

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report June 12, 2018

Auditor Information

Name: Debra Dawson	Email: dddawsonprofessionalaudits@gmail.com
Company Name: 3D PREA Auditing & Consulting, LLC	
Mailing Address: P.O. Box 5825	City, State, Zip: Greenwood, FL 32443
Telephone: 850-209-4878	Date of Facility Visit: May 8 -9, 2018

Agency Information

Name of Agency: Missouri Department of Corrections	Governing Authority or Parent Agency (If Applicable):		
Physical Address: 2729 Plaza Drive	City, State, Zip: Jefferson City, MO 65102		
Mailing Address: same as above	City, State, Zip: Click or tap here to enter text.		
Telephone: 573-751-2389	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Improving lives for safer communities			
Agency Website with PREA Information: www.doc.mo.gov/OD/PREA.php			

Agency Chief Executive Officer

Name: Anne L. Precythe	Title: Director
Email: anne.precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	Title: Office of Professional Standards (OPS) PREA Manager
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335

PREA Coordinator Reports to: Richard Williams, Chief Legal Council	Number of Compliance Managers who report to the PREA Coordinator 29
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Facility Information

Name of Facility: Poplar Bluff Community Supervision Center

Physical Address: 1441 Black River Industrial Park Road, Poplar Bluff, MO 63901

Mailing Address (if different than above): Click or tap here to enter text.

Telephone Number: 573-840-9555

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type:

<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
<input checked="" type="checkbox"/> Other community correctional facility		

Facility Mission: Improving lives for safer communities

Facility Website with PREA Information: www.doc.mo.gov/OD/PREA.php

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Kenny Jones **Title:** Chairman Board of Probation/Parole

Email: Kenny.jones@doc.mo.gov **Telephone:** 573-751-8488

Facility PREA Compliance Manager

Name: Lanny Corcimiglia **Title:** PREA Site Coordinator

Email: Lanny.Corcimiglia@doc.mo.gov **Telephone:** (573) 840-9555

Facility Health Service Administrator

Name: N/A **Title:** Click or tap here to enter text.

Email: Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity: 60		Current Population of Facility: 28	
Number of residents admitted to facility during the past 12 months			253
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			1
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			149
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			245
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18+	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision:			52.9 days
Facility Security Level:			Field Supervision
Resident Custody Levels:			n/a
Number of staff currently employed by the facility who may have contact with residents:			48
Number of staff hired by the facility during the past 12 months who may have contact with residents:			2
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			2
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		2	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
There are 37 cameras throughout the facility.			
Medical			
Type of Medical Facility:		N/A	
Forensic sexual assault medical exams are conducted at:		Poplar Bluff Regional Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			9 Contractors/ 7 Volunteers
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			10 Investigators State-wide

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Recertification Audit for the Poplar Bluff Community Supervision Center (PBSCS), Missouri Department of Corrections (MDOC) was conducted on May 9, 2018. The PREA Recertification Audit was coordinated through the Missouri Department of Corrections and 3D PREA Auditing & Consulting, LLC upon award of the contract by MDOC. Department of Justice (DOJ) Certified PREA Auditor Debra Dawson was assigned to conduct the audit. Mr. Alonso Harvin was assigned to serve the PREA auditor's support staff. A line of communication was developed between the Office of Professional Standards (OPS) PREA Unit Manager Vevia Sturm and Debra Dawson to schedule the assigned audit.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The PREA recertification audit site visit was originally scheduled for May 9, 2018. However, upon the District Administrator and PREA Site Coordinator' awareness of the auditing team availability to conduct a tour on May 8, 2018, the entrance meeting and tour only was held on May 8, 2018. The entrance meeting was held with Debra Dawson, PREA auditor, Mr. Alonso Harvin, PREA auditor support staff, District Administrator Mr. James Berry, and PREA Site Coordinator Lanny Corcimiglia. The PREA audit team returned to Poplar Bluff Community Supervision Center on May 9, 2018, at 6:00 a.m. to continue the auditing process. Interviews were conducted at this time with the Probation and Parole I and II (PPAs) who were assigned the 11:00 p.m. – 7:00 a.m.

The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and residents during the site visit. Areas visited during the tour included the main lobby, kitchen area, resident housing areas, administration, all program areas, control room, outdoor courtyard, warehouse area, Probation and Parole Department, storage, supply and mechanical room. PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to residents and staff in both English and Spanish. The notification of the PREA audit visit was documented as posted on March 21, 2018, well in excess of the six week required notification period. A photograph of the posted notice was provided to the auditor.

PBCSC employs 48 employees who may have contact with the residents. Thirty-one staff was interviewed during this audit. The audit team was provided with separate offices to conduct private interviews with staff and residents. Thirteen random staff was conducted that included Probation and

Parole Assistants I and II (line staff and supervisors) from the three scheduled shifts of 11:00 p.m. - 7:00 a.m.; 7:00 a.m. – 3:00 p.m.; and 3:00 p.m. – 11:00 p.m. Those interviewed also included administrative staff and Administrative and Probation and Parole Field Officers. Specialized staff selected for interview by the auditor was chosen on their assigned specialized PREA responsibilities. Eighteen specialized staff was interviewed. Those specialized staff interviewed included: (1) District Administrator; (1) Agency Contract Administrator; (1) PREA Manager; (1) Chief State Supervisory of Probation and Parole; (1) PREA Site Coordinator; (1) Incident Review Team Member; (2) Contractors; (1) Volunteer; (2) Intermediate or higher supervisor; (1) Staff who perform screening for risk of victimization and abusiveness; (1) Investigative Staff; (1) Designated staff member charged with monitoring retaliation; (1) Senior Officer Support Assistant (Human Resource); (1) SANE/SAFE Nurse; (2) Intake Staff. There was no security staff ((PPAs) 1 or 2, or non-security staff (administration and Probation and Parole Field Officers) who has acted as first responder at the PBCSC. All staff interviewed was knowledgeable of the agency's zero tolerance of sexual abuse and sexual harassment and their responsibility as a first responder.

PBCS had an in house base count of 28 residents on May 9, 2018, upon the auditing team's arrival. The auditing team conducted the site visit from 6:00 a.m. until 7:00 p.m. However, numerous residents departed the facility throughout the site visit due to community jobs and program participation. All available residents (14) were selected for interviews. Thirteen random interviews were conducted and one interview was conducted with a resident identified as having a disability. There were zero residents at PBCSC who were identified to meet the following categories: Residents who identify as Lesbian, Gay, or Bisexual; Residents who identify as Transgender or Intersex; Residents Who Reported Sexual Abuse; Residents Who Reported Sexual Victimization During Risk Screening. All residents interviewed were knowledgeable of the agency's zero tolerance of sexual abuse/harassment and the procedures for reporting.

MDOC publishes their investigative policy on its website www.doc.mo.gov/OD/PREA.php. The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings on May 9, 2018. The following individuals were in attendance: PREA audit team; District Administrator James Barry; PREA Manager Vevia Sturm, and PREA Site Coordinator Lanny Corcimiglia.

The auditor explained the process that would follow the on-site visit. The auditor also explained that any standard findings of "Does Not Meet" during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the agency/facility website once completed

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Poplar Bluff Community Supervision Center is located at 1441 Black River Industrial Park Road, Poplar Buff, MO 63901. The PBCSC shares a U shape building with the Missouri Department of Corrections District 25 Probation and Parole. Probation and Parole Field Officers are not considered facility staff of PBSCS. They are responsible for their individual resident caseloads and do not supervise the residents assigned at the facility. Residents are prohibited from entry into the Probation and Parole Office area without authorization and a staff escort. Additional areas within the building is a clerical area, administrative staff offices, programming offices, classrooms, kitchen, common area, front lobby, and control room. An indoor and outdoor common area is also available.

The PBCSC is used to confine residents who have never been to prison and are assigned to the Community Supervision Center as an alternative to incarceration or as a consequence to a rule violation, or an inability to meet the requirements of probation or parole. Residents are also those who have been in prison and are in the process of returning to the community, or have already been released to the community and have violated a rule or condition or their parole.

MDOC administration has done a phenomenal job in designing the layout of the 37 cameras throughout the facility. These cameras are monitored 24/7 by PPAs assigned to the control center. Staffs have the capability of monitoring all cameras at once. Camera placement prevents blind spots inside the building, and provides constant observation of entry doors and the outer perimeter. Movement throughout the facility is controlled by key entry, keypad accessibility and/or the operation of these doors by the control center staff.

There are one dormitory each for the male and female residents. The male dormitory has a capacity rate of 52 residents. The female dormitory has a capacity rate of 8 residents. Single stall restrooms and showers are available to the residents within their housing unit. A laundry area is also provided in both dormitories. An additional toilet and shower area is located in an area near the control center. This area is utilized to conduct authorized searches or as a holding area pending the arrival of local law enforcement as needed. The established floorplan design, and operational practice procedures, prevents interaction between the male and female residents unless authorized by staff under direct supervision.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 5

115.215; 115.216; 115.217; 115.231; 115.264

Number of Standards Met: 38

115.211; 115.212; 115. 213; 115.214;; 115.218; 115.221; 15.222;115.232 115.233; 115.234; 115.235; 115.241; 115.242; 115.243; 115.251; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.265; 115.266; 115.267; 115.268; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.281; 115.282; 115.283; 115.286; 115.287; 115.288; 115.289

Number of Standards Not Met: 0

None

Summary of Corrective Action (if any)

None

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with Missouri Department of Corrections Procedural Manual D1-8-13 Offender Sexual Abuse and Harassment; Resident Handbook; Director's Office Organization Chart, and Poplar Bluff Community Supervision Center PREA Standard Operating Procedure and duties of the PREA Manager and PREA Site Coordinator, it was determined Poplar Bluff Community Supervision Center meets the mandate of this standard. PBCSC and MDOC have written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of residents with sanctions for those found to have participated in these prohibited behaviors.

Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of residents. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial training and bi-annually as outline in policy. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor strategically located and accessible throughout the facility for staff and residents' awareness.

The OPS PREA Manger is a position assigned by the Agency Director to coordinate the Agency's statewide compliance with PREA. In an interview with the PREA Manager, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. In 2013, the PREA Manager chartered 16 interagency teams to assist with developing a plan to implement PREA standards in the policies and practices of DMOC facilities. Each team was assigned specific standards, and tasked with reviewing current policy and practice, identifying best practices and developing a plan for implementation. The plan was forwarded to the PREA Manager and her oversight team for review. Once the plan approved, the PREA Manager, with support of executive staff, ensured each plan was implemented through the MDOC system. A Deputy Warden or above is responsible for ensuring PREA standards are maintained with Adult Institutions. Unit Supervisors are responsible for ensuring PREA standards in Community Supervision Centers and the Transitional Center. Effective communication is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Missouri Department of Corrections has contracts for the confinement of inmates/residents with 4 Residential Facilities, Schirmer House, Reality House, Metropolitan Employment Rehabilitation Services, (MERS Goodwill), Heartland Center for Behavior Change (HCBC). These contractors do not provide services to Poplar Bluff Community Supervision Center. A copy of the contracts was provided and it is determined that there is a PREA acknowledgement and requirement in each contract.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: PREA Yearly Staffing Report; Annual PREA Report; Staff Schedules and Memo to File, there have been no deviations to the staffing plan, it was determined Poplar Bluff Community Supervision Center meets the mandate of this standard. PBCSC has established a staffing plan which provides for adequate levels of staffing and where applicable, use direct monitoring to protect residents against sexual abuse. Copies of the staffing plan dated May 31, 2017, and April 30, 2018, was provided for review by the auditor. The facility's video monitoring is supported by 37 cameras positioned throughout the facility. Review of video monitoring confirmed the residents' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observant to staff during video monitoring. The facility is designated for both adult males and female residents. Both female and male staffs are assigned to each shift. The physical layout of the facility and operational procedures ensures no interaction between the female and male residents without prior approval from authorized staff. Per the PREA Site Coordinator and District Administrator each confirmed staff schedules are adjusted and/or overtime is always paid in lieu of vacating a required PPA's post. There were no deviations noted to have occurred. However, any deviations from the staffing plan would be documented and the reasons for the deviation noted.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8-13 Offender Sexual Abuse and Harassment; Board of Probation and Parole Manual P4-4.13 Searches; PBCSC Search Policy; PBCSC Cross Gender Viewing SOP; Resident Handbook and MDOC Lesson Plan on Searches; Training log of Staff Training; Interviews with Supervisory Staff, Random Staff, and Random Residents, Poplar Bluff Community Supervision Center exceeds in meeting the mandate of this standard. The department and the facility prohibit cross gender pat searches on female residents and prohibits all cross gender visual body cavity searches or strip searches. The staffing plan ensures that both male and female PPAs are on duty each shift. In a circumstance that a search is required on a resident of any sex in which the same staff member is not on duty, a same sex local law enforcement officer will report to the facility and conduct the search. Individual shower stalls have appropriate shower curtains or doors that enable residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia. Prior to entry into the housing area of residents, staff of opposite gender shall announce their presence when entering an area where residents are likely to shower, change clothes or perform bodily functions. The announcement shall be entered in the Chronological Log noting the date, time staff person entering the area and area entered. Observation of this procedure and a review of the chronological log were conducted by the auditing team. Policy prohibits staff from physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. The determination of transgender and/or intersex residents genital status may be obtained during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. All staff interviewed acknowledged receipt of training and a review of their documented signature confirmed such training. Staff provided the auditing team with verbal instructions on conducting cross-gender searches. Staff confirmed these searches of transgender or intersex residents, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. No transgender or intersex residents were assigned to the facility during the site visit. Therefore, no interviews were conducted with intersex or transgender residents.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: MDOC Policy D1-8.13; MDOC Lesson Plan for Special Needs and Translation Service Contract, PREA Pamphlets; PREA Sexual Abuse Brochures in multiple languages; Interviews with (Intake) staff and Random Staff, Poplar Bluff Community Supervision Center exceeds in meeting the mandate of this standard. PBCSC takes steps and has policies that ensure residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PBCSC provides residents with materials which are available in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Blind-Braille, Russian, Serbo Croation, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. Residents who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Residents who are blind are provided an audio version in either English or Spanish. PREA Videos are available with subtitles. Interviews with random staff confirmed the facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of first responder duties, or the investigation of a resident's allegations. A resident identified as a having a learning disability confirmed staff provided him with PREA educational material that he was able to understand.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13, Offender Sexual Abuse and Harassment; Directive D2-2.2, Background Investigations; D2-2.8 Promotional Appointment; D2-2.10, Re-Employment Appointment; D2-13.1, Volunteers; D2-13.2, Student Interns; PREA Hiring Checklist; Background Checklist for Contractors; D1-5.1 Maintenance of Employee Records; Memorandum from Human Resources, Interviews with Chief State Supervisory Probation and Parole, and Human Resource Manager; and additional memorandums and personnel forms provided, Poplar Bluff Community Supervision Center exceeds in meeting the mandate of this standard. Before hiring new employees the human resources staff members or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is 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 are considered by the department before an employee is promoted. Backgrounds checks are conducted on the first day of the staff's birth month. A check is also conducted on the staff's member driver license every year. The background checks are conducted through the Missouri State Highway Patrol (MULES) that provides information collected Nationwide. The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or reside of the facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. Confirmation of compliance with this standard was supported during an interview with the Senior Office Support Assistant (Human Resource) and review completed applications and background checks.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?

(N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Poplar Bluff Community Supervision Center has not designed nor acquired a new facility or planned any substantial expansion or modification to the existing facility. However a security enhancement and the elimination of a blind spot was created in the male resident restroom by the installation of a secured cage blocking an entry of an unauthorized area and the addition of a mirror for easy staff viewing during rounds. This project was completed in April 2018. This accomplishment was a great asset to the facility. PBCSC meets this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.8, Evidence Collection; Directive D1-8.13, Offender Sexual Abuse and Harassment; MOU Haven House; D1-8.1 Office of Professional Standards, Poplar Bluff Community Supervision Center meets the mandate of this standard. The MDOC is responsible for all criminal and administrative investigations within the agency. Investigations are conducted by the Agency's OPS PREA Unit. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. PBCSC utilizes the Poplar Bluff Regional Medical Center to conduct all protocols and forensic medical examinations. Interviews were conducted with an investigator from the OPS PREA Unit who is responsible for responding to incidents of sexual abuse/sexual assault. The investigator was knowledgeable of the sexual assault investigative process, evidence collection protocols, and use of the Sexual Abuse Checklist. Emergency healthcare as well as forensic examinations by SANE/SAFE staff are provided at an outside facility with no cost to the resident. An advocate is provided to the resident upon request through Haven House to provide emotional support through the forensic medical examination and investigation interviews. Interviews with the District Administrator and OPS Investigator and representative from Haven House, confirmed these services are available to all victims of sexual abuse upon request. The MDOC conducts resident on resident sexual abuse/harassment investigations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. A copy of correspondence from the PREA Manager to the local law enforcement Sheriff Office was provided for review by the auditing team. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, the Department must requests that investigative agencies that conduct PREA investigations within their facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards of the uniform evidence protocol. There were no residents assigned at PBSCS who reported sexual abuse to interview in regarding to the process completed.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.1, Investigative Unit Responsibilities and Activities; D1-8.13 Offender Sexual Abuse and Harassment; PREA Event Checklist, D1-8.1 Office of Professional Standard; Interviews Investigative Staff, it is determined that Poplar Bluff Community Supervision Center meets the mandate of this standard. All allegations of resident sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions of if additional information is needed.

When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in a resident related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. The PREA Manager will request all responsible Sheriff Departments follow PREA standards when conducting offender sexual abuse investigations. All Administrative and Criminal Investigations of Sexual Abuse or Sexual Harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Investigative staff confirmed this practice during the interview process.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No

- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of: Directive D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; MDOC Lesson Plan PREA: Working with Female Offenders; MDOC PREA Refresher Training, and Signed PREA Training Acknowledgement forms, Poplar Bluff Community Supervision Center meets the mandate of this standard. PREA training addresses all PREA requirement including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. PREA training is completed by all new employees during their initial training. A PREA refresher training course covering Sexual Abuse Prevention and Response is required every two years. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations and refer reports for further investigation. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. Both formal and informal interviews with staff indicate that they are well trained in Sexual Assault Prevention and Response and their duties as first responders and the agency's zero tolerance policy on sexual abuse and sexual harassment. A review of staff training records acknowledging receipt and understanding the PREA training was provided for review by the auditing team.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed

how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13, Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; MDOC Lesson Plan – PREA Module for Volunteers and Contractors; and Training Acknowledgment Forms signed by Contractors and Volunteers, Missouri Department of Corrections Sexual Misconduct and Harassment Annual Guide for Staff, Volunteers and Contractor, Poplar Bluff Community Supervision Center meets the mandate of this standard. The level and type of training provided to the contractors and volunteers is based on the level of contact with them. However, all training provided during their orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. All contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. Upon completion, they acknowledge by written receipt of training received and understanding of such training. Volunteer and contractor training records were reviewed and indicated the training was acknowledged as being received and understood. Two contract staff and one volunteer from the program department was interviewed.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Victim/Abuser Protocol; PBCSC Resident Handbook; Resident Orientation Sign-in Sheets; PREA Posters and Pamphlets, and Interviews with Random and Targeted Residents, Poplar Bluff Community Supervision Center meets the mandate of this standard. PBCSC ensures all incoming residents receive PREA training on the day of arrival during the intake process. The Agency's policy requires staff to conduct the initial intake screening of residents within three hours of their arrival to the facility. KCSC ensures the intake screening process is conducted within one hour after the resident's arrival. The intake screening is conducted by one of the PPAs. During intake screening, residents are provided a PREA pamphlet and resident handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents and observe a PREA video titled "PREA: Silence the Violence." PREA training is documented for each resident and maintained in the resident's file. Interviews was conducted with 14 residents confirmed they received PREA information during intake within the first hour of their arrival. Additionally, PREA information is posted in all housing and common areas and is accessible to the resident population which provides residents with a continuously and readily availability of PREA education resources. Each resident interviewed, reference the PREA posters throughout the facility, PREA literature received and observance of the PREA video as receiving and understanding PREA education during interviews.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its

investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Missouri Department of Corrections policy D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan – Special Investigator Training; Training Acknowledgement for Investigators; Interview with the OPS Investigator, Poplar Bluff Community Supervision Center meets the mandate of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. These Investigators are required and have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40 hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Documentation of the mandatory training received by the ten OPS Investigators throughout the Agency, who are authorized to conduct sexual abuse/harassment investigations, was reviewed by the audit team. An OPS Investigator articulated the training provided to all investigators during the interview process.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Poplar Bluff Community Supervision Center does not employ full time, part time, or volunteer medical or mental health personnel. All medical care for residents at the PBCSC is provided by Poplar Bluff Regional Medical Center. Mental health services are provided within the local community at the Southeast Missouri Behavior Health Center. However, in accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment, the Agency meets the mandate of this standard. Medical and mental health staffs are required to receive annual specialized PREA training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: D1-8.13 Offender Sexual Abuse and Harassment; MDOC Board of Probation and Parole Directive P4-4.2 Community Supervisions Centers Risk Screening; Completed Risk Screening Form, and Assessments for At Risk Victim/Abuser; Interviews with Staff and PREA Site Coordinator, Poplar Bluff Community Supervision Center meets the mandate of this standard. Policy stated the resident shall be assessed utilizing the Risk of Victimization and Abusiveness Screening Tool to identify those at risk for being sexually abusive or sexually abuse. The initial screening shall be completed within 72 hours of the resident's arrival at the facility. The initial screening is processed by the PPAs. A reassessment is conducted within 30 days from the date of the 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. During interviews with Intake Staff and residents, the initial screening is conducted within the first hour of the resident's arrival. The screening instrument includes whether the resident has a mental, physical, or developmental disability, the age and physical build of the resident, previously incarceration history, whether the resident's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the resident is or is perceived to be gay, lesbian,

bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Staff reassesses the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the resident's safety is addressed. Information obtained during the initial assessment and reassessment is placed in the resident's classification file. These files are accessible to identified authorized staff only. A review of the screening forms, confirmed inconsistencies in days in which the reassessment of residents was conducted. These inconsistencies included reassessments being conducted between three and thirty days of the resident's arrival. The auditor noted that although the standard does not identify the numbers of days required between the assessments, the intent of the standard is to allow a sufficient amount of time for receipt of additional information regarding the resident not to occur prior to two weeks of the initial assessment.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of: D1-8.13 Offender Sexual Abuse and Harassment; Board of Parole Protocol for Community Supervision Centers; and Committee Minutes for Transgender/Intersex Committee, PREA Risk Screening; PREA Assessment for At Risk Victim/Abuser; Chore List; Bunk Assignment SOP; Interviews with Intake Staff, PREA Manager, Poplar Bluff Community Supervision Center meets the mandate of this standard. Popular Bluff Community Supervision Center only has one dormitory unit for male and one dormitory unit for female residents. Residents at high risk of being sexually abusive are assigned in the front of the dormitory and are separated from residents who are identified at high risk of being sexually abused. Video monitoring within the dorms provides additional observation to ensure safety of all. PBCSC uses information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Information obtained during the screening is used by staff to make individualized determinations about how to ensure the safety of each resident. Transgender or intersex resident's housing is considered on a case-by-case basis, placement considers the residents health and safety, and whether the placement would present management or security problems. The average length of a resident's stay at PBCSC is 52.9 days. However, on the rare occasional a resident stay is longer; the resident will be assessed twice within a year and is always reassessed as needed upon receipt of additional information as needed. Interviews with staff confirmed a transgender or intersex resident's own view with respect to his or her own safety is given consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents. PBCSC does not place lesbian, gay, bisexual, transgender, or intersex residents in a dedicated unit based solely on identification or status. There no residents at the facility identified as gay, transgender, and intersex. Therefore, none was available for interview during the site visit.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the Employee Handbook; Resident Handbook; PREA Posters and Brochure; PBCSC Coordinated Response Plan; MOU with Department of Public Safety, and MDOC D1-8.9 Crime Tips and PREA Hotline MDOC D1-8.13 Offender Sexual Abuse and Harassment; MOU with the Haven House, Poplar Bluff Community Supervision Center meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the residents to report sexual abuse and assault. Residents receive a copy of The Resident Handbook during the intake process which advises them that they can contact any staff member, the MDOC OPS, or the Haven House to report sexual abuse or assault internally. Additionally, there are posters throughout the facility which also inform the residents of other reporting options. To report to an external organization, residents can write the Missouri Department of Public Safety, Crimes Victims' Unit. Reports may be made confidentially and remain anonymous upon request. Residents may also report allegations to third parties who in turn would contact the MDOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Telephones at the facility are not equipped to be monitored. Therefore, an additional method of privately reporting sexual abuse/harassment is available to the residents. PBCSC does not house residents solely for civil immigration offenses. Residents interviewed indicated they were familiar with the various ways to report sexual abuse or assault information. Interviews with random staff, random residents and a disabled resident confirmed their knowledge of methods for residents to report any and all allegations of sexual abuse and/or harassment verbally and/or in writing to outside personnel. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party would be investigated in accordance to MDOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations by the residents is accessible to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with Missouri Board of Probation and Parole P7-1.7 Complaints and Investigations; Resident Handbook; MDOC D1-8.13 Offender Sexual Abuse and Harassment; MDOC D5-3.2 Offender Grievance Poplar Bluff Community Supervision Center outlines the Administrative Remedy process and meets the mandate of this standard. Residents are informed of the grievance process during orientation. Residents will not be required to use any informal grievance or complaint process. Residents will not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Residents will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the resident in writing when the Agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other residents, family members, friends, attorneys, and outside advocates. The Agency policies also address the resident's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these circumstances, the Agency is required to issue a response to the resident within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days. There were no grievances filed at PBCSC in the last 12 months of the PREA audits. However, an interview with the PREA Site Coordinator confirmed his knowledge of the Agency's policy of filing administrative remedies in regards to allegations of sexual abuse/harassment.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA advocacy poster; Resident Handbook; MOU with Missouri Department of Public Safety; Interviews with PREA Compliance Manager, Poplar Bluff Community Supervision Center exceeds in meeting the mandate of this standard. The PBCSC has MOU with the Missouri Department of Public Safety. Victims of sexual abuse/harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety receives and immediately forward and report sexual abuse/harassment including third party and anonymous reports to the OPS PREA Unit.

The PBCSC entered into an MOU with a local Advocacy Provider, Haven House. The PBCSC also works well with the Rescue Mission and the local hospital. The PBCSC has an advocacy person on site that will assist, if needed, after a report of a PREA incident. The agreement outlines the services provided by the programs as: follow-up with residents who made direct contact seeking rape crisis services via telephone or mail or requested through MDOC; maintain active, confidential communication with MDOC staff in order to facilitate treatment for resident victims, consistent with the victim's right to confidentiality; to provide in person follow-up rape crisis counseling and emotional support services at the facility; and must be willing to participate in training to advance the goals and program objectives with MDOC.

The PBCS does not monitor the resident phone conversations, and resident are able to have confidential communication with an advocacy provider. The PBCSC does not allow residents to receive incoming mail (except for pertinent info, i.e., birth certificate, lawyer info, etc.). However, residents are permitted to send out confidential material to an advocacy provider.

Residents are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA 90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC 20005 (800) 656-HOPE (4673). Letters to the aforementioned addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the resident and staff population.

All staff and residents interviewed were knowledgeable of the residents' access to advocacy groups within the community for support services.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>); Interviews with Random Staff and Random Residents, Poplar Bluff Community Supervision Center meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to the OPS PREA Unit Missouri Department of Corrections at 2728 Plaza Drive, Jefferson City, MO 65109, via email at

DOC.PREA@doc.mo.gov, or via phone at 573-526-9003. The information is included in the PREA brochures which is provided to each resident and posted throughout the facility. Interviews with staff and residents confirmed their awareness of various third party reporting methods for individuals to include family and friends to report allegations of sexual abuse and/or sexual harassment.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; Chapter 217 MDOC Revised Statutes PBCSC Coordinated Response Protocol and Interviews with Random Staff; Random Residents, Poplar Bluff Community Supervision Center meets the mandate of this standard. In accordance policy and interviews conducted with random staff, all staff is required to immediately report and document any knowledge or suspicion of violation of this standard to include those by third-party and/or anonymous reported to their immediate supervisor or higher ranking staff. Failure to report resident sexual abuse is a Class A Misdemeanor. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred in a facility and any knowledge of retaliation against residents or staff 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 the procedure. Staffs are prohibited from discussing information related to sexual abuse reports with anyone other than those to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. There is no medical or mental health service provided at the PBCSC. PBCSC does not employ full or part-time medical or mental health staff. Therefore, medical and mental health services are not provided at PBCSC. These services are provided within the local community and those providing services, are required by Federal, State, local law to report sexual abuse. PBCSC does not house residents under the age of 18.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment MDOC Board of Probation and Parole Manual Directive P4-4.2 MDOC Directive D5-3.2 Offender Grievance; Interviews with District Administrator, PREA Site Coordinator, PREA Manager, and Random Staff, Poplar Bluff Community Supervision Center meets the mandate of this standard. Policies and the PREA training delivered to staff outline the immediate steps that are to be taken to protect residents with a substantial risk of sexual abuse. Staff interviews indicated the PBCSC has had no incidents where a resident was deemed at substantial risk of imminent sexual abuse. However, staff was aware that 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment Poplar Bluff Community Supervision Center meets the mandate of this standard. MDOC policy require upon receiving information that a resident has been sexually abused while assigned at another department facility, the coordinated response for residents sexual abuse will be immediately initiate. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA Manager. The PREA Manager will ensure notification to the facility is made with 72 hours. The PREA Manager will document the notification made. Interviews with the PREA Site Coordinator, District Administrator, and Eastern Region Investigator III, confirmed their responsibly where becoming aware of such incidents. There were no PREA notifications made to or from other correctional facilities that met the requirements of PREA notifications in the last 12 months of this audit.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; First Responder Checklist; MDOC Lesson Plan on Coordinated Response; PBCSC Coordinated Response Protocol; Interviews with Random Staff, District Administrator, PREA Site Coordinator, PREA Manager, Poplar Bluff Community Supervision Center exceeds in meeting the mandate of this standard. Staff

identified as the first responder is to immediately notify their immediate supervisor. The Shift Supervisor will make further notifications. The PBCSC Coordinated Response Protocol outlines the first responder's steps to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser take no action to destroy evidence. PREA packets are maintained in the PPAs' office titled "PREA Incident Folder" that describes instructions to follow upon notification of sexual abuse/harassments allegation. All staffs are issued First Responder Duties/How to Report Sexual Abuse Cards which provide details to follow as a first responder. Random staff, specialized staff, and contractors, articulated their knowledge and responsibility in the steps to follow as a first responder.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the PBCSC PREA Coordinated Response Plan and First Responder Notification Checklist, and MDOC Lesson Plan for First Responders, Poplar Bluff Community Supervision Center meets the mandate of this standard. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocates. A checklist form is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Established folders containing the PREA Coordinated Response Plan detailing actions taken in response to an incident of sexual abuse are located in the PPAs' office for referencing. Interviews with staff indicate that each is aware of their specific responsibilities under this plan.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with MDOC Directive D2-11.6 Labor Organizations; MDOC and SEIU Labor Agreement, Poplar Bluff Community Supervision Center meets the mandate of this standard. NEW AND/OR RENEWAL OF COLLECTIVE BARGAINING AGREEMENTS: 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. An interview with the Director of Office of Professional Standards/Chief State Supervisor confirmed the Agency has not entered into any new agreements or renewal with collective bargaining. A staff member representing collective bargaining staff confirmed the noted bargaining agreement.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Harassment, and MDOC PREA Retaliation Checklist, Interview with Staff Assigned to Monitor Retaliation, Poplar Bluff Community Supervision Center meets the mandate of this standard. Retaliation Monitoring is assigned to the PREA Site Coordinator to monitor staff and residents who report allegations of sexual abuse/harassment or fear retaliation for cooperating with an investigation of sexual abuse/harassment with the exception of those determined to be unfounded. One resident reported an allegation of sexual

harassment and was placed on retaliation monitoring since the last PREA audit in July 2016. Documentation of appropriate retaliation monitoring was provided to the auditor for review. The resident was released from the PBCSC to field probation prior to a 60 day required monitoring period. An interview with the PREA Site Coordinator, PREA Manager, Chief State Supervisory Probation and Parole confirmed awareness of policy and monitoring requirements within this standard. Specifically, each articulated the monitoring process includes individually meetings with the staff member and/or resident would be conducted every 30 days up to 90 days and longer if necessary. These meetings are documented. The policies and checklist provides multiple protective measures to ensure the safety of the resident that includes housing changes or transfers for the victim or abuser, removal of the alleged staff member or resident abuser from contract with the alleged victim, and emotional support services for residents or staff who fear retaliation. Staff monitors a resident's disciplinary reports, housing, or program changes, and any negative performance review or reassignments given by staff. In investigative cases where a resident is released to a field probation and parole office, monitoring will stop and if released to a community confinement facility monitoring will continue.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.1 Office of Professional Standards; Interviews with PREA Manager, OPS Investigator, and District Administrator, Review of Investigative Files, Poplar Bluff Community Supervision Center, meets the mandate of this standard. The investigative process was articulated that confirms staffs follow a uniform evidence protocol during the investigations of sexual abuse and sexual harassments that meets all mandates of this standard while describing each measure utilized. Training documentation supporting completion of the specialized training for the 10 State-wide OPS Investigators who are assigned to complete these investigations was provided for review by the auditing team. The MDOC conducts resident on resident sexual abuse/harassment investigations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a resident or staff. Residents who allege sexual

abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. This practice was confirmed upon review of a closed investigative sexual harassment case. All investigative files are retained for 90 years. PBCSC reported two incidents for PREA investigations. One was determined not meet the investigative requirements of PREA. The second case of sexual harassment was determined to be substantiated. This individual staff member was terminated prior to completion of the PREA investigation. The OPS Investigator articulated each measure within this standard during sexual abuse investigations. Policy reviewed, review of a closed file and staff interviews confirmed all measures within this standard are adherent too during the investigative process.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment and Interviews with the OPS Investigator, the Office of Professional Standards PREA Investigative Unit does not impose a standard greater than the preponderance of evidence.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13; PREA Status Notification of Abuse by a Staff Member; Review of a Closed Investigation, and Interviews with OPS Investigators and PREA Compliance Manager, Poplar Bluff Community Supervision Center meets the mandate of this standard. The OPS has a process in place to notify the resident upon close out of the investigation finding of substantiated, unsubstantiated, or unfounded. All notifications will be in writing and documented. Upon the completion of a PREA investigation or inquiry regarding a resident sexual abuse, the PREA Site Coordinator will make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by resident notification form. In the event that the investigation was conducted by an outside agency, the office of the OPS PREA Unit will request relevant information from the outside agency in order to inform the resident of the outcome of the investigation. MDOC policies require implementation of all notifications identified in this standard. There have been no sexual abuse investigations completed by an outside in the last 12 months of the PREA audit.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive #D1-8.13 Offender Sexual Abuse and Harassment; MDOC Probation and Parole Manual; MDOC D2-11.10 Staff Conduct, Poplar Bluff Community Supervision Center meets the mandate of this standard. The Directives addresses disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions

up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the MDOC will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be relevant licensing or accreditation bodies and law enforcement. PBSCS has not had any incidents of employee terminations and/or suspensions for issues of sexual abuse or sexual harassment since the last PREA audit in July 2016. Staff interviews revealed an awareness of the Agency's zero tolerance policy and disciplinary procedures it pertains to sexual abuse and sexual harassment.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; D2-13.1 Volunteers; Interviews Volunteers and Contractors, Poplar Bluff Community Supervision Center meets the mandate of this standard. MDOC has a zero tolerance involving sexual abuse and sexual harassment of residents by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with one volunteer and two contractors, all were aware of the policies as outlined. PBSCS reported there were zero incidents reported of volunteers and/or contractors that engaged in sexual abuse of a resident since the last PREA audit in July 2016.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment Poplar Bluff Community Supervision Center meets the mandate of this standard. The listed policy outlines disciplinary sanctions that may be imposed on residents who engage in sexual abuse and sexual harassment. Residents are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between residents are prohibited and residents determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other residents. Disabilities and mental illness factors contributing to the acts of a resident's participation in sexual activities will be considered during the discipline process. A resident reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be unfounded, will not receive discipline for making the report. PBCSC has had no incidents of discipline on residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. PBCSC does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The PBCSC would, however, refer these individuals to appropriate community resources.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Department of Mental Health Community Treatment and Recovery Services Referral Form; Interviews with PREA Site Coordinator and District Administrator, Poplar Bluff Community Supervision Center meets the mandate of this standard. PBSCS does not employ Medical or Mental Health Staff. All residents are referred to Poplar Bluff Regional Medical Center for assessment and treatment. If residents needed and/or requested medical or mental health treatment, the local mental health community resource would be contacted about a crisis appointment. A referral would be provided for the crisis appointment and any further required treatment. If medical attention would be needed, staff would contact an ambulance for transportation to the local hospital that provides SANE/SAFE exams. If staff would be available, transportation could be provided by the facility. There were no residents that required referral for community services relating to sexual abuse at PBSCS in the last 12 months of the PREA audit.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Department of Mental Health Community Treatment and Recovery Services Referral Form; Interviews with PREA Site Coordinator and District Administrator, Poplar Bluff Community Supervision Center meets the mandate of this standard. PBCSC does not employ Medical or Mental Health Staff. All residents are referred to Poplar Bluff Regional Medical Center for assessment, treatment, and all ongoing medical and mental health treatment as needed. These services will not be of cost to the victim. If residents need and/or requested medical or mental health treatment, the local mental health community resource would be contacted about a crisis appointment. A referral would be provided for the crisis appointment and any further required treatment. Alleged victims of resident sexual abuse of any kind that consists of

penetration of the mouth, anus, buttocks, or vulva, however sight, by hand, finger, object instrument or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standard of care where medically appropriate. These follow-up services, treatment plans, and, when necessary, referrals for continued care following the resident's transfer to, or placement in, other facilities, or their release from custody will continue. Upon receiving a report of a substantiated case of resident sexual abuse the PREA Site Coordinator will submit a referral and screening note-health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. There were no residents that required referral for community services relating to sexual abuse at PBCSC in the last 12 months of the PREA audit.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment, and PREA Annual Report; Interviews with the Director, and PREA Site Coordinator, Poplar Bluff Community Supervision Center meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. Interview with the Director indicated the facility would implement recommendations that result from the review, or document the reasons for not making the implementations. PBCSC does not employ medical and/or mental health staff at the facility. Staffs are required to obtain a Release of Information in an effort to include medical mental health input during the incident review hearing. The PREA Manager, District Administrator, and PREA Site Coordinator clearly articulated the proper procedures in conducting such reviews and provided a copy of the PREA Incident Review Debriefing form for the auditor's review. The review team includes upper-level management

officials, with input from line supervisors, investigators, and medical or mental health practitioners and includes all measures of this standard during the review process. There were no sexual abuse allegations reported in the past 12 months prior to this audit that required an Incident Review. Therefore, no files were available for review.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Annual Report, and Survey of Sexual Violence (SSV) survey, Poplar Bluff Community Supervision Center meets the mandate of this standard. The data collected is based on the most recent version of the Survey of Sexual Violence by the Department of Justice and is collected in the Corrections Information Network [COIN] system. The PBCSC does not contract its inmates to other facilities. The PREA Manager prepares an annual report compiling each facility's current year's data and corrective actions. The Agency reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The report includes a comparison with prior year's data, corrective actions and an assessment of the department's progress in addressing resident sexual abuse. The report is forwarded to the Agency Director for approval annually and provided to the Department of Justice. The MDOC annual PREA report for the years of 2010 – 2016 is available to the public on the Agency's website.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the MDOC Agency Website; PREA Annual Report it was determined Poplar Bluff Community Supervision Center meets the mandate of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer or

designee PREA Manager or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Manager indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC PREA Annual Report; MDOC PREA Website, Poplar Bluff Community Supervision Center and the Agency meets the mandate of this standard. MDOC policies require the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. MDOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the Agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency was audited. The PREA auditing team was given access to and an opportunity to tour and visit all areas of the facility. The auditor and support staff was given access to tour the full facility. The auditor and support staff was provided with offices that ensured privacy in conducting interviews with residents and staff during the site visit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that the auditor's final report is published on the agency's website. MDOC is composed of 22 Adult Institutions, 6 Community Supervision Centers, and 1 Transition Center in St. Louis. Additionally, there are more than 40 district offices, along with institutional parole offices, residential facilities and satellite offices in seven regions. A review of the website found the Final Audit Reports for 39 PREA Audits of MDOC facilities between the years of 2014 – 2017. There were 10 facilities audited in 2017, 10 facilities audited in 2016, 16 facilities audited in 2015, and 3 in 2014. The most recent audit appearing on the website was July 3, 2017, well within the 90-day requirement. MDOC meets the mandate of this standard.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra Dawson

June 12, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.