

REA AUDIT REPORT Interim Final

COMMUNITY CONFINEMENT FACILITIES

Date of report: September 23, 2015

Auditor Information			
Auditor name: Lynn S. Guyer			
Address: P.O. Box 86 Cottonwood, Idaho 83522			
Email: lguyer@q.com			
Telephone number: 208-451-6535			
Date of facility visit: August 13, 2015			
Facility Information			
Facility name: Hannibal Community Release Center			
Facility physical address: 2002 Warren Barrett Drive, Hannibal, Mo. 63401			
Facility mailing address: <i>(if different from above)</i> N/A			
Facility telephone number: 573-248-2450			
The facility is:	<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		
Facility type:	<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	
Name of facility's Chief Executive Officer: Kevin Knickerbocker			
Number of staff assigned to the facility in the last 12 months: 44			
Designed facility capacity: 30-50			
Current population of facility: 27			
Facility security levels/inmate custody levels: Field Supervision Clients			
Age range of the population: 18 plus			
Name of PREA Compliance Manager:		Title: Unit Supervisor/PREA Coordinator	
Email address: Click here to enter text.		Telephone number: 573-248-2450	
Agency Information			
Name of agency: Hannibal Community Release Center			
Governing authority or parent agency: <i>(if applicable)</i> Missouri Department of Corrections			
Physical address: 2729 Plaza Drive, Jefferson City, Mo. 65102			
Mailing address: <i>(if different from above)</i> Same			
Telephone number: 573-751-2389			
Agency Chief Executive Officer			
Name: George Lombardi		Title: Director	
Email address: George.lombardi@doc.mo.gov		Telephone number: 573-526-6607	
Agency-Wide PREA Coordinator			
Name: Vivia Sturm		Title: PREA Coordinator	
Email address: vivia.sturm@doc.mo.gov		Telephone number: 573-522-3335	

AUDIT FINDINGS

NARRATIVE

The Hannibal CSC is well run and clean facility. Staff are very professional and knowledgeable on their job duties and PREA requirements. Upon arriving at Hannibal CSC I met with the facility District Administrator, Unit Supervisor/PREA Coordinator and the state PREA Coordinator for an initial briefing. We covered the days schedule and who I would be interviewing. We then toured the facility. During the tour I was looking for camera placement, inmate living areas, blind spots, PREA postings, etc. I found the facility to have excellent security camera placement, PREA postings and staff visibility of residents. One area in the male restroom area has a major blind spot with was due to facility design. The facility grated this area off to deny access to residents and it is now used as storage.

DESCRIPTION OF FACILITY CHARACTERISTICS

Hannibal CSC is a co-ed facility with the male and female residents separated. The living areas are open and visible by staff from the control center. The facility also has multiple security cameras that allow the Hannibal staff to see the entire facility from the control center. Residents at Hannibal CSC are Missouri Department of Corrections' parolees and probationers awaiting their home plan approval, probation violators and parolees and probationers without home plans. The majority of the offenders are in the community during day completing job search, attending programming/treatment, home search or working. Residents are transported to these activities by staff at the facility.

SUMMARY OF AUDIT FINDINGS

I found the Hannibal CSC to be very proficient in the PREA audit standards. Staff and residents both understood their responsibility for insuring the residents were protected from sexual abuse or harassment. Throughout the facility PREA announcements are posted so that residents understand how to report any abuse or harassment. Unit Supervisor/PREA Coordinator Jill Perry has developed a checklist for when a report of abuse or harassment is reported. The document is so thorough that a person not affiliated with the facility could walk through the process contacting the proper medical, mental health and investigative personnel. It also explains what actions are to be taken with the victim and how to protect the evidence, and dealing with the suspect. I would suggest this document be used with every Community Supervision Center.

The Unit Supervisor/PREA Coordinator has announced her upcoming retirement this next year. This will be a major knowledge loss for the facility. In speaking with the District Administrator and the Unit Supervisor they have a plan in place to hire a new onsite PREA Coordinator prior to Ms. Perry's departure to allow them to be cross trained.

Number of standards exceeded: 6

Number of standards met: 33

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

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

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

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

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

The Missouri DOC has written policy that mandates zero tolerance to sexual abuse or harassment of offenders/residents in their custody. This includes the agency having a statewide PREA Coordinator. While interviewing the statewide PREA Coordinator Vivia Sturm she stated that she did have enough time to complete her duties. The Hannibal also has an onsite PREA Coordinator that deals with the day to day issues, and insuring staff are trained.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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The Hannibal CSC and Missouri Department of Corrections does not have any contracted beds.

Standard 115.213 Supervision and monitoring

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

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The Hannibal CSC staffing plan includes having at least one female on duty at all times. The policy staffing plan is to have two staff on duty at any given time. Hannibal staffing plan exceeds that policy and more. It also includes at least one female staff on duty at all times. This goes beyond the department’s policy requirement. Hannibal CSC provided me with their staffing plan which included maintaining three staff with one of those being female at all times. While interview the Unit Supervisor/PREA Coordinator she stated that the staffing plan includes an alternative schedule so that shifts overlap to allow more coverage with female staff. While interviewing the District Administrator he stated that at any time there is a deviation from the staffing pattern that is to be staffed with the duty officer and onsite PREA Coordinator. During my interviews with the District Administrator and the onsite PREA Coordinator they stated that the facility has not had the necessity to deviate from the staffing plan.

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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Missouri DOC has written policy concerning cross-gender viewing and searches. Because they have 50 residents or less they do not fall under this standard, however they have in place that if a cross-gender pat or strip search in conducted it is documented. I reviewed those documents and found no instances where staff found it necessary to conduct cross-gender searches. The policy also states that under no circumstances are strip searches to be conducted to determine the genital status of the resident. While interviewing residents they stated that at no time were they ever subjected to strip searches to determine their genital status. Residents also stated that they had not been pat searched by the opposite gender.

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)

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.

Hannibal CSC has not had any residents with disabilities or limited English proficient, however the Missouri DOC's policy states:

6. Offender Education:
 - a. 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.
 - (1) Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language.
 - (A) If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language.
 - (B) If the documents are unable to be translated in the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided.
 - b. The PREA site coordinator shall be make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment

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 DOC requires that all new hires complete a background questionnaire. They also require that if the individual has been employed in a different correctional facility that a PREA check list be completed. The check list includes whether the new recruit has ever been terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility. Missouri DOC policy also states concerning promotions that:

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)

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 only upgrade to the Hannibal CSC was to grate off an area in the men's restroom area. A facility design flaw placed a blind area in the bathroom. The facility closed that area off and now uses it for storage.

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)

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

All Hannibal uniform staff have been trained in protocol for protecting and obtaining evidence. Staff interviewed also stated and I verified through training records that they are trained again annually.

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)

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 DOC has a written policy that includes all PREA allegations are referred for investigation unless it is determined that no criminal behavior existed. These policies are posted on the Missouri DOC website. The Hannibal CSC has a written procedure that walks the staff through how to react to a PREA allegation. As I stated to the District Administrator, Unit Supervisor and the State PREA Coordinator this documents is so easy to follow that even someone who has no understanding of what is available in Hannibal they would be able to go step by step completing all referrals of allegations for investigations.

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)

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 requires all new and existing staff receive training concerning Zero Tolerance and PREA reporting. While conducting interviews in the break room at Hannibal, I observed a computer that had the PREA training loaded on it. In reviewing Missouri DOC's supporting the documentation Director Lombardi has a mandate that requires all staff, contractors and volunteers to receive training in the Zero Tolerance for sexual abuse/harassment. Also in that mandate it stated that due to budget constraints a booklet formerly issued to staff, volunteers and contractors was no longer fiscally feasible and was now computer training. This also allows the agency to ensure the individual has reviewed this information. Below is the policy requiring staff training:

4. PREA Training:

- a. All new staff members shall complete the department's online sexual misconduct and harassment training within 5 days of employment.
- b. All staff members shall receive initial PREA training during the department's basic training.
- c. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures.
- d. Years in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies

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)

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

While reviewing the supporting documentation from Hannibal CSC and Missouri DOC requires volunteers, contractors and part-time staff to complete training on PREA. This was also confirmed while interviewing the District Administrator, Unit Supervisor and State PREA Coordinator. I also reviewed training documents showing that these individuals do indeed receive this training. The Hannibal policy states:

- e. Part-time Employees/Volunteers/Contract Staff Members/Vendors:
 - (1) All part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training.
 - (2) Vendor contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility.
 - (3) Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract.

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)

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

During my review of supporting documents from Hannibal CSC they show that all residents receive within the first twenty-four hours education on their right to be free from sexual abuse and harassment. The training also includes how they can report this information. I personally observed throughout the facility fliers that were posted explaining to the residents their right to be free from sexual abuse and harassment and how they report any abuse or harassment. While interviewing staff and residents I confirmed that this education is presented within the first twenty-four hours as well as every morning a PREA announcement is made through the intercom system. All residents also review a video as part of this education which because of the facility size is not required under the PREA standard.

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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All Missouri DOC investigators have received specialized training concerning Prison Rape. They have also received training concerning Garrity and Miranda warnings. This information was verified through the training records provided by Hannibal CSC and the Missouri DOC policy. Missouri DOC policy concerning investigators states:

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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Hannibal CSC does not employ or contract mental health or medical services. They do, however, have community providers that both adhere to SANE/SAFE standards.

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)

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.

Every resident that enters the Hannibal CSC received a screening to determine their risk of victimization and abusiveness. This screening is conducted within the first twenty-four hours, however in interviewing staff and residents they all indicated that the screening was conducted shortly after arriving at the facility. The standard requires that the resident be assessed within the first seventy-two hours. All residents interviewed stated that they were asked if they had ever been a victim of sexual abuse or harassment. The screening also ask the resident what their perception of vulnerability is. Even though no resident indicated they refused to participate in the assessment they all understood that they would not be disciplined for refuse. Staff also stated during the interviews that residents would not be punished for refusing to answer question. While conducting interviews of the Hannibal CSC staff they stated that the screening instrument is confidential to assure the resident is not targeted. The Hannibal CSC policy states:

2. The client shall be assessed utilizing the [Risk of Victimization and Abusiveness Screening Tool form](#) (Attachment C) to identify those at risk for being sexually abusive or sexually abused.
 - a. The initial screening shall be completed within 72 hours of the client's arrival at the CSC.

****SOP Addition:** *The initial screening will be completed by a PPA staff member during Intake, which is completed immediately upon arrival of the resident. Bed assignment will be determined based upon the Risk of Victimization and Abusiveness Assessment, as noted in P 4.24 Housing Assignments. The screening tool will be placed in the CSC file and a copy will be forwarded to the PREA Site Coordinator.*
 - b. Clients will be reassessed utilizing the [Risk of Victimization and Abusiveness Screening Tool form](#) (Attachment C) within 30 days from the date of initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization.

****SOP Addition:** *The supervising Probation/Parole Officer will be responsible to complete the Risk of Victimization and Abusiveness Assessment within thirty days of assignment to the facility. The original will be sent to the PREA Site Coordinator, who will ensure it is placed in the CSC file, a copy placed in the PREA Site Coordinator file and that the bed assignment is adjusted, if necessary.*
 - c. Staff must inform clients before they begin the screening that they are not required to answer any of the questions.
 - d. Clients shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form.

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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Hannibal CSC uses the screening information to insure that potentially abusive residents are separated from vulnerable residents. In the living areas the possible aggressive resident is placed away from the possible vulnerable resident. More visibility is given to those residents to be considered at risk. When facility job assignments are given the facility utilizes the screening tool to insure residents that are considered to vulnerable are not assigned with those that are considered at risk to be aggressive. Hannibal CSC has not had any residents who were transgender or intersex assigned to the facility. The facility does not isolate residents who are gay or lesbian. While interviewing staff and residents they both indicated that after thirty days they were asked the screening questions again.

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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While interviewing both staff and residents at Hannibal CSC they understood the multiple ways in which reporting of sexual abuse/harassment could be completed. Throughout the facility I observed fliers posted that explained how residents could report abuse or harassment. Because the Hannibal CSC residents are consistently off site residents and staff stated they could report abuse or harassment in a multiple of ways. They can tell their employer, counselor, family member or call law enforcement to name a few.

While interviewing staff they understood that they could take reports directly from the resident, anonymously or through other sources. They also stated that upon receiving any information they would immediately document and start the PREA assessment process.

While interviewing staff they at first were unsure on how to report allegations privately. As they were interviewed they were able to articulate how they could report allegations privately. This may be something the agency may want to consider educating their staff on. Below is an excerpt of the Hannibal policy concerning reporting of harassment or abuse.

D. REPORTING SEXUAL ABUSE OR HARASSMENT

1. Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not be limited to:
 - a. informal resolution request (IRR), grievance process, or offender complaint,
 - b. to a staff member,
 - c. PREA hotline,
 - d. advocacy agency,
 - e. Department of Public Safety, Crimes Victims Services Unit
2. 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

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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While reviewing supporting documentation from Hannibal CSC and conducting interviews of staff, it was apparent that the agency has policy that guides the use of administrative remedies for residents to file grievances concerning sexual abuse and harassment. Below is an excerpt of that policy:

8. Offender Sexual Abuse and Harassment Complaint Appeals
 - a. Upon receipt of a sexual misconduct complaint response, the client shall review and indicate whether the response is accepted or appealed.
 - b. The client's response should clearly state the reason for appeal, and shall be returned to the client within seven calendar days.
 - c. The client may receive assistance from a third party when filing requests for remedies related to sexual abuse which includes permitting the third party to file the request on behalf of the client.
 - 1) The client shall agree to have the request submitted on his behalf.
 - 2) If the client agrees to have the request submitted by a third party the client shall be required to pursue the appeals process.
 - d. The CAO/designee shall forward the appeal to the RA.
 - e. Upon receipt, the RA has 30 days to provide a response to the client's appeal.
 - f. An extension of up to 70 days may be allowed for the response to be provided.
 - 1) The client shall be notified in writing of any such extension, and
 - 2) The client shall be given a date by which a response should be provided.
 - g. If the client does not receive a response within the time allotted at any level of the administrative process, including the final level and including the allowed extension, then the client may consider the absence of a response to be a denial at that level.

Standard 115.253 Resident access to outside confidential support services

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

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While touring the Hannibal CSC I observed numerous areas where the PREA hotline was posted. There is also information contained within the resident handbook which instructs the residents how they report incidents of sexual abuse or harassment privately. While interviewing both staff and residents they both stated and gave examples of how the resident can report any issues of sexual abuse or harassment privately.

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 policy describes how residents can have a third party report any incidents of harassment or abuse. Residents stated during their interviews that they understood they could use the PREA hotline, have a family member, employer etc. report any incidents of abuse or harassment to the facility or department for investigation. One resident interviewed stated while incarcerated at another facility they had their spouse report and incident of sexual abuse that the resident had observed. They felt this route was better and kept their name out of the investigation thus protecting them. Throughout the facility and in the reception area there are posting explaining how individuals can report incidents of sexual abuse or harassment through third party.

Standard 115.261 Staff and agency reporting duties

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

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Missouri DOC has policy in place which requires all staff to report any sexual abuse or harassment of offenders. Missouri State Statute also makes it a class A misdemeanor for failure to report. While interviewing staff at the Hannibal CSC they all stated that there is policy that requires them to report any incident and that failure to do so would result in disciplinary actions and possible criminal actions. Below is an excerpt from the policy requiring reporting:

Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure.

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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While interviewing staff at Hannibal CSC they all understood that if during the initial screening or when new information comes forward that a resident is at substantial risk for abuse the facility takes immediate action to insure the resident is safe. If a resident is deemed at risk for abuse they are strategically placed in the living unit to allow more visibility for staff. They are also placed away from where those that are more likely to be abusers. Supporting documentation states:

The Hannibal Community Supervision Center in situations where a resident was deemed at substantial risk of imminent sexual abuse , 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)

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

While reviewing supporting documentation from Hannibal CSC I was able to ascertain from the intake screening documents that all new residents are asked if they were abused or harassed at another facility, it was also found that no residents reported that they had been abused at any other facility. Missouri DOC does have policy in place that should a resident disclose that they were abused at a different facility, the facility is required to contact that facility. Hannibal CSC Field Memorandum states:

Upon learning of resident upon resident sexual abuse while confined at another facility, an email with details of the event would be sent asap to the department PREA coordinator with any information gathered.

Standard 115.264 Staff first responder duties

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

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

While interviewing staff at Hannibal CSC they all stated they have been trained in first responder duties. I was also able to verify this information through training documentations. All staff stated their first and foremost responsibility was to insure the safety of the victim and separate them from the abuser. Staff also were able to explain their responsibility depending on if the incident was a penetration incident or non-penetration. Below is an excerpt from the Hannibal CSC policy concerning first responder:

- b. Staff member first responder shall:
 - (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) Make immediate notification to the shift commander or shift supervisor.
 - (A) In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - (B) In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.

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.

Hannibal CSC does not have Medical or Mental Health providers on site. They do have local providers that are SANE/SAFE to provide services to residents who have been a victim of sexual abuse. Hannibal CSC has one of the best coordinated response document that this auditor has seen. This document provides a step by step process that staff can follow that includes taking care of the victim, referrals, notifications, and processing the crime scene. The document is so well written that someone that is not familiar with the process could walk through it. All security staff that I interviewed understood this process and knew where to obtain the document discussed above.

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.

The Missouri DOC policy and the Collective Bargaining agreement with the PPA Union allows Missouri DOC to place staff where needed without restriction. Below is an excerpt from the Missouri DOC policy:

F. NEW AND/OR RENEWAL OF COLLECTIVE BARGAINING AGREEMENTS

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

Standard 115.267 Agency protection against retaliation

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

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

While interviewing both staff and residents they all stated that they were protected from retaliation from reporting sexual abuse or harassment. There have been no reported incidents of sexual abuse or harassment at Hannibal CSC. While interviewing the Unit Supervisor and the state PREA Coordinator they both stated that should an allegation come forward the staff member or resident who reported it would be protected from retaliation. They also state that the resident or staff member would be monitored to insure that no retaliation resulted because of the report. Below is an excerpt from the Missouri DOC policy concerning retaliation:

Excerpt D1-8.13 Offender Sexual Abuse and Harassment

8. Protection Against Retaliation:
 - a. The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.
 - b. Immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:
 - (1) The alleged victim and reporter of offender sexual abuse or harassment shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
 - (A) For offender victims and offender reporters, monitoring shall include face-to-face status checks by staff members a minimum of every 30 days.
 - (B) The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - (C) If the victim or reporter 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 or inquiry is unfounded.
 - (2) The PREA site coordinator or designee shall monitor all staff reporters of offender sexual abuse or harassment for a minimum of 90 days. Monitoring shall include but is not limited to monitoring for changes that may indicate retaliation, negative performance reviews, or reassignments.
 - (A) The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - (3) The PREA site coordinator or designee shall ensure all witnesses receive an initial assessment utilizing the assessment/retaliation status check form.
 - (A) Witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring.
 - (B) The witness shall sign the assessment/retaliation status check form showing they have no concerns regarding

potential retaliation.

- c. The PREA site coordinator shall report all evidence of retaliation to the CAO to ensure an inquiry or investigation is initiated in accordance with department procedures.
- d. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual.
- e. The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation and/or possible victims of retaliation be offered emotional support services.
 - (1) Emotional services for offender victim, reporters, or witnesses include but are not limited to, case management or referral to mental health, chaplain, or advocacy when appropriate.
 - (2) Emotional services for staff reporters or witnesses included but are not limited to, employee assistance program, peer action and care team referral, and/or chaplain referral.
 - (3) All action taken to remedy retaliation or services offered victim or suspected victim shall be noted on the assessment/retaliation status check form.
- f. In the event that a victim, offender reporter, or a witness is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment/retaliation status check form to the PREA site coordinator in the receiving institution.
 - (1) The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure.
 - (2) The PREA site coordinator shall ensure the completed assessment/retaliation status check form is returned to the originating institution to be filed in the PREA incident file for future audits.
- g. In the event the allegations are determined to be unfounded the agency shall terminate monitoring.

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.

Hannibal CSC utilizes Missouri DOC investigators to investigate any accusations of sexual abuse or harassment against a resident. All Missouri DOC investigators have received specialized training in conducting PREA investigations. This information was verified by training records provided by Hannibal CSC. Hannibal CSC has had no allegations of sexual abuse or harassment at their facility either through residents, staff or third party.

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.

The Missouri's DOC policy states: T. **Preponderance of Evidence:** Enough proof to show that something is more likely to have occurred than not to have occurred.

This is the level of proof needed to determine whether an allegation of sexual abuse or harassment is substantiated.

Standard 115.273 Reporting to residents

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

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

The Hannibal CSC has had no allegations of sexual abuse or harassment. In reviewing the Hannibal CSC supporting documentation they provided an excerpt from the Missouri DOC policy which states:

Excerpt D1-8.13 Offender Sexual Abuse and Harassment

5. Reporting Outcomes:

- 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.
- c. In the event that the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation.
- d. All subsequent notifications shall be made when:
 - (1) Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs unless the inquiry or investigation is unfounded:
 - (A) Staff perpetrator is no longer assigned to the housing unit.
 - (B) Staff perpetrator is no longer employed at the institution or department.
 - (C) The staff perpetrator has been indicted on a charge related to sexual abuse within the institution.
 - (D) A disposition of charges exists related to sexual abuse within the institution.
 - (2) Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs.
 - (A) The offender has been indicted on a charge related to sexual abuse within the institution.
 - (B) A disposition of charges exists related to sexual abuse within the institution.
- e. The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator.
 - (1) The PREA site coordinator shall ensure that the written notification is provided to the offender.
 - (A) If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was sustained or not sustained, written notification shall be delivered to the offender victim in a confidential manner.
 - (B) The offender shall be offered the notification letter but shall have the right to decline the letter.
 - (2) The original notification shall be signed by the offender or resident and witnessed by a staff member.
 - (3) The original notification shall be forwarded to the department's PREA coordinator for tracking.
 - (4) A copy of the notification shall be provided to the offender.
 - (5) The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file.
 - (6) In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends.

Both the Unit Supervisor and state PREA Coordinator verified that this is the procedure followed when there is an allegation.

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.

Hannibal CSC has had no allegation against staff concerning sexual abuse or harassment of residents. Missouri DOC 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.

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.

Hannibal CSC has had no allegations against contractors or volunteers pertaining to sexual abuse or harassment. While interviewing the District Administrator, Unit Supervisor and state PREA Coordinator they all stated that should an allegation be lodged that the contractor or volunteer would immediately be removed from the facility and no longer allowed contact with the residents pending the outcome of the investigation. Missouri DOC policy states in part:

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

Standard 115.278 Disciplinary sanctions for residents

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

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

Hannibal CSC has had no allegations or investigations concerning sexual abuse or harassment at the facility. Missouri DOC policy states:

Excerpt D1-8.13 Offender Sexual Abuse and Harassment

K. VIOLATIONS OR DISCIPLINARY SANCTIONS FOR OFFENDERS

1. Offenders shall be subject to disciplinary sanctions 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 conduct violations and disciplinary sanctions.
2. 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 conduct violations and disciplinary sanctions.
3. The disciplinary 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 conduct violations and disciplinary sanctions.
4. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.
5. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.
6. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.

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.

Hannibal CSC has no medical or mental health providers onsite. They do however have local agencies that are SANE/SAFE providers. These services are provided at no cost to the resident.

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.

Hannibal CSC has had no allegations of sexual abuse or harassment at their facility.

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.

Hannibal CSC has had no allegations of sexual abuse or harassment to require an incident review. However should an incident occur it was verified that the incident review would include the District Administrator, Unit Supervisor, state PREA Coordinator, security staff, mental health and medical providers.

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.

Hannibal CSC has had no allegations of sexual abuse or harassment. Annually the facility completes a report on any allegations and corrective action if needed. This information is then posted on the Missouri DOC website.

Standard 115.288 Data review for corrective action

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

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

Even though Hannibal CSC has not had any sexual abuse or harassment allegations they still include in their annual report upgrades in the facility that would assist in better improving their elimination of sexual abuse or harassment.

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.

All Missouri DOC facilities complete an annual report that indicates any sexual abuse/harassment complaints that were reported; whether they were substantiated, unsubstantiated or unfounded and corrective action taken. This information is then compiled and posted on the Missouri DOC public website. Below is Missouri DOC policy that covers the collection and publication of this information:

M. ANNUAL REPORTS

1. Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March.
 - a. The report shall include:
 - (1) identified problem areas,
 - (2) recommendations for improvement,
 - (3) corrective action taken,
 - (4) if recommendations for improvements were not implemented, reasons for not doing so,
 - (5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse,
 - (6) an evaluation of the need for camera and monitoring systems,
 - (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to:
 - (A) the staffing plan,
 - (B) the deployment of video monitors, and
 - (C) the resource availability to adhere to the staffing plan.
 - b. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.
2. Agency Report: The PREA coordinator 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,
- b. The report shall be forwarded to the department director for approval by the last working day in May.
- c. The CAO or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility.
 - (1) The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited.
- d. The department's annual PREA report shall be made available to the public on the department's internet 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 23, 2015

Auditor Signature

Date