Disciplinary sanctions for residents**

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

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

Missouri DOC policy states that residents will not be disciplined when they report abuse or harassment in good faith. Should the allegation be substantiated the resident will be disciplined per policy, or if after being found guilty of sexual abuse in court discipline will be given. Staff stated that the abuser’s mental disability or mental health was a contributing factor before imposing sanctions. Fulton CSC’s policy states that the severity of the incident will be taken into account when determining what discipline will be given. Policy also states and staff confirmed that should a resident be found guilty of sexual abuse they will be referred to the appropriate treatment.

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

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

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

Fulton CSC does not have medical or mental health on staff or on contract.

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

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

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

The onsite PREA Coordinator explained how services are provided should an allegation occur. This process was consistent to their policy

which is:

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

4. Corrective action for contractors and volunteers:
  - a. Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement.
  - b. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations.
17. Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
18. 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.
19. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include 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.
20. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services.
21. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
22. If pregnancy results, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

**Standard 115.286 Sexual abuse incident reviews**

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

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

When talking with the onsite PREA Coordinator and District Administrator they were a little confused as to what the Sexual abuse incident review was since they do not have medical staff or mental health staff. After probing concerning what happens after an allegation is either substantiated or unsubstantiated they understood that yes there is a review after an allegation that includes the investigator, upper management and security. They also understood that should mental health providers or medical services be provided that they would also be involved in the review.

**Standard 115.287 Data collection**

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

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

Fulton CSC provides an annual report to the state PREA Coordinator that includes the number of allegations if any, whether they substantiated, unsubstantiated or unfounded. They also report on any improvements or needs of the facility. This report is then compiled by the state PREA Coordinator and posted on the Missouri DOC’s website.

**Standard 115.288 Data review for corrective action**

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

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

Fulton CSC provides an annual report to the state PREA Coordinator that includes needs of improvement to the facility, how to better detect abuse and harassment etc.

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

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

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

The state PREA Coordinator compiles all reports from all Missouri CSC facilities and provides that on the Missouri DOC website.

**AUDITOR CERTIFICATION**

I certify that:

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

Lynn S. Guyer

September 1, 2015

Auditor Signature

Date