

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility:	Missouri Eastern Correctional Center		
Physical address:	18701 Old Hwy 66, Pacific, MO 63069		
Date report submitted:	December 18, 2015		
Auditor Information	Joseph Z. Martin		
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Date of facility visit:	September 28-30, 2015		
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:	(636) 257-3322		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Brenda Short	Title:	PREA Compliance Manager
Email address:	Brenda.Short@doc.mo.gov	Telephone number:	(636) 257-3322
Agency Information			
Name of agency:	Missouri Department of Corrections		
Governing authority or parent agency: (if applicable)	Missouri Department of Corrections		
Physical address:	2729 Plaza Drive P.O. Box 236 Jefferson City, MO. 65102		
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Agency Chief Executive Officer:		
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AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA Audit of the Missouri Eastern Correctional Center was conducted on September 28-30, 2015. The audit team consisted of the Audit Chair, Joe Martin, KDOC/DOJ Certified PREA Auditor with two support staff consisting of Debra Banks, KDOC/DOJ Certified PREA Auditor and David Meeks, KDOC. During the Pre-Audit phase, the team reviewed the standards and completed much of the file review prior to the site visit. Follow-up documentation requirements was provided to the team on-site.

An entrance meeting was held at the beginning of the on-site visit with the following MECC staff in attendance: Warden Jennifer Sachse, Deputy Warden/PCM Brenda Short, Deputy Warden George Hayes, Chief of Custody Sam Billingsley and Assistant Warden John Hilpert. Discussion was held of the audit team's schedule and tour plans of the facility including staff and inmates that would be interviewed.

During the three day on-site portion of the audit, the team completed necessary follow-up documentation review that was requested during the pre-audit phase, toured the institution and conducted formal staff and inmate interviews. The team interviewed 24 inmates consisting of 10 random (from each housing unit), 3 who reported sexual abuse, 5 disabled and limited English proficient, 4 who disclosed sexual victimization during risk screening and 2 LGBTI. In addition, the team interviewed 43 staff consisting of the Warden, the Compliance Manager, 4 who perform the screening for victimization and abusiveness, 1 intake, 1 charged with monitoring retaliation, 3 who supervise segregated housing, 2 who have acted as first responders, 3 volunteerers/contractors, 1 investigative staff, 7 medical/mental health, 2 human resources, 3 intermediate to higher level supervisors, 2 that sit on the incident review team and 12 random (from each shift).

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Missouri Eastern Correctional Center is a Medium security male facility located in Pacific, Missouri. It opened in September of 1981. The facility consists of four general population housing units, a programs building, the administrative segregation unit, medical clinic, gym, a garage, five wall towers, a water treatment plant and a administration building.

SUMMARY OF AUDIT FINDINGS:

The Audit team found that staff at MECC had good knowledge of PREA and what their duties and responsibilities consisted of. Deputy Warden/PCM Brenda Short demonstrated ownership with her facilities efforts towards PREA compliance. Deputy Warden Short was knowledgeable and assisted the team with questions and providing additional documentation.

The team also found that inmates had good general knowledge of PREA that included reporting methods, services offered and knowledge of key information that was posted throughout the facility as well as videos shown on the institution's television channel.

Two standards were found to be in non-compliance. They were standards 115.15 section (d) and 115.33 sections (c) and (e). A 90 day Corrective Action plan was issued and the facility became compliant with these standards. The 90 day Corrective Action Plan was scheduled to end on December 29, 2015. MECC provided documentation requirements demonstrating compliance as had previously been described in the corrective action phase on December 18, 2015.

Corrective Action was for the facility to improve privacy partitions in the Segregation Unit to ensure the inmates had sufficient privacy when showering, train their staff on the agency policy of females entering bathrooms, cross-gender announcements in the living units, and to educate inmates that transferred into the facility that was housed in the Segregation Unit. All documentation has been received to show these practices have been institutionalized.

Each standard below will have comments/recommendations and justifications to why compliance or non-compliance was determined.

Number of standards exceeded:	1
Number of standards met:	41
Number of standards not met:	0
Not Applicable:	1

§115.11 - 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)

Policy D1 8.13 outlines the departments process in preventing, detecting and responding to inmate sexual abuse and sexual harassment. MDOC has an agency-wide PREA Coordinator. In addition, each facility has a designated PREA Compliance Manager.

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

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

MDOC obligates contracted entities to adopt and comply with the PREA Standards. Sample documentation of contracts verified and instrument used for on-site visits demonstrates contracted facilities are visited to check compliance.

§115.13 – Supervision and Monitoring

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

Documentation provided that the agency considers all the components in sections (a) when reviewing MECC's staffing plan. No deviations from their plan were reported.

MECC's Annual Report was reviewed and the components from section (c) outlined and reviewed.

Policy D1 8.13 directs for supervisory unannounced rounds and prohibits staff from alerting other staff of the rounds. Interviews of supervisory staff corroborated this practice along with documentation provided.

§115.14 – Youthful Inmates

- 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)

This standard is Non-Applicable for MECC as it does not house Youthful Offenders.

§115.15 – Limits to Cross-Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard states that that the facility shall not conduct cross-gender strip searches or cross-gender body cavity searches except in exigent circumstances, and that policies and procedures are in place to allow inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. In addition, it directs for all security staff to be trained in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner.

Policies IS20-1.3 and D1-8.13 outlines this standard. MECC reported no instances of cross-gender strip or visual body cavity searches. Policy D1-8.13 directs that inmates be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the inmate's buttocks or genitalia.

MECC became complaint with this standard during the Corrective Action Phase. Additional privacy partitions were placed in the Segregation Unit to allow for inmates to have sufficient coverage from be viewed by female staff. MECC staff were trained on the agency's policy of the protocol for when female staff enter restrooms and staff were trained on the protocol for cross-gender announcements made in the living units as directed by the agency's directive.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy D1- 8.13 outlines this standard. MECC has contacts with Interpreter Services if the need arises. The facility has PREA posters along with victim advocate information posted throughout the facility. They also have braille and Spanish versions available. MECC does not use inmate interpreters for disabled or limited English proficient inmates making claims of Sexual Abuse and/or Sexual Harassment.

§115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

MDOC does not hire or promote anyone who fails to meet stipulations outlined in this standard. The state application incorporates direct language from standard. Policy D2 2.2 and a Directive from the agencies Human Resources directs practice of hiring and promoting with stipulations of this standard. The Employee Handbooks directs a continuing affirmative for employees to report this type of misconduct. In addition, criminal background checks are done for all staff annually.

Human Resources staff interviews showed good understanding of this standard along with the agencies policy and practice.

§115.18 – Upgrades to Facilities and Technology

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

Policy D4- 4.8 incorporates direct language from standard. MECC reported no expansions or modifications.

§115.21 – Evidence Protocol and Forensic Medical Examinations

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

The agency utilizes investigators from the Inspector Generals office which is part of the MDOC. Policy D1-8.8 describes protocol. MECC utilizes the local hospital in their plan if a forensic exam was to be needed for inmate sexual abuse. MECC reported 2 instances of this occurrence within the last 12 months. MECC provides victim advocacy on-sight from their trained Chaplains.

Documentation review on-site showed victim advocacy was present during the forensic exams. MECC posts advocacy information throughout the facility. Inmate interviews corroborated education is given and is readily available.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

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

for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policies D1-8.13 and D1-8.1 directs for all allegations of sexual abuse and sexual harassment to be investigated. Documentation review proved investigations are conducted appropriately and thoroughly. Staff interviews corroborated understanding of their responsibilities for referrals for criminal behaviors.

§115.31 – Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy D1-8.13 outlines employee training and PREA. Lesson Plans and curriculum used covers all aspects of section (1) –(10) used in basic training and refresher training. MDOC has different lesson plans for staff working at male vs female facilities. MDOC requires acknowledgment forms from staff who complete this training and MECC keeps this documentation as it was reviewed.

Staff interviews corroborated all staff have been appropriately trained.

§115.32– Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy D1-8.13 outlines this standard. MECC reported 75 volunteers/contractors had received training. MECC maintains documentation of participation and acknowledgment forms are kept. Volunteer interviews corroborated they had received training and it is continued annually.

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard directs for inmates to be educated on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. In addition, the standard directs that education be given in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired or otherwise disabled.

MECC educates newly arrived inmates of the agencies zero-tolerance regarding sexual abuse and sexual harassment and to report such incidents. MECC shows videos to new arrivals which covers all components of this standard. MECC reported 879 inmates had been educated within the last 12 months. MECC provides this education to inmates who are handicapped or disabled. Documentation and acknowledgement forms are maintained of this training.

MECC became complaint with this standard during the Corrective Action Phase. During the on-site audit it was discovered that inmates that transferred into their Segregation Unit from other facilities were not being educated on the requirements. This practice has been corrected and the PREA education process has been institutionalized for inmates transferring into the unit.

§115.34 – 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)

MECC exceeds this standard as their administrative and criminal investigators have received specialized training on how to conduct sexual abuse and/or sexual harassment investigations in confinement settings. The training curriculum and lesson plans used exceed the requirements outlined in this standard. Interviews with investigators showed great knowledge and experience possessed.

§115.35 – 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)

Policy D1-8.13 outlines requirements of this standard. MECC was found to have all of their medical and mental health staff properly trained. MECC keeps documentation of this training and staff interviews corroborated they had received it.

§115.41 – 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)

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility utilizes an Internal Adult Risk Assessment as an objective screening tool. Compliance was confirmed through interviews with staff and offenders as well as documentation of the tool applied.

§115.42 – Use of Screening Information

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment and IS5-3.1 Offender Housing Assignments, covers this standard. The facility currently has one transgender inmate and utilizes a committee and policy which outlines actions to be taken to confirm compliance with this standard.

Interviews with staff showed knowledge of having separation between those offenders who were at high risk of being sexually victimized from those who were at a high risk of being sexually abusive. Staff making determinations for job and/or program assignments for high-risk inmates consider the assessment scores.

§115.43 – Protective Custody

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility has had no cases of involuntary segregation for offenders at high risk. A protocol is in agency policy to address this matter if needed. Staff knew the need of considering alternate housing before the placement of alleged victims in Segregated housing.

§115.51 – Inmate Reporting

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility provides several ways for offenders to report abuse. This was confirmed through interviews with offenders who stated they were made aware of these methods

Staff interviews confirmed that staff were aware that they could report abuse privately through the Crime Tip Hotline and in writing to the Dept. of Public Safety. Staff also confirmed that verbal or written reports to Administrative Staff were accepted.

§115.52 – Exhaustion of Administrative Remedies

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

Agency policy D5-3.2 Offender Grievances covers this standard. MECC has reported no grievances have been filed in regards to sexual abuse in the last 12 months.

Interview with the Grievance Coordinator showed knowledge of the proper process for such grievances to be filed including no limitations on time to file such grievances regarding sexual abuse.

§115.53 – Inmate Access to Outside Confidential Support Services

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility has flyers posted in living units and common areas. Brochures are also provided to offenders containing this information. Offender interviews confirmed that they had knowledge of monitoring duties by staff, but most were unaware that the Chaplain was the acting Victim Advocate. The facility is making this information available to all offenders.

It is recommended that more education be given to inmates as well as staff of the role that Chaplains play as Victim Advocacy at the facility.

§115.54 – Third-Party Reporting

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

Information provided on the agency website instructs on how to report third party reports to the agency. Offender interviews showed that most know about third party reporting. Staff interviews showed good knowledge possessed that 3rd party reporting is allowed and investigated normally.

§115.61 – Staff and Agency Reporting Duties

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. This policy requires that all staff immediately report any information regarding an incident of sexual abuse or sexual harassment. This policy also requires staff report any incidents of retaliation immediately. Staff interviews confirmed that staff are aware of the urgency in reporting these incidents and are aware of the agency policy and keeping information confidential.

The agency also uses Policy IS11-32 Receiving Screening Intake Unit which covers the mandatory reporting laws.

§115.62 – Agency Protection Duties

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

Agency policy D1-8.13 Sexual Abuse and Harassment covers this standard. Staff interviews confirmed that staff were aware that they should immediately take action to protect the offender who reported the abuse.

§115.63 – Reporting to Other Confinement Facilities

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. Compliance was shown through reviewed documentation and policy language which outlines the notification requirement between facilities.

§115.64 – Staff First Responder Duties

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility utilizes security and non-security staff as first responders and all staff have received training on first responder duties.

Staff interviews confirmed that staff were aware of their duties as a first responder and staff at the facility have a “First Responder” card which outlines what a first responder’s duties are that they have on them at all times.

§115.65 – Coordinated Response

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

The facility utilizes an Institutional Plan that outlines a Coordinated Response to Offender Sexual Abuse. This plan covers the duties of the staff acting as first responders, investigators, supervisors, medical staff, and mental health staff.

§115.66 – Preservation of ability to protect inmates from contact with abusers

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

An agreement was provided in documentation review between The Missouri Dept. of Corrections Division of Adult Institutions and Missouri Corrections Officers Association. This agreement went into effect on 10/01/2014 and is effective until 09/30/2018.

§115.67 – Agency protection against retaliation

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. A review of documentation shows confirmation that monitoring occurs in periodic checks every 30 days up to 90 days and longer if needed.

Staff interviews confirmed that if needed, the monitoring will continue past 90 days.

§115.68 – Post-Allegation Protective Custody

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. MECC has had not occurrences where segregated housing was used to protect an inmate who has alleged to have been sexual abused. Proper protocol has been established in the policy should this need to occur.

§115.71 – Criminal and Administrative Agency Investigations

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

Does Not Meet Standard (requires corrective action)

The Missouri Department of Corrections Agency policies D1-8.4 Administrative Inquiries and D1-8.1 Investigative Unit Responsibilities and Actions outlines this standard and dictates compliance. MDOC investigation division is under the jurisdiction of the Inspector General's Office. Investigators conduct both the administrative and criminal investigations. Investigators have been trained in compliance with standard 115.34. Investigations that were reviewed indicated they were done in a prompt, thorough and objective manner. The investigative reports are well documented and included examples of collection and preservation of evidence and included an example of a case that was referred for prosecution.

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Missouri Department of Corrections Agency policies D1-8.4 Administrative Inquiries and D1-8.1 Investigative Unit Responsibilities and Actions outlines this standard and dictates compliance. The policies dictate that the facility does not employ a standard higher than a preponderance of evidence as proof whether allegations of sexual abuse or sexual harassment are substantiated. Review of the investigations supported this as practice.

§115.73 – Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Missouri Department of Corrections Agency policy D1-8.13 Offender Sexual Abuse and Harassment outlines the reporting requirements for this standard and dictates compliance. Interviews with staff and offenders as well as examples of notification confirmed facilities compliance with this standard.

§115.76 – 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)

The Missouri Department of Corrections Agency policy D1-8.13 Offender Sexual Abuse and

Harassment outlines this standard and dictates compliance. Review of investigations indicated that staff are disciplined for violating the agency sexual abuse and sexual harassment policy. Facility reported there were no incidents to report to relevant licensing bodies during this audit period.

§115.77 – 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)

The Missouri Department of Corrections Agency policies D1-8.13 Offender Sexual Abuse and Harassment and D2-13.1 Volunteers outlines this standard and dictates compliance. Facility reported there were no incidents involving a contractor or volunteer to report to law enforcement or relevant licensing body during this audit period.

§115.78 – Disciplinary sanctions for inmates

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

The Missouri Department of Corrections Agency policy D1-8.13 Offender Sexual Abuse and Harassment outlines this standard and dictates compliance. MDOC Conduct and Rules Sanctions IS19-1.1 policy also addresses consensual and non-consensual sexual activity of offenders. Facility provided a referral form utilized by MDOC for input/feedback from a qualified mental health practitioner in sustained cases of offender on offender sexual abuse.

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

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

The Missouri Department of Corrections Agency policies D1-8.13 Offender Sexual Abuse and Harassment and IS11-32 Receiving Screening Intake Center outlines this standard and dictates compliance. Facility provided documentation that showed the practice of offering follow ups for offenders that disclosed during the screening prior sexual victimization and offenders who previously perpetrated sexual abuse.

During the interviews with Medical Staff it was stated that the facility has not had any

incidents requiring them to obtain a consent form.

§115.82 – 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)

The Missouri Department of Corrections Agency policy D1-8.13 Offender Sexual Abuse and Harassment outlines this standard and dictates compliance. Facility provided documentation to show timely, unimpeded access to emergency medical treatment and crisis intervention services. This included education and timely access to sexually transmitted infections prophylaxis at no cost to the inmate.

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

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

The Missouri Department of Corrections Agency policy D1-8.13 Offender Sexual Abuse and Harassment outlines this standard and dictates compliance. The facility offers medical and mental health evaluations as appropriate. Facility provided examples of follow up care provided to offenders as supporting documentation for compliance of this standard.

§115.86 – 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)

The Missouri Department of Corrections Agency policy D1-8.13 Offender Sexual Abuse and Harassment outlines this standard and dictates compliance. The facility provided documentation of Incident Reviews (debriefings). The reviews are occurring normally within thirty days of the completion of the investigation. The departmental form has all of the components incorporated.

§115.87 – Data Collection

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

The Missouri Department of Corrections Agency policy D1-8.13 Offender Sexual Abuse and Harassment outlines this standard and dictates compliance. Data is collected and reported on BJS Survey of Sexual Violence. Documentation confirmed that data is collected annually. Facility provided documentation of monthly incident based data for years 2013 and 2014, and the annual report by facility for 2013 and 2014.

§115.88 – Data Review for Corrective Action

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

The Missouri Department of Corrections Agency policy D1-8.13 Offender Sexual Abuse and Harassment outlines this standard and dictates compliance. The 2013 and 2014 Annual reports were reviewed. Comparisons were part of the data collection. The reports are available on the MDOC website.

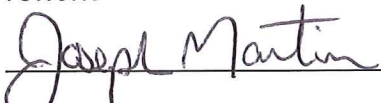
§§115.89 – Data Storage, Publication, and Destruction

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

Policy D1-8.13 directs this standard. A retention schedule was provided as well as a review made of the documentation available on the agencies website.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.


Auditor Signature

12-22-2015

Date